

Voices of Medicare

Understanding needs, preferences and
behaviors of today's Medicare consumer

September 2025



media logic®

Survey Overview

With over 65 million Americans enrolled in Medicare facing increasing healthcare costs and complexity, insurers must align their strategies with member priorities to drive retention, satisfaction, and sustainable growth.

Media Logic's *Consumer In Sight* study surveyed 500+ Medicare members aged 65-75 across plan types (58% Medicare Advantage, 21% Original Medicare, 16.5% Medicare Supplement), exploring satisfaction drivers, benefit utilization, switching behaviors, and value perceptions.

With anticipated market disruption during the upcoming AEP, understanding current satisfaction baselines becomes even more important to manage member expectations and potential enrollment shifts.

Our August 2025 findings reveal members who are "comfortably complacent" with their coverage yet concerned about cost management and potential policy changes that could impact their healthcare. While they value their benefits, significant underutilization suggests room for better member communications and product development.

5 Key Takeaways & Implications

Economic anxiety is real, and will likely shape member mindset this period

Medicare recipients are concerned about government policy impact on their life, and insurance coverage and cost. With the upcoming enrollment period, a macro understanding of anxious consumer sentiment must be considered.

Satisfaction reflects friction-free coverage rather than loyalty

While 95% report overall satisfaction with their coverage, it seems to stem from smooth, problem-free experiences rather than meaningful attachment.

Members are benefit-rich, engagement-poor

Insurers should focus on core coverage benefits that members truly value: reliable coverage, access to their doctors, and reasonable costs, rather than supplemental benefits that remain significantly underutilized despite being perceived as valuable.

Multiple players drive costs, but members hold insurers most accountable

While members recognize that government, pharma, and providers all contribute to Medicare costs, 60% still point to insurance companies as the primary driver. This creates a trust barrier for insurers seeking to position themselves as member advocates.

Strong plan knowledge drops off at supplemental benefits and costs

The data reveals a concerning disconnect between members' confidence in their plan knowledge and their actual understanding of critical details like benefit usage, prior authorization requirements, and true out-of-pocket expenses.

Topics Covered

Economic
Landscape
& Plan
Perceptions



Member
Experience &
Satisfaction
Drivers



Plan Knowledge
& Benefit
Engagement



Evolving Needs
& Plan Loyalty



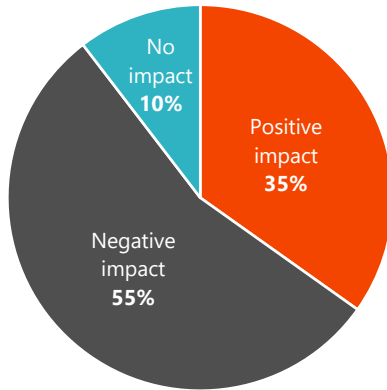
Economic Landscape and Plan Perceptions

Economic anxiety and cost perceptions
shape member attitudes

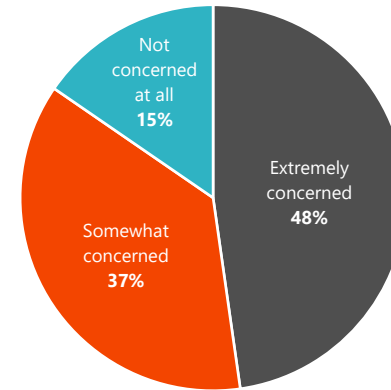
Economic and policy uncertainty set the context

55% feel the US economy will have a negative impact on their life overall. And, government policy concerns run even deeper – 85% of members are concerned about how potential policy changes might impact their Medicare coverage.

During an anticipated turbulent AEP, this uncertainty could trigger switching and impact decision-making factors.



When it comes to the US economy and how it might impact your life overall, what is your perspective?



How concerned are you, if at all, as to how potential government policy changes might impact your Medicare health insurance?

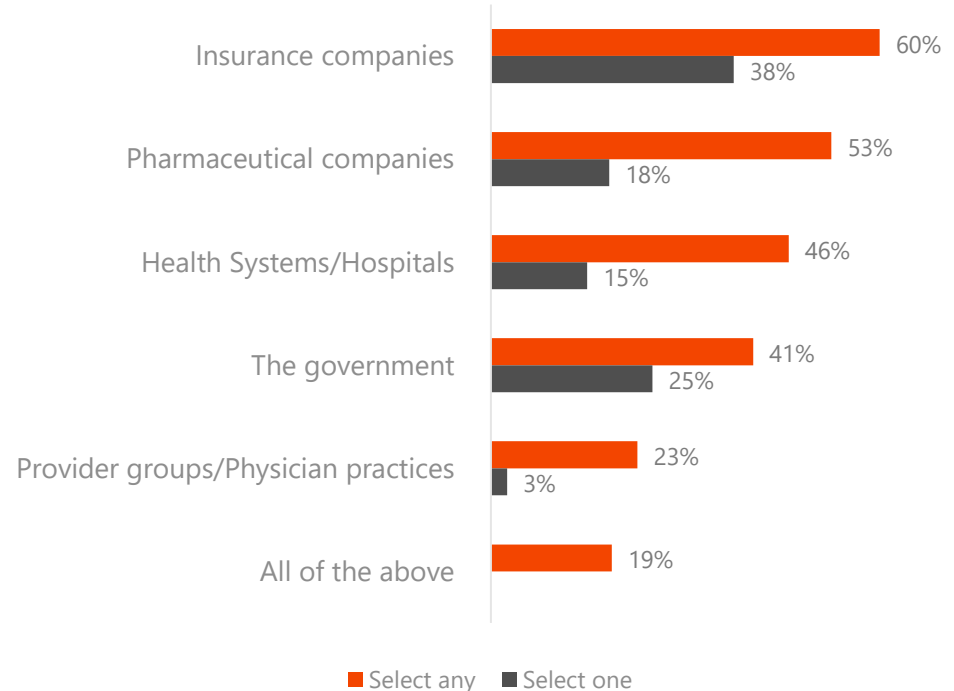
Members hold insurers most accountable for driving healthcare costs

When it comes to the cost of Medicare, people see multiple stakeholders as contributing forces.

However, they point to **insurance companies** as bearing primary responsibility for Medicare cost increases. **60%** cite insurance companies as a **contributing factor**, with **38%** naming them the **single most responsible party** for rising costs.

This perception likely creates trust challenges for plans seeking to position themselves as member advocates while managing cost pressures.

*When it comes to the cost of Medicare health insurance, who do you believe is driving the cost?
Please select any that apply/select one.*



Members See Financial Motives Behind Network Disruptions

Over half (54.5%) recognize that insurers and providers share responsibility for network disruptions, showing awareness of contract negotiation complexities.

Members see **both** parties as driven by **financial priorities** rather than **patient care**.

Sometimes insurance companies and healthcare providers (hospitals, provider groups) cannot agree on contract terms, which can result in doctors leaving the plan's network. When this happens, who do you expect is responsible?

Which of the following best describes why you say the insurance company is responsible? Please select one.

Which of the following best describes why you say the healthcare provider is responsible? Please select one.

Who Do Panelists Hold Responsible When Doctors Leave Medicare Networks?

- Both parties equally: 55%
- Insurance company: 26%
- Healthcare provider/hospital: 7%
- Don't know enough to assign blame: 13%

Why They Blame Insurers

- Focused on financial interests: 77%
- Negotiating best deal for members: 12%
- Unwilling to negotiate: 6%
- Trying to keep costs down for members: 5%

Why They Blame Providers

- Focused on financial interests: 65%
- Trying to provide best care: 18%
- Trying to keep costs down for patients: 10%
- Unwilling to negotiate: 6%

National and regional plans both do well on what matters most

The majority of participants view financial **stability** (51%), **technology** (57%), **value** (52%), and **customer service** (56%) as **equally** delivered by **both national and regional plans**.

However, some clear perceptual advantages emerge for each

- National plans lead on **scale** (network size, financial stability)
- Regional plans lead on **personalization** (community support, customer service, prioritizing member interests)
- Access to **preferred providers** is more true for regional vs national

	More true for a National Plan	More true for a Regional Plan	True for both types of plans	Not true for either
Is financially strong and stable	32%	10%	51%	7%
Offers the latest technology to help me manage my plan	24%	12%	57%	7%
Provides good value for the money	16%	18%	52%	14%
Supports the community where I live	7%	46%	29%	18%
Provides me access to my preferred doctors and providers	22%	28%	45%	5%
Offers a large network and coverage when I travel	51%	9%	30%	10%
Provides great customer service	11%	22%	56%	11%
Prioritizes my best interests	12%	22%	48%	18%

Member Experience & Satisfaction Drivers

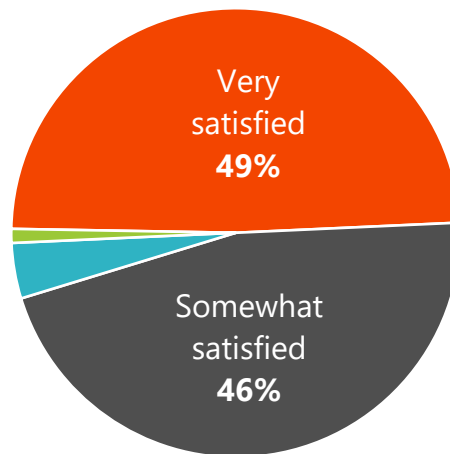
High satisfaction scores mask
limited member attachment

High scores are masking low enthusiasm

While the data shows 95% satisfaction (*Very* + *Somewhat*), this satisfaction stems from meeting rather than exceeding expectations. Digging deeper, the data reveals an underlying wariness about future health needs and coverage adequacy.

Q23 How satisfied are you with your current Medicare plan?

Q24,25 Please help me understand why you are satisfied/not satisfied with your current Medicare plan.



Adequate coverage for medical benefits, but their prescription benefits are lacking clarity

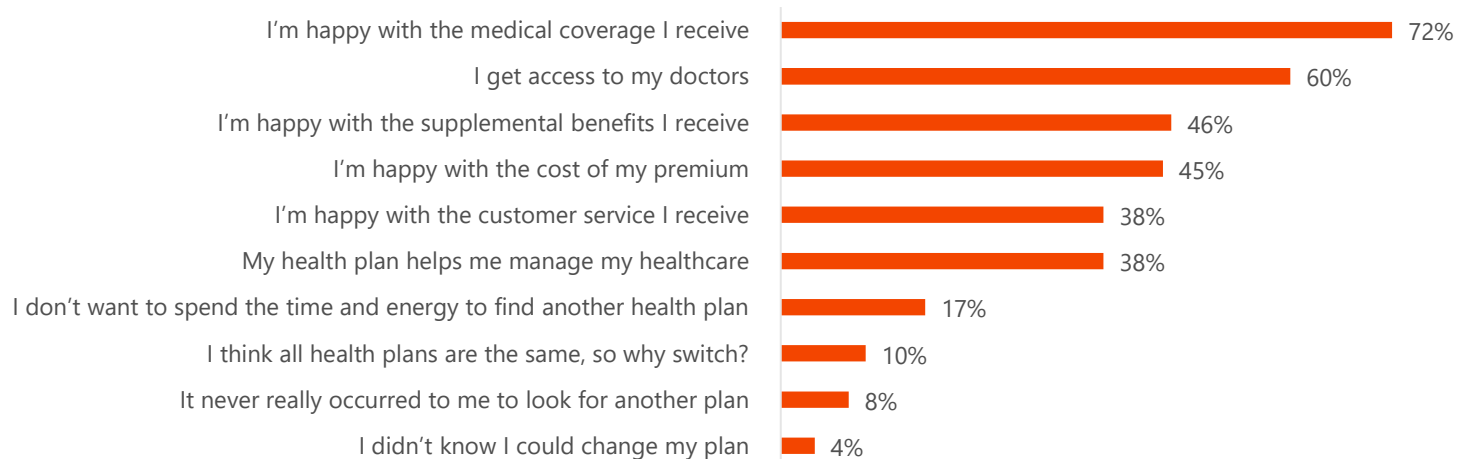
It's not perfect but for now it covers most of what I need... we'll see how far that goes as I age

I receive pretty good care, but wonder if I'm getting all my benefits

I am on a fixed income and this is the best I can afford

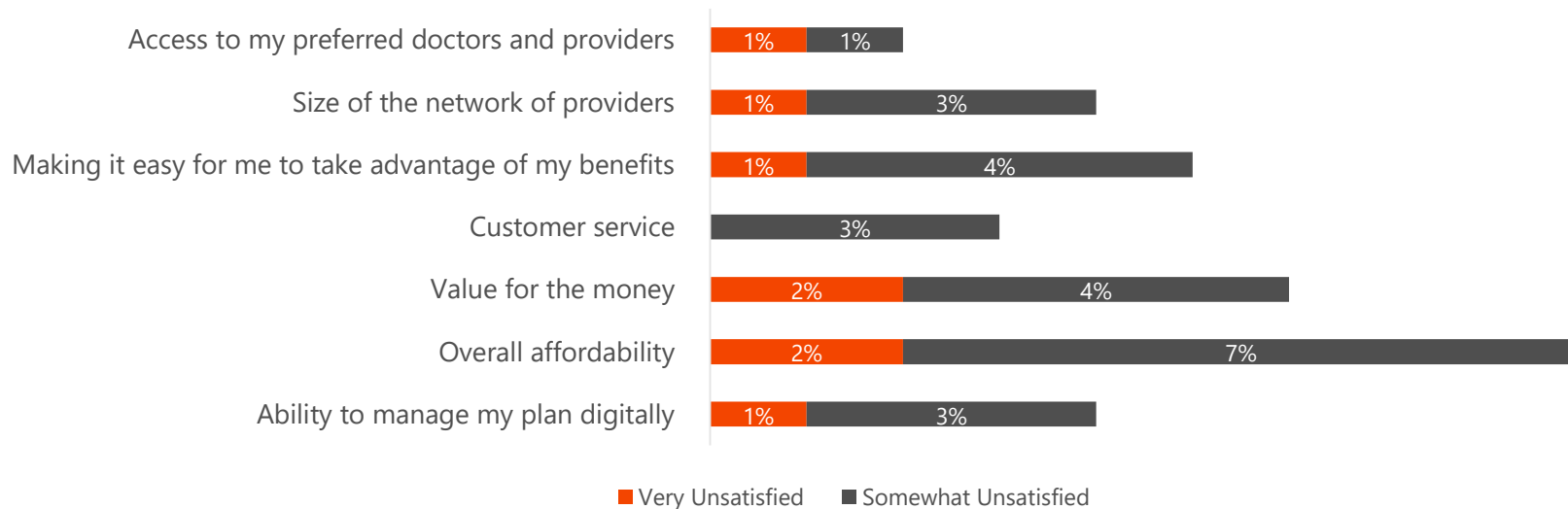
Getting the basics right beats exceptional experiences

If Members have reliable coverage, reasonable costs, and access to their doctors – they see no reason to switch. Retention strategy should focus on reliability and consistency.



Current Satisfaction Reflects Absence of Major Issues

However, as we look at the upcoming AEP with anticipated escalating costs and/or coverage changes, even small satisfaction declines in these areas tend to drive switching behavior.



Plan Knowledge & Benefit Engagement

What members understand, value and utilize

The majority feel they understand their plan

60%

Say they'd be able to give a solid overview of their Medicare plan coverage and benefits

Let's imagine I asked you about your Medicare health plan and the coverage and benefits you get with it. What best describes how well you could speak to it?

I'd be able to tell you everything you'd want to know



I'd be able to give you a solid overview, but I might miss some of the details



I'd be able to share the basics, but not very many details



I might be able to give you the basics, but wouldn't feel confident about it

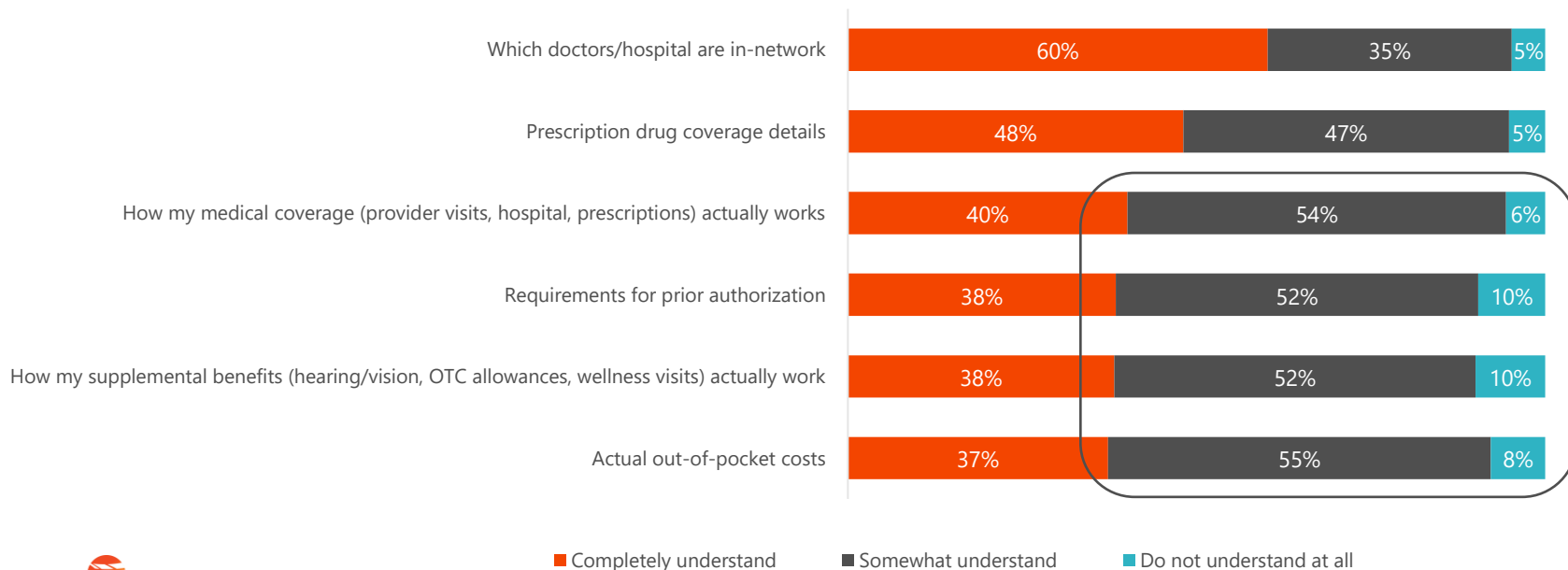


I wouldn't be able to tell you very much at all



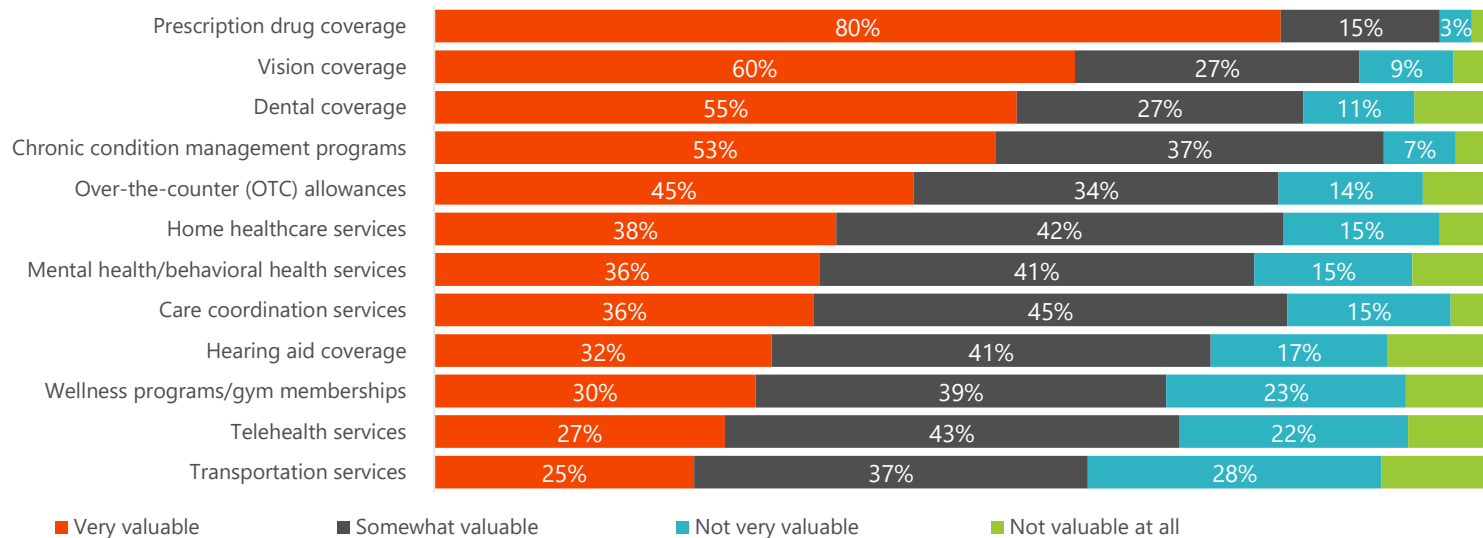
Members lack detailed understanding in key areas

While most have a general understanding of the elements of their Medicare plan, knowledge gaps exist—especially around out-of-pocket costs and supplemental benefits.



There's somewhat lukewarm enthusiasm for supplemental benefits beyond core coverage

While prescription coverage and vision/dental maintain strong appeal, most other supplemental benefits fail to resonate as meaningful value-adds with Medicare members.



We see significant gaps between what is valued and what is understood

While members value benefits like prescription drugs, vision, and dental, far fewer fully understand them

How “valuable” are the following features that might come with a Medicare plan?

How well do you understand the following elements of your Medicare plan?

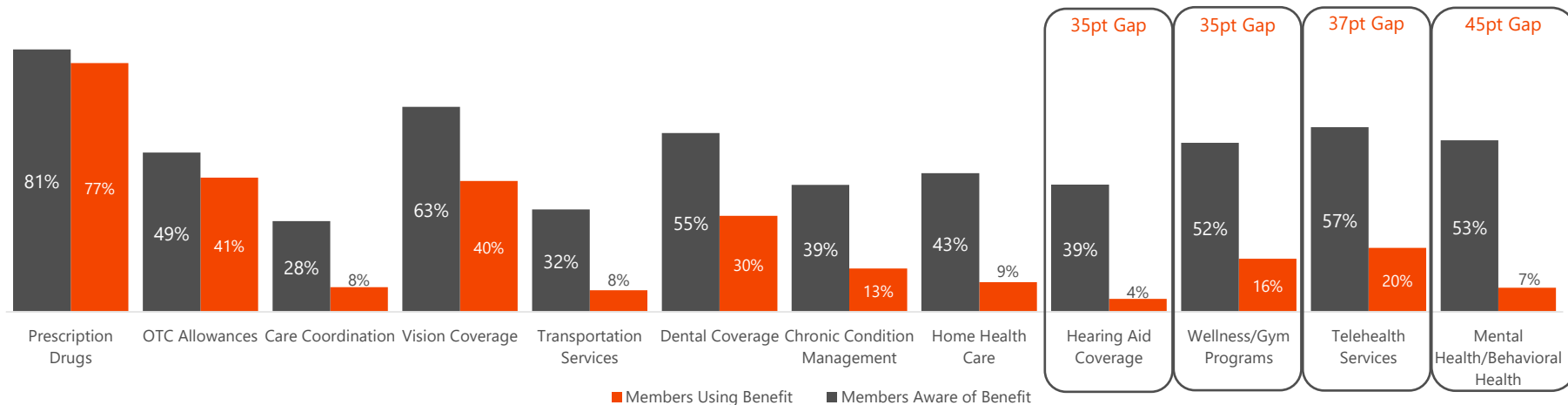
80% of Members say prescription drug coverage is “very valuable” - but only **48%** “completely understand” their prescription drug coverage

60% of Members say vision coverage is “very valuable” and **45%** of Members say over-the-counter coverage is “very valuable” – but only **38%** “completely understand” these supplemental benefits

Members are benefit-rich, engagement-poor

The data suggests significant utilization gaps across high-value services like telehealth, wellness programs, and mental health support. Plans have opportunities to drive member engagement through better benefit activation.

Largest gaps between awareness and utilization:

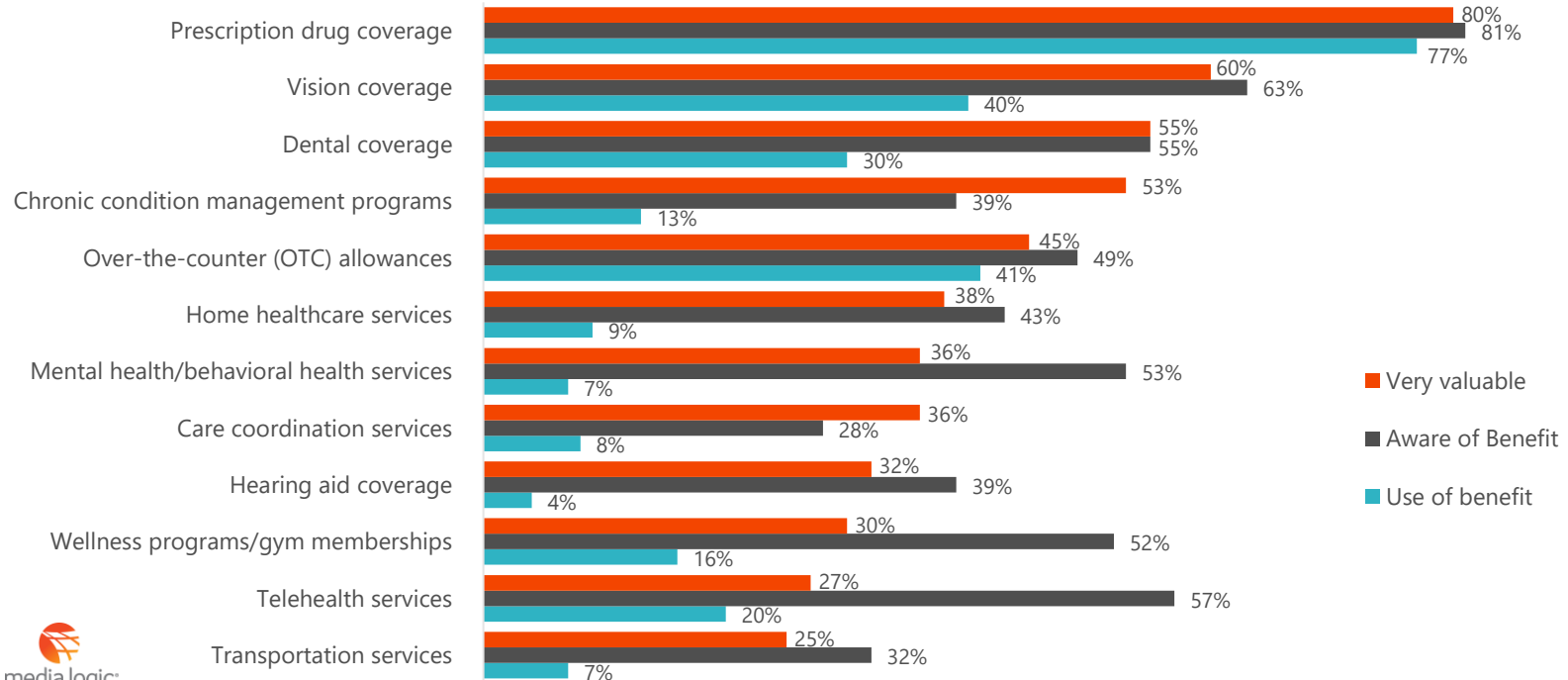


The benefit gap is driven by a lack of perceived need

However, this data also shows the contradiction between what a Member might “value” in a plan versus what they feel they need; once again, providing guidance on marketing around the most salient (basic) needs.

	“Valuable Benefit” (very + somewhat)	I forget that my plan offers it	I don’t need it currently	It seems too complicated to use
Over-the-counter (OTC) allowances	80%	16%	62%	12%
Wellness programs/gym memberships	69%	10%	64%	7%
Care coordination services	80%	8%	85%	4%
Chronic Condition Management programs	90%	8%	83%	5%
Vision coverage	87%	6%	70%	4%
Prescription Drug coverage	95%	5%	83%	2%
Dental coverage	82%	4%	61%	6%
Telehealth services	70%	4%	80%	5%
Hearing Aid coverage	73%	3%	88%	0%
Home healthcare services	80%	3%	90%	1%
Mental health/Behavioral health	77%	3%	91%	1%
Transportation services	62%	2%	90%	1%

In many cases, we see a misalignment between value perception, awareness and use of benefits



Evolving Needs and Plan Loyalty

Likelihood to shop, switching
drivers, and coverage priorities

Experience challenges may trigger switching

Though 67% report no challenges with their plan, prescription coverage issues are both the most common problem and the strongest trigger for plan switching

Experienced Challenges (Past 12 Months)

- 13% faced prescription coverage issues
- 10% received surprise medical bills
- 7% experienced prior authorization delays/denials
- 7% encountered confusing billing statements
- 9% had difficulty understanding coverage

Switching Triggers (of those with the challenge)

- 19% would switch due to prescription coverage issues
- 13% would switch due to surprise medical bills
- 10% would switch due to prior authorization issues/denials
- 9% would switch due to confusing billing statements

In the past 12 months, have you experienced any of the following challenges with your Medicare plan? Please select any that apply

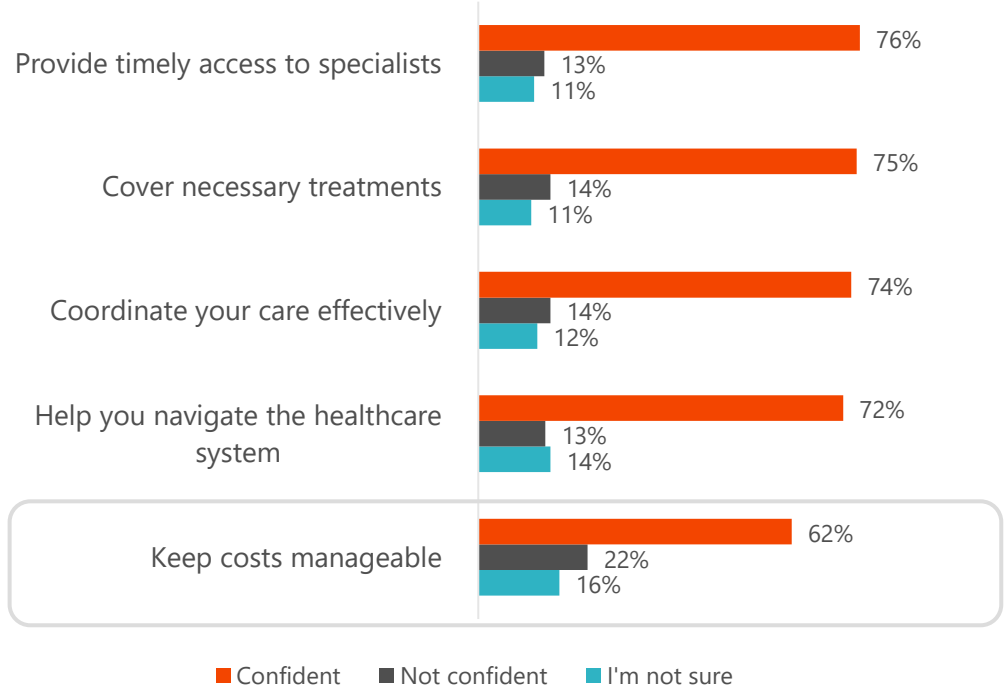
Which, if any, of these challenges are problematic enough to motivate you to look for another plan?

Coverage, not cost, is where they're most confident in crisis care

Almost 40% are not confident/unsure their insurance company would keep costs manageable should a serious health issue arise

However, **most feel confident they'd be well-covered and supported**

If you were to have a serious health issue, how confident are you that your plan would help you with the following?



Future needs are rooted in a practical perspective

Looking 3 years into the future, from the below list, which are the top three supplemental benefits that you believe will be most important to you? Please rank up to three benefits by dragging them into order in terms of preference. [the number in brackets reflects a weighted score that balances how often an item is ranked highly, across all respondents]

#1 Chronic condition management [723]

#2 Home healthcare services [506]

#3 Technology-enabled care (telehealth, remote monitoring) [295]

#4 Transportation assistance [294]

#5 Caregiver support services [224]

#6 Alternative therapies (acupuncture, massage) [224]

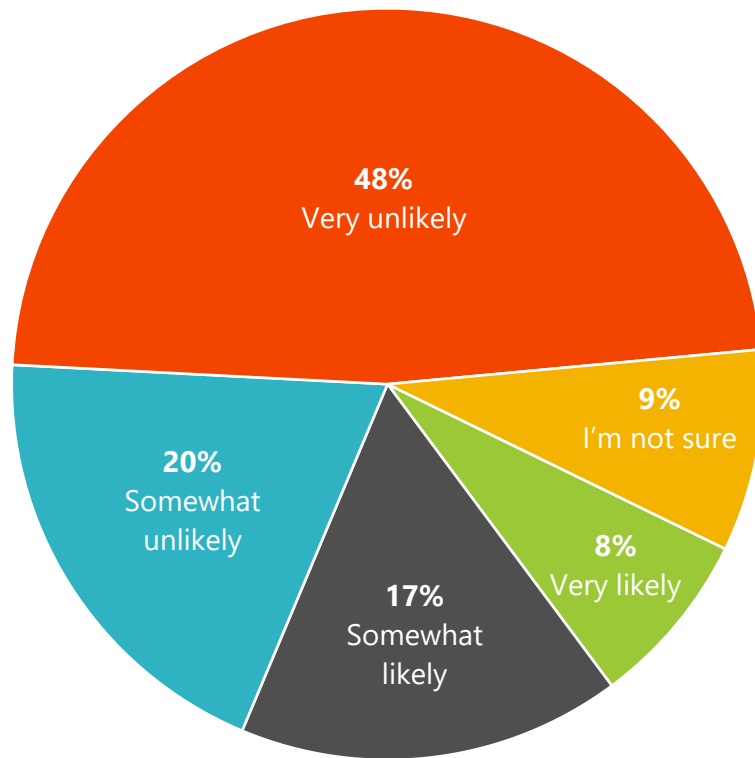
#7 Mental health support [161]

Only one in four plan to shop this coming AEP

Only 1/4 of respondents say they're **likely** (*Very + Somewhat*) to shop for a new plan this coming enrollment period, and only 8% say they're "**very likely**".

However, anticipated market disruption is likely to shift this mindset.

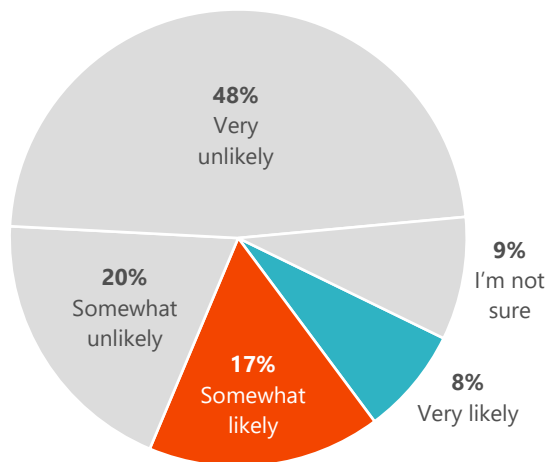
How likely are you to shop for a new plan this coming enrollment period?



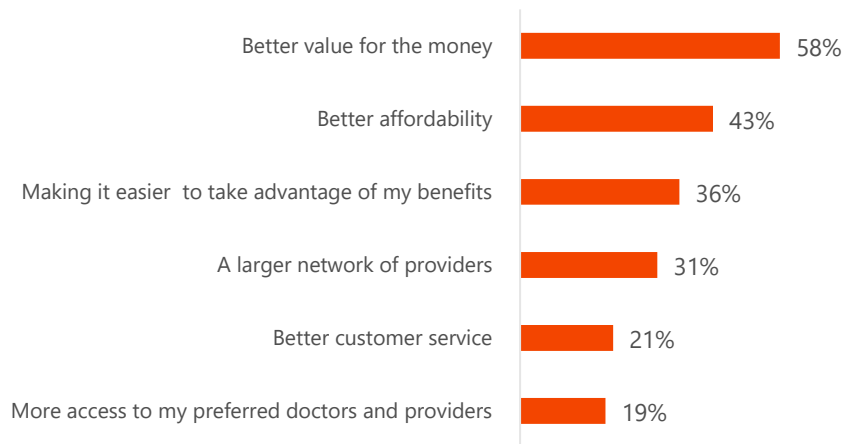
Likelihood to shop

Cost concerns drive those who intend to shop

Among the 25% likely to shop for new plans, cost-related factors dominate their priorities.



Likelihood to shop

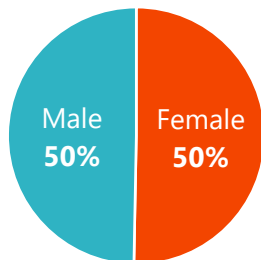


What shoppers seek

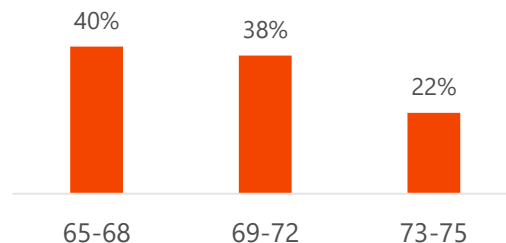
Overview of Sample

Sample Overview: Demographics

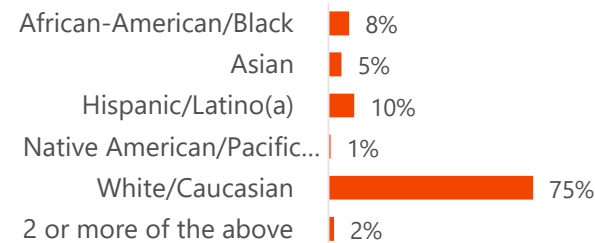
Gender



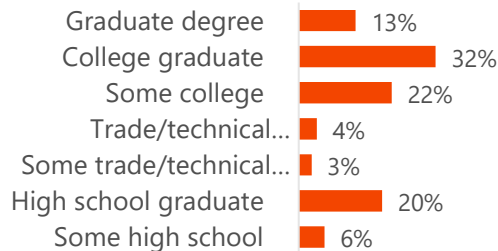
Age



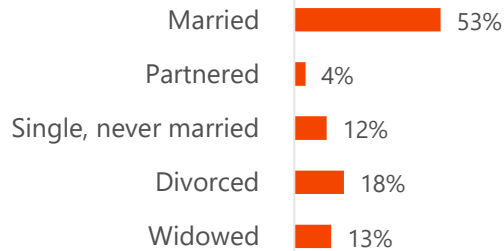
Ethnicity



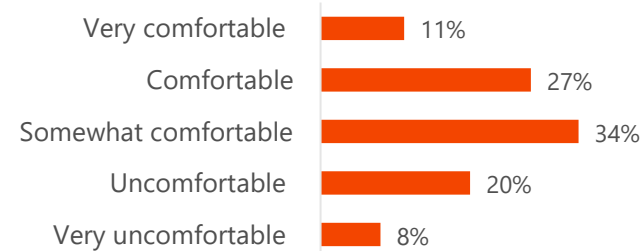
Education



Marital Status

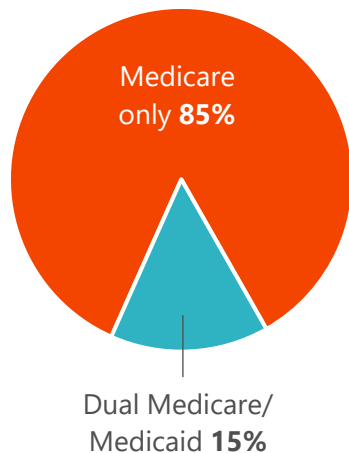


Affluence

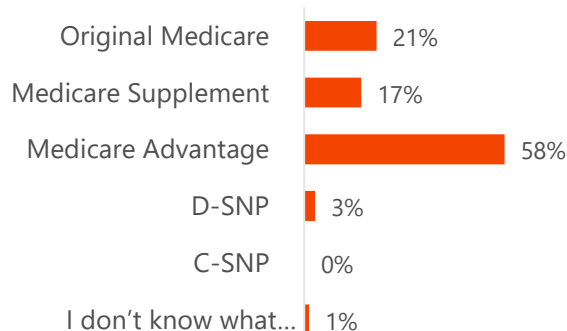


Overview of Medicare Coverage

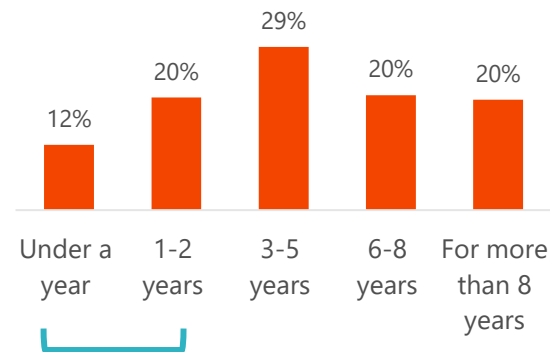
Type of Insurance



Medicare Plan



Length of Current Plan



Among individuals who have had their current plan for less than two years, 46% identify as **new** to Medicare

About Consumer In Sight

Consumer In Sight (CIS) is an investigative research series conducted by Media Logic with the aim of gaining new insights into consumer preferences and behaviors in the healthcare and financial services industries. Using an industry-leading software platform, we survey geo-targeted and national panels to track the changing marketing landscape and support clients in connecting with consumers through creative executions and multichannel media.



About Media Logic

Media Logic is a national leader in healthcare marketing – providing strategic, breakthrough solutions that drive business. Media Logic offers deep experience in branding and lead generation and is an expert in turning research and segmentation data into actionable plans. Leveraging more than two decades of health plan marketing knowledge, Media Logic understands the nuances of Medicare, group and individual exchange prospects. From traditional ad campaigns to retention efforts to content marketing, everything Media Logic does is focused on generating results for clients...giving them an edge in a competitive, constantly changing environment.

Learn more about Media Logic at medialogic.com and subscribe to our healthcare marketing newsletter at medialogic.com/newsletter.

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