



# Medicare 2025 Open Enrollment Research

## *Among Medicare Beneficiaries*

Prepared by The Harris Poll  
August 2025

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# Background and Objectives

The PAN Foundation is a national charitable foundation and healthcare organization committed to accelerating access to affordable, equitable healthcare through financial assistance, advocacy, and education. PAN understands the profound impact that financial assistance has on treatment adherence and quality of life for people living with life-threatening, chronic, and rare diseases.

PAN regularly commissions research to better understand patient experience as well as challenges faced when accessing care, including as it relates to Medicare. Medicare and Medicare Advantage open enrollment 2025, running from October 15<sup>th</sup> to December 7<sup>th</sup>, provides an opportunity for individuals to reassess and adjust their plans to better align with their evolving healthcare needs and any changes in the healthcare landscape. This research explores beneficiaries use of resources and tools as well as their concerns about open enrollment, familiarity with Medicare reforms, and the enrollment decisions they plan to make.

# Methodology

**Audience:**

1,002 U.S. adults 18+ currently on Medicare/Medicare Advantage

**Field Timing:**

July 28 – August 8, 2025

**Mode:**

8-minute online survey

**Weighting:**

Data are weighted to ensure results are projectable to broader population of Medicare beneficiaries

**Method Statement** *(to be included in all press materials):*

*The research was conducted online in the United States by The Harris Poll on behalf of PAN Foundation among 1,002 U.S. adults 18+ currently on Medicare/Medicare Advantage. The survey was conducted July 28 – August 8, 2025.*

*Data are weighted where necessary by education, age, gender, race/ethnicity, region, marital status, household size, household income, and political party affiliation to bring them in line with their actual proportions in the population.*

*Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within  $\pm 3.5$  percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.*

*All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.*

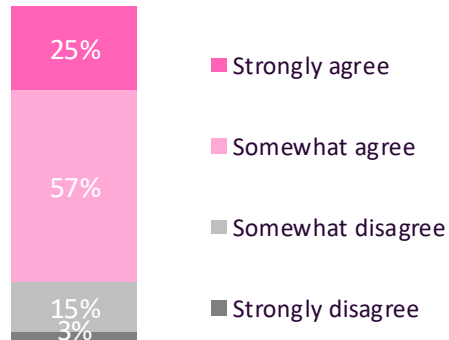
# Notation Guide

Please refer to this slide for explanations of the various notation and formatting used throughout this deck:

## Scale NET Notation:

### 82% Agree

The percentage above indicates that 82% of respondents strongly or somewhat agree with the statement.



## Base Notes: ▼

Each slide includes a base note that displays the full question text as shown to the survey respondents as well as the number of respondents who answered each question, for reference.

Note that the term “beneficiaries” is used to refer to those on Medicare / Medicare Advantage throughout the report for brevity.

In some cases, we have abbreviated the Medicare Prescription Payment Plan to “MPPP” to save space.

## In Tables and Charts:

- Percentages may not add up to 100% due to weighting and/or computer rounding.
- Results based on small samples ( $n < 100$ ) should be interpreted as directional only.
- An asterisk (\*) indicates a percentage greater than zero but less than 1%; a “–” indicates a value of zero.

# Notation Guide (continued)

Note that interesting differences by the following key subgroups are called out throughout the report to help add more context to the results.

Chronic Condition Status		Disability Status		Race/Ethnicity	
Has any chronic condition	Does not have a chronic condition	Has a disability	Does not have a disability	POC	White
482	520	344	658	204	798

Aware of Medicare Part D Cap		Aware of Medicare Prescription Payment Plan	
Extremely/very/somewhat familiar	Never heard of it/have heard of it but not familiar	Extremely/very/somewhat familiar	Never heard of it/have heard of it but not familiar
362	640	253	749

# Executive Summary

# Key Findings

## Premiums are drivers of concern and catalysts for change

- Worry about higher premiums is likely to be at the top of the list of concerns as open enrollment in October 2025 approaches.
- Most have not changed their Medicare prescription coverage in the last 3 years.
- If they have made a change, the most likely reason is because their premiums rose.

## Those on Medicare are likely not taking advantage of tools or sources of information available to them

- While beneficiaries most often rely on their healthcare provider and team for information about Medicare Part D plans (27%), nearly a quarter don't rely on any other person or organization for information.
- Only 16% of beneficiaries rely on the Medicare support phone line most and 10% on Medicare's Planfinder tool.
- More than 1 in 10 have never heard of Annual Notice of Change (ANOC).

## Low awareness of Medicare reforms among Medicare enrollees limits the degree of impact of reforms intended to improve their lives

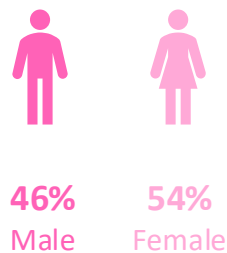
- Over a third of beneficiaries have not heard of Medicare Part D cap reform for 2026.
- Adults on Medicare are even less likely to have heard of the Medicare Prescription Payment Plan – nearly half say they have never heard of it and only 6% of Medicare beneficiaries have opted into the MPPP.



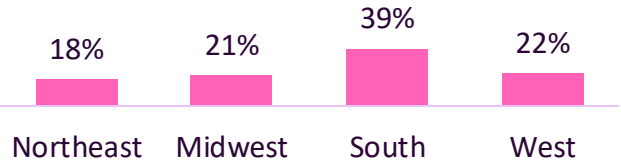
# Audience Profile

# Audience Profile

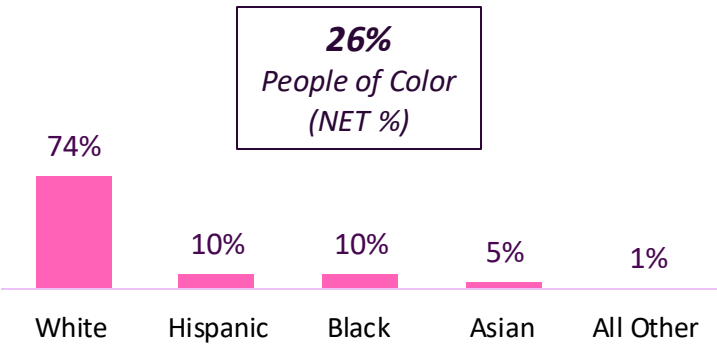
## Gender



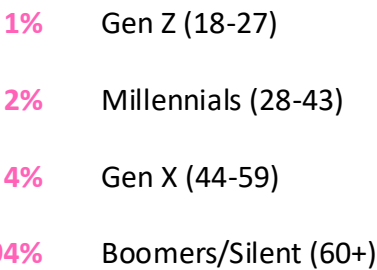
## Region



## Race/Ethnicity

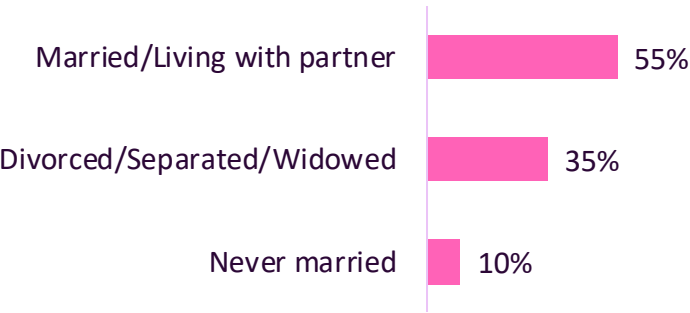


## Age

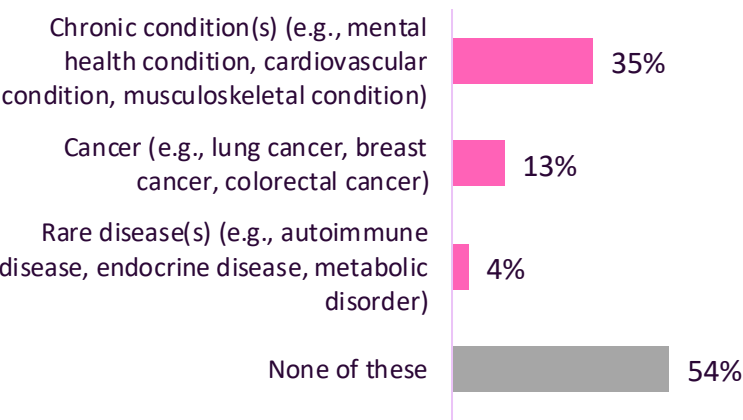


71  
Mean

## Marital Status

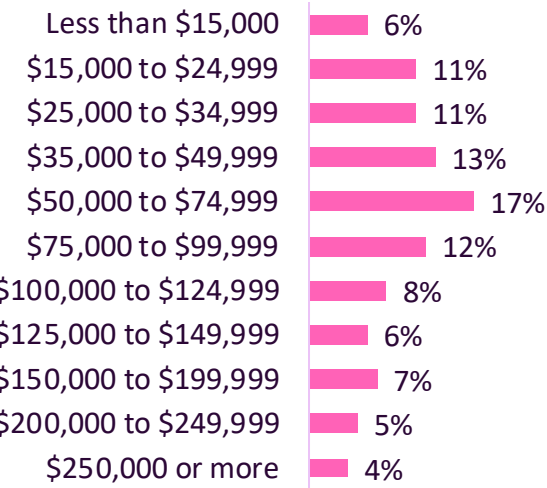


## Type of Condition

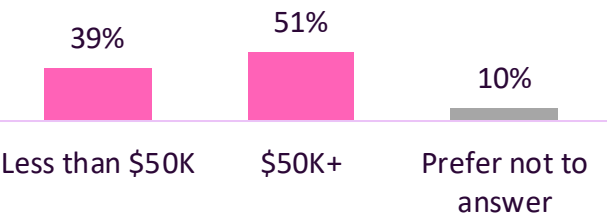


# Audience Profile (cont'd)

## Annual HHI



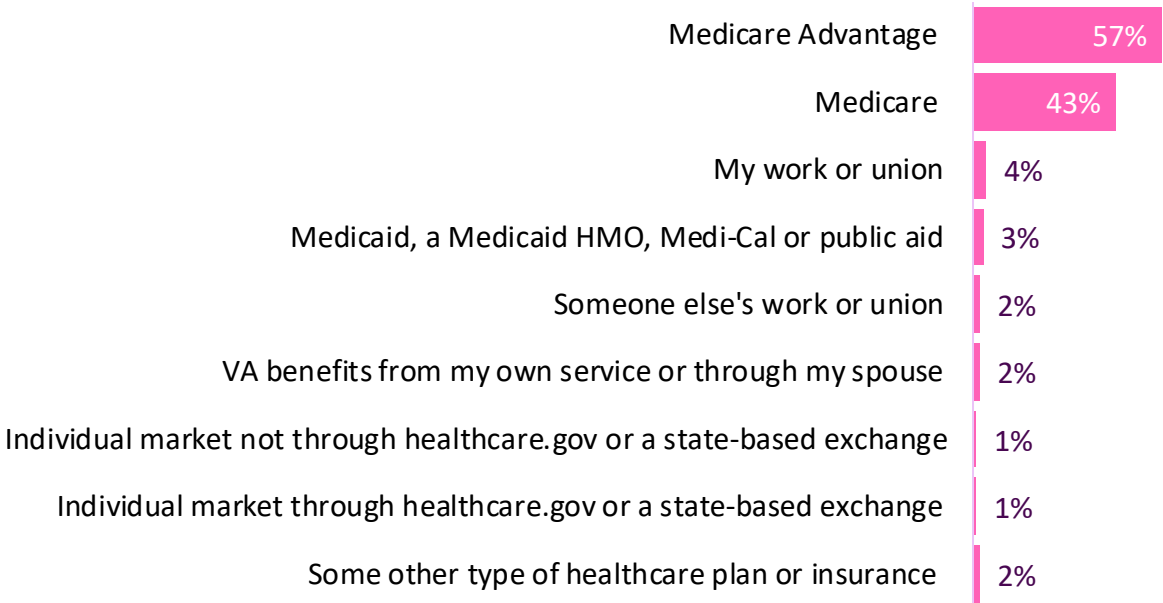
## Investable Assets



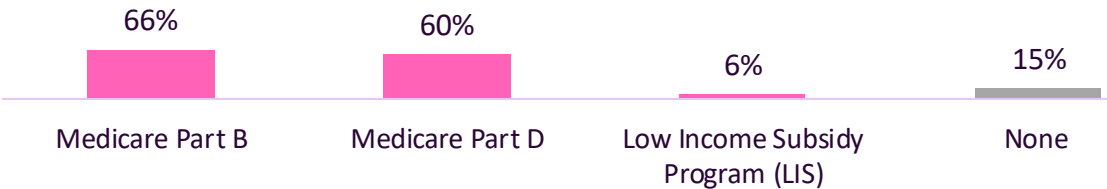
## Beneficiaries Who Have A Disability



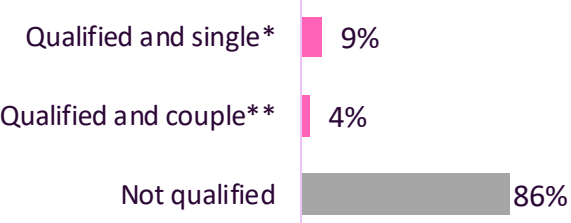
## Types of Healthcare Plan



## Other Healthcare Plan Elements Enrolled In



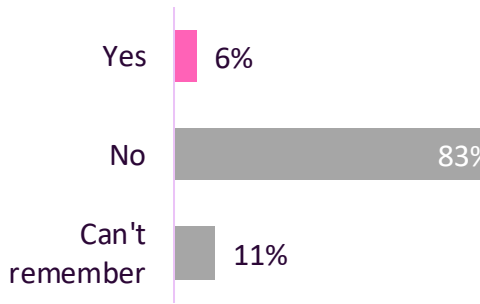
## Qualified for LIS



\*Qualified for LIS if not married, making <\$1,900 per month, and have less than \$15,000 in HH total liquid investable assets  
\*\*Qualified for LIS if married, making less than \$2,500 per month, and have less than \$35,000 in HH total liquid investable assets

## Opted in to PPP

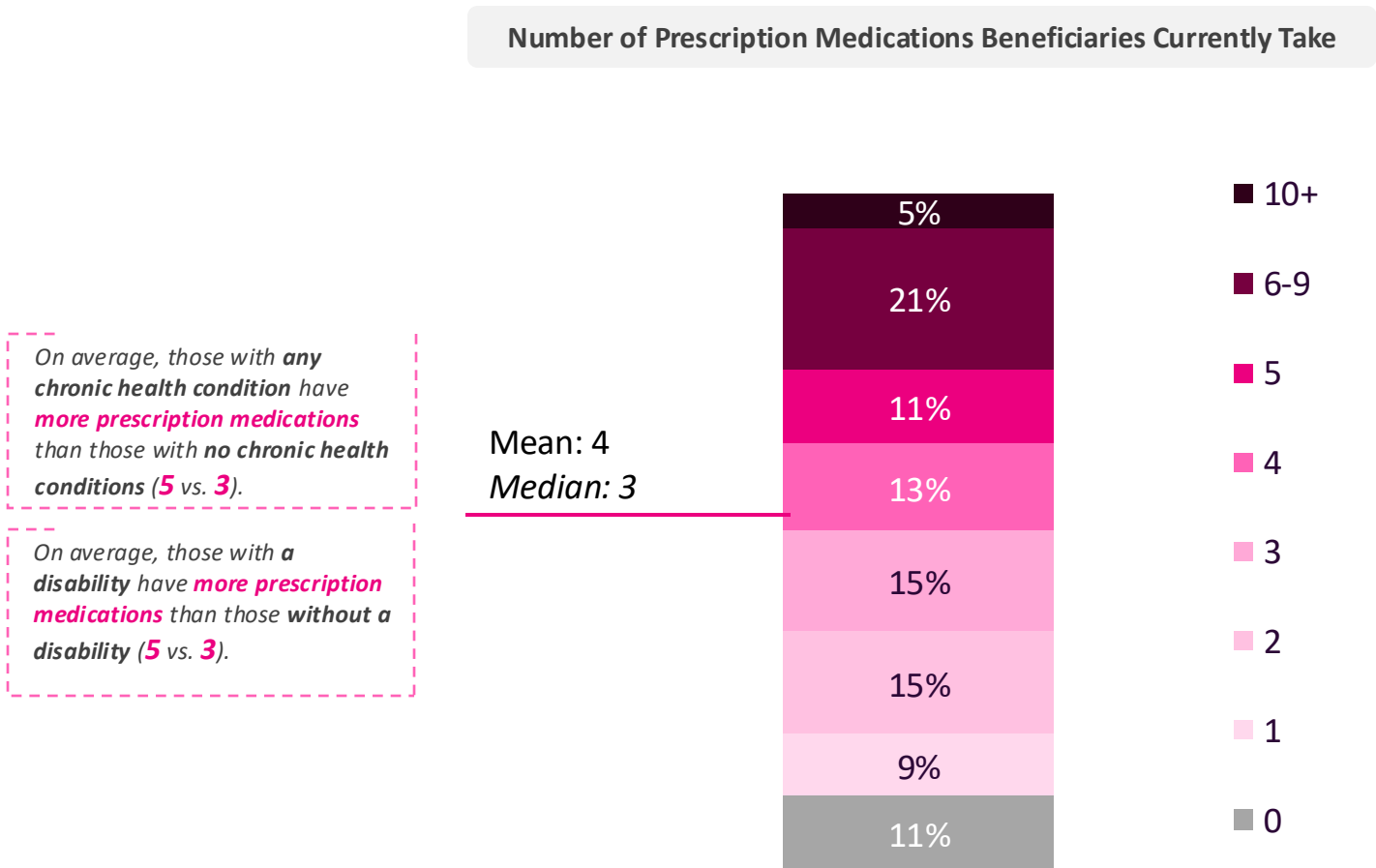
Among those who take prescription medications



# Detailed Findings

# Medication Costs

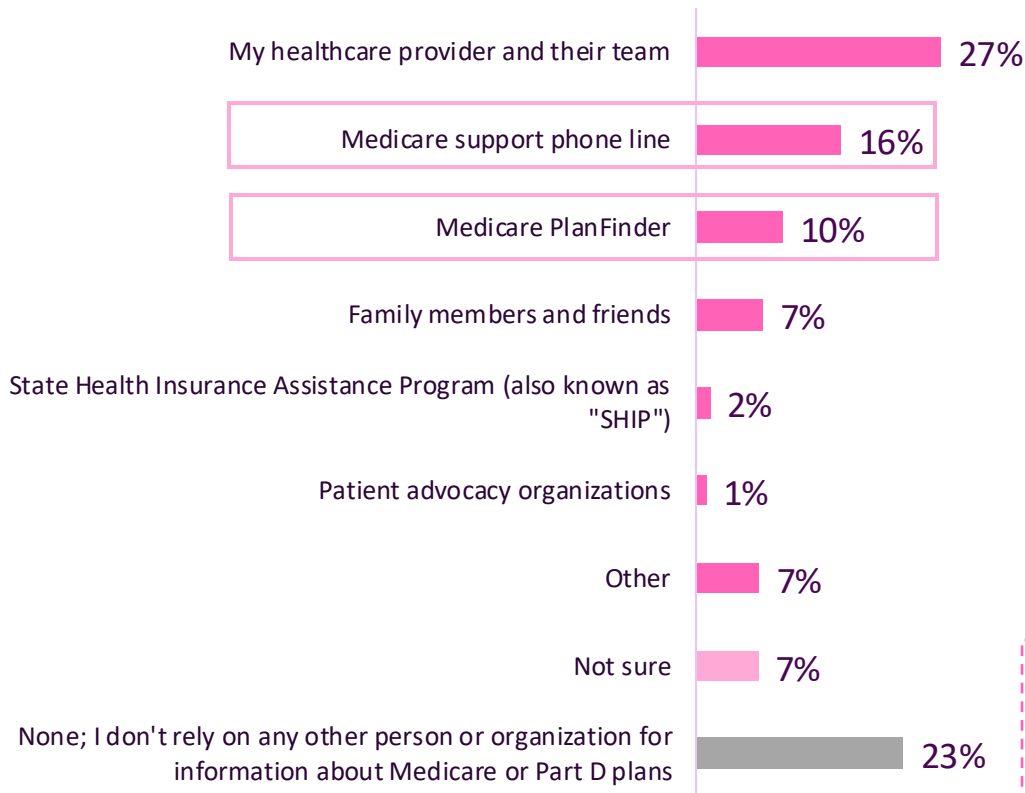
# Medicare beneficiaries, on average, take 4 prescription medications



# Medicare Open Enrollment

# Fewer than 1 in 6 beneficiaries reply on the Medicare support phone line or Medicare's PlanFinder tool most for Medicare or Part D questions

Source Rely on Most for Medicare or Part D Plans Questions

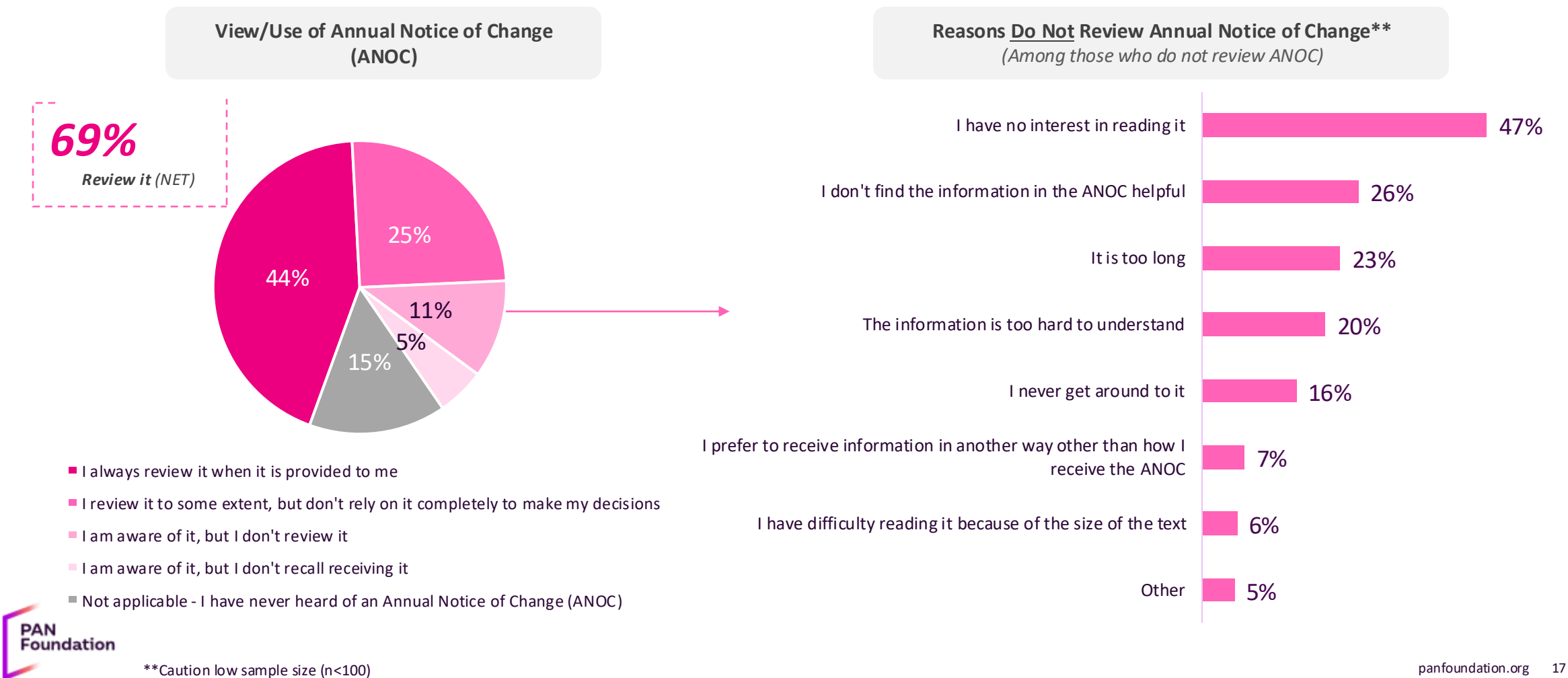


26%

Of those with **no chronic health conditions** **don't rely on any other person or organization** for information about Medicare or Part D plans vs. **19%** of those with **any chronic health condition**



# Only about 2 in 5 Medicare beneficiaries always review their plan's ANOC, lack of interest in doing so is a top reason for not reviewing it

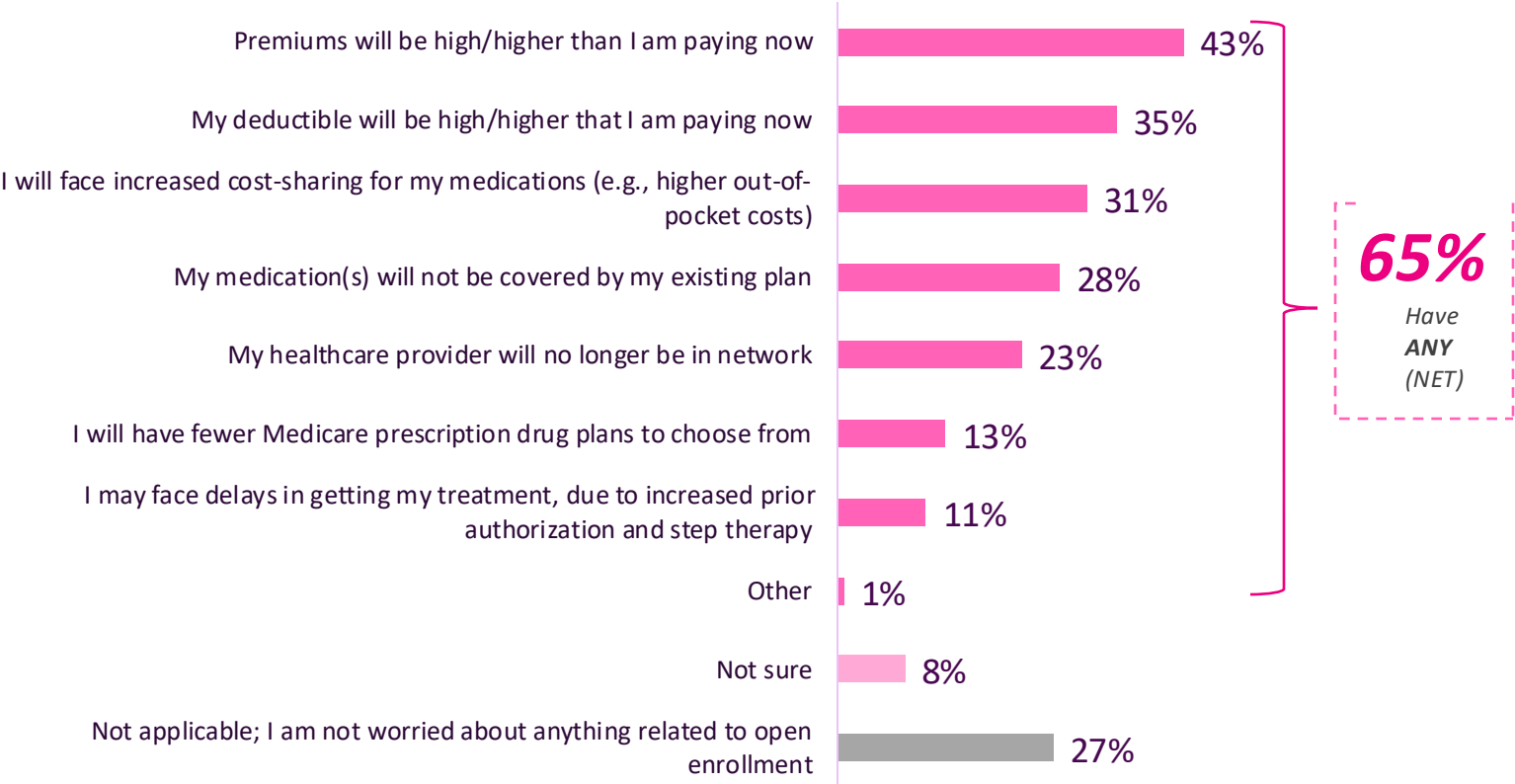


\*\*Caution low sample size (n<100)

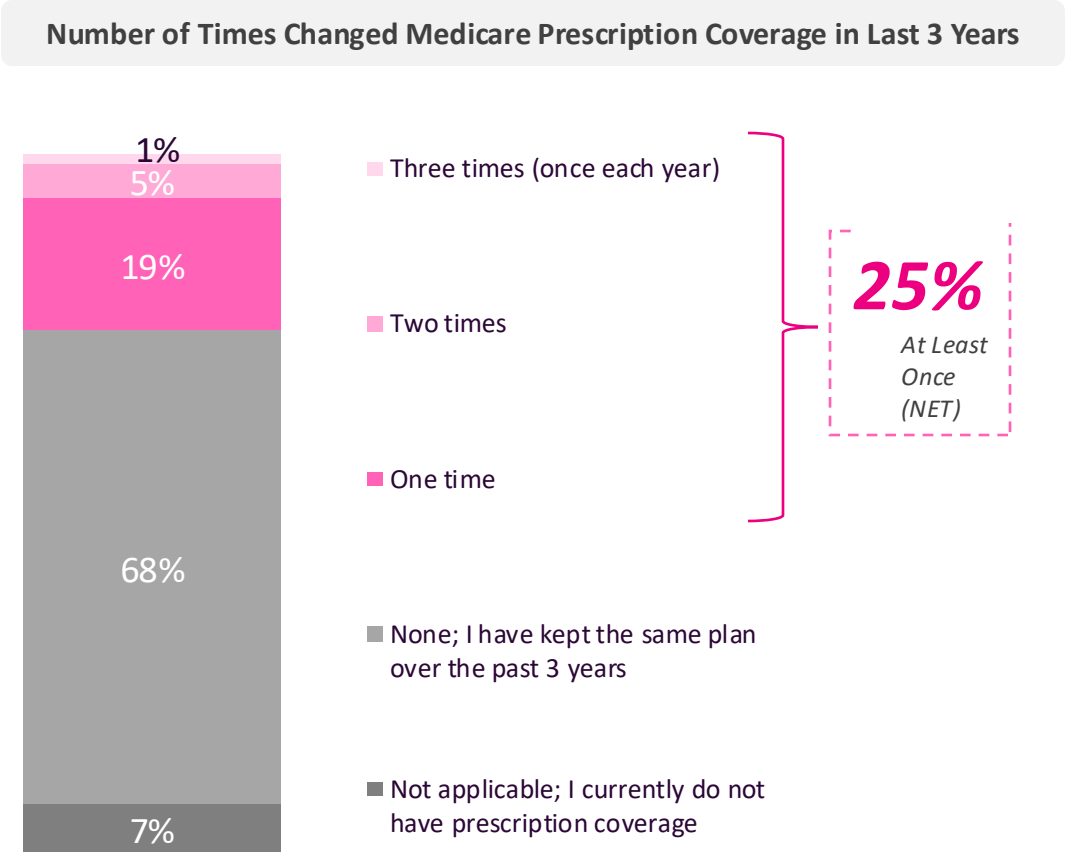
# Higher premiums tops 2025 open enrollment worries for Medicare beneficiaries

**48%**  
Of those with **any chronic health conditions** are **worried about premiums being high/higher** vs. **39%** of those with **no chronic health condition**

Open Enrollment 2025 Biggest Worries

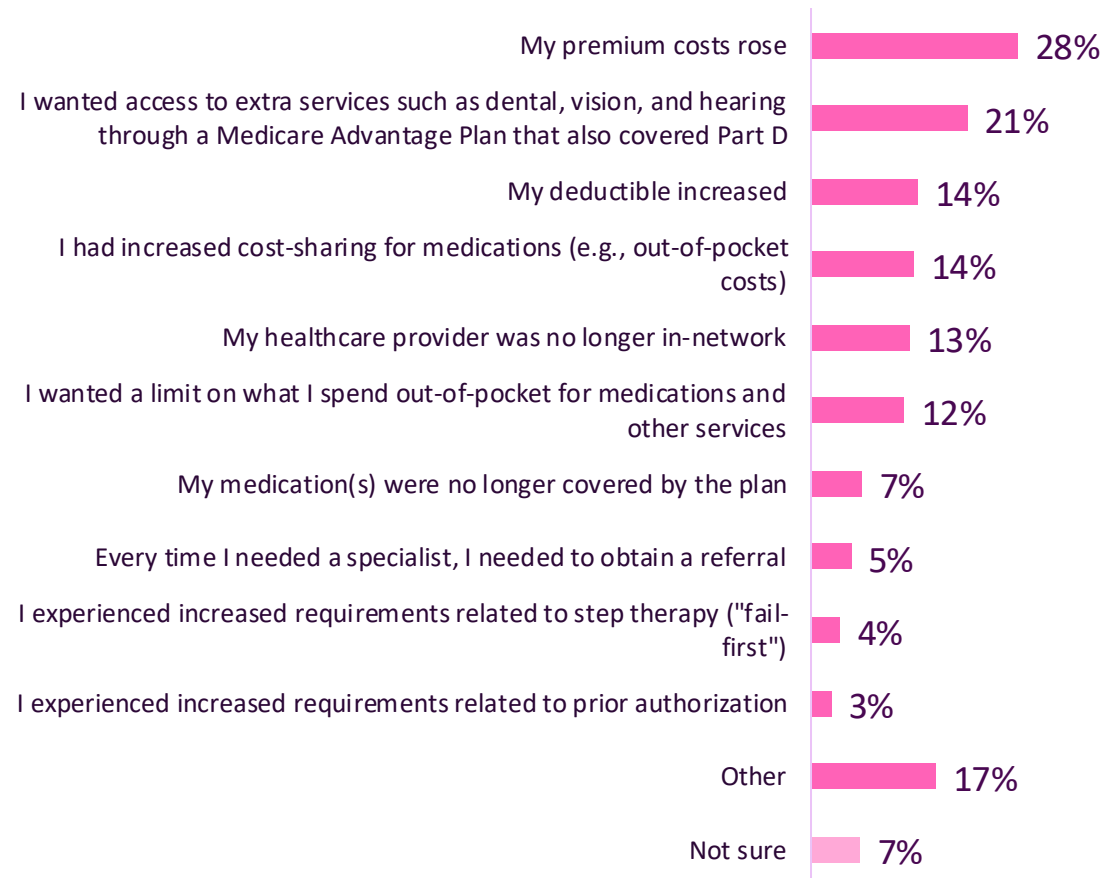


# Only 1 in 4 Medicare beneficiaries have changed their prescription coverage in the last 3 years



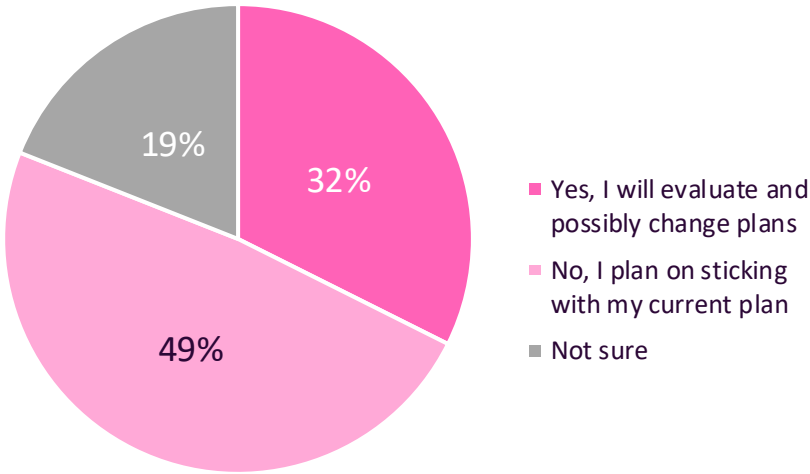
# In the past 3 years, changes in Medicare beneficiaries' prescription coverage was often motivated by premium and deductible increases

Reasons for Changing Medicare Prescription Drug Plan in Last 3 Years  
(Among those who changed plans at least once)



# Almost half of Medicare beneficiaries do not plan to evaluate/change their prescription plan during the upcoming open enrollment period

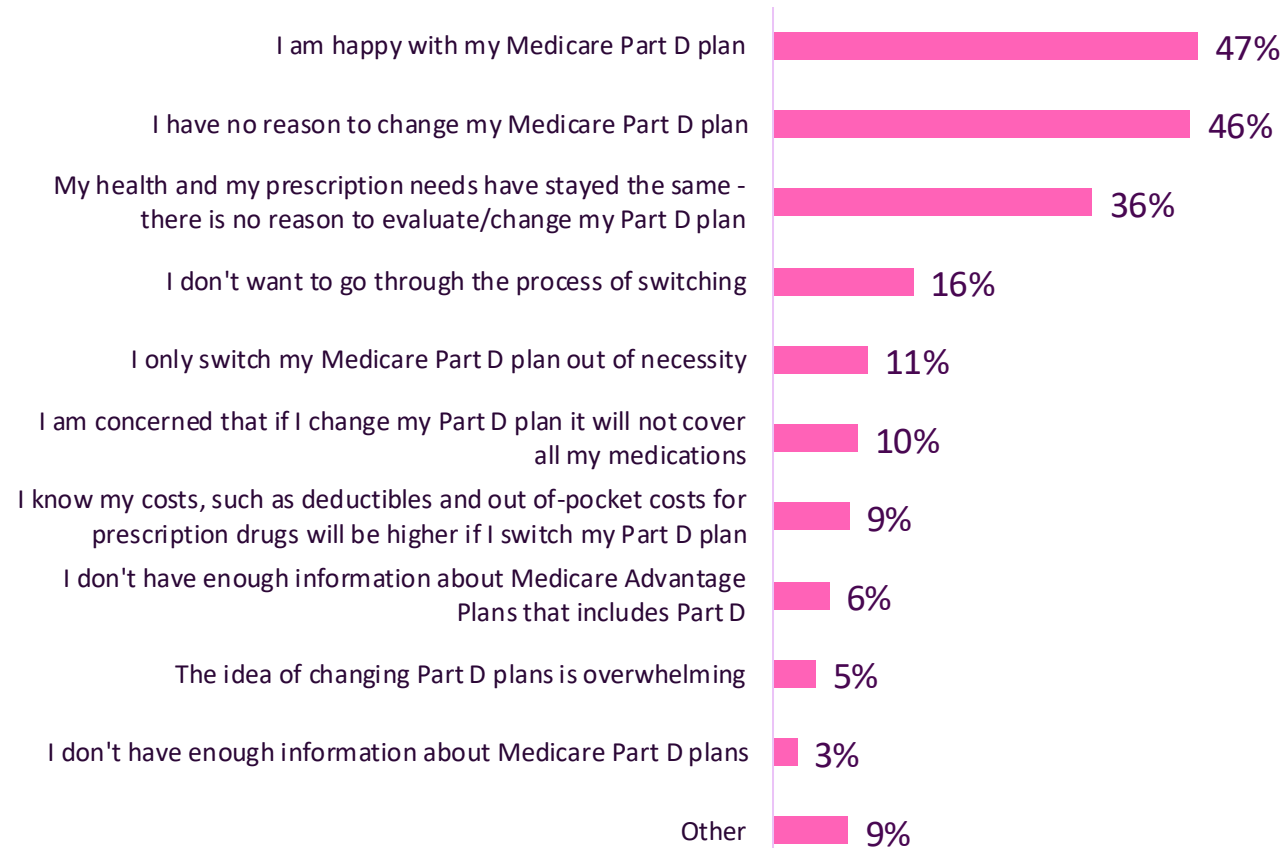
Intent to Evaluate or Change Medicare Prescription Drug Plan During Open Enrollment



# Among beneficiaries who do not plan to evaluate/change their prescription plan, satisfaction with current plan is the main reason for not doing so

## Reasons for Not Evaluating or Changing Plans During Open Enrollment

(Among those who plan on sticking with current plan)

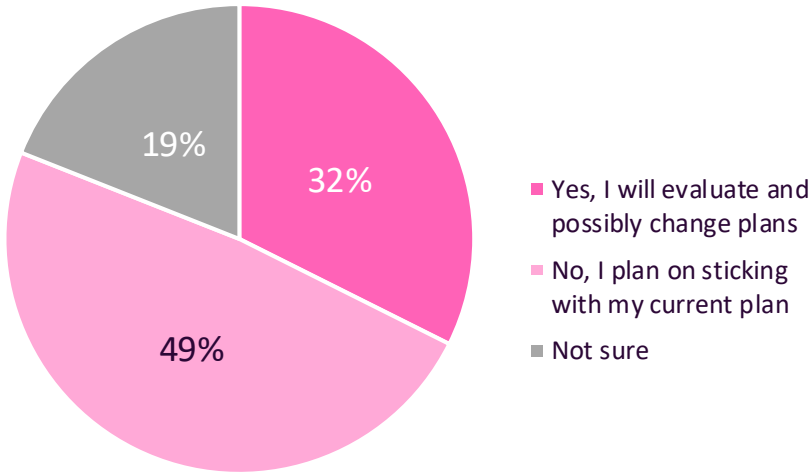


**55%**

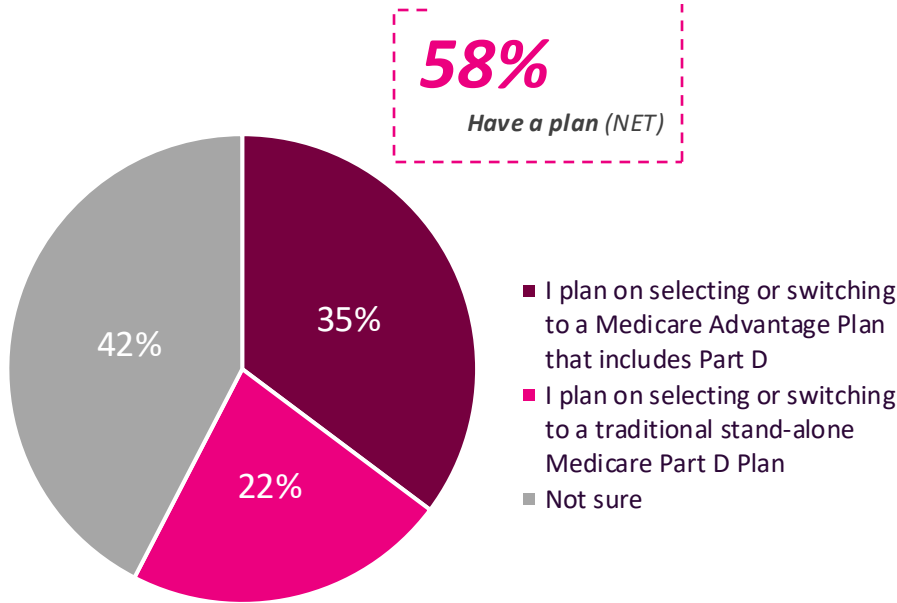
Of those with **any chronic health conditions** **do not plan to evaluate or change plans** during open enrollment because they are **happy with their Medicare Part D plan** vs. **41%** of those with **no chronic health condition**

# About 1 in 3 Medicare beneficiaries plan to evaluate/change their prescription plan, but many are unsure what they'll do

Intent to Evaluate or Change Medicare Prescription Drug Plan During Open Enrollment

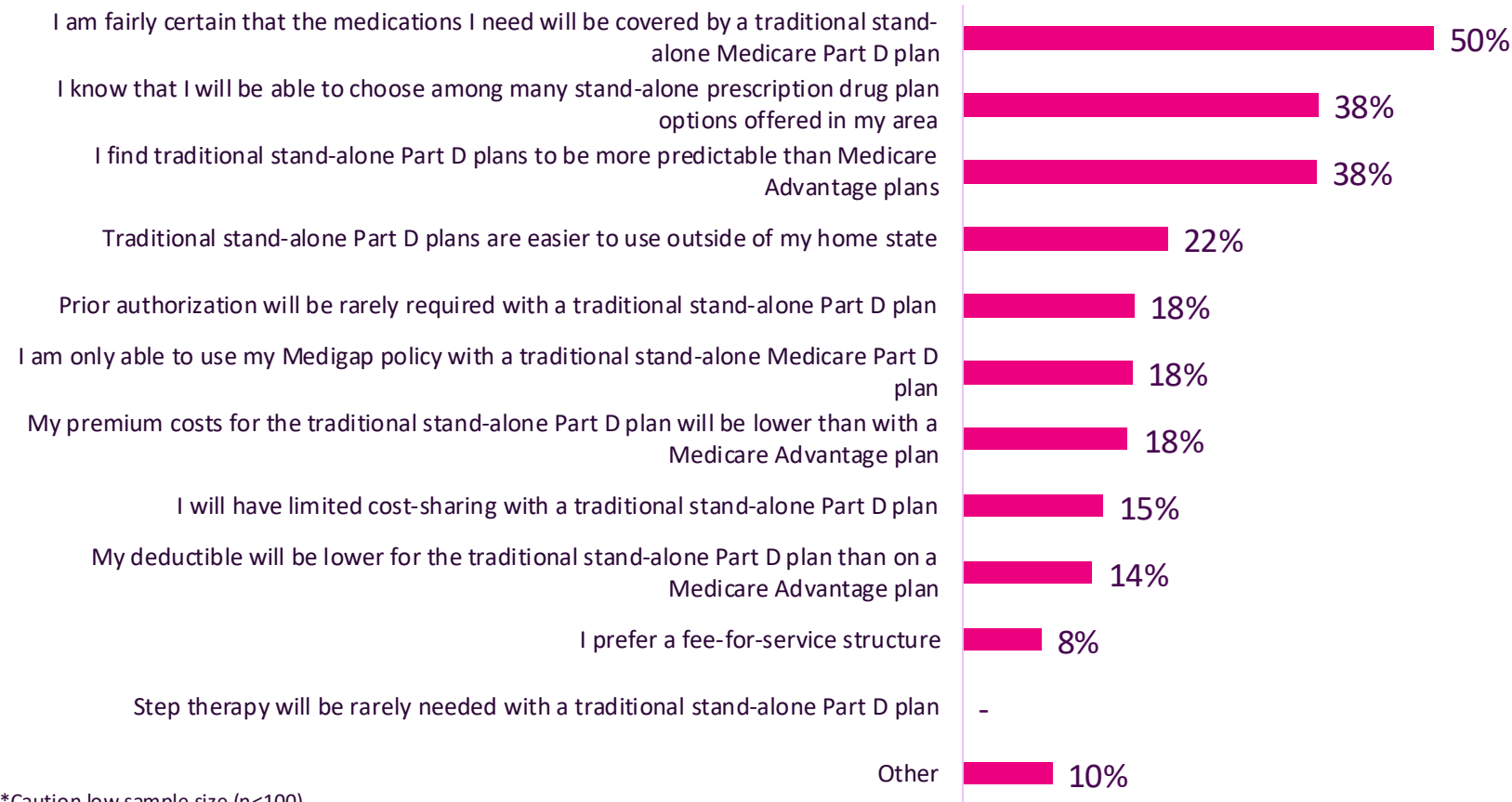


Type of Medicare Prescription Drug Plan Intend to Select  
*(Among those who will evaluate/possibly change plans)*



# Prescription medication coverage, drug plan options, and predictability are the top reasons for selecting/switching to traditional Medicare Part D plan

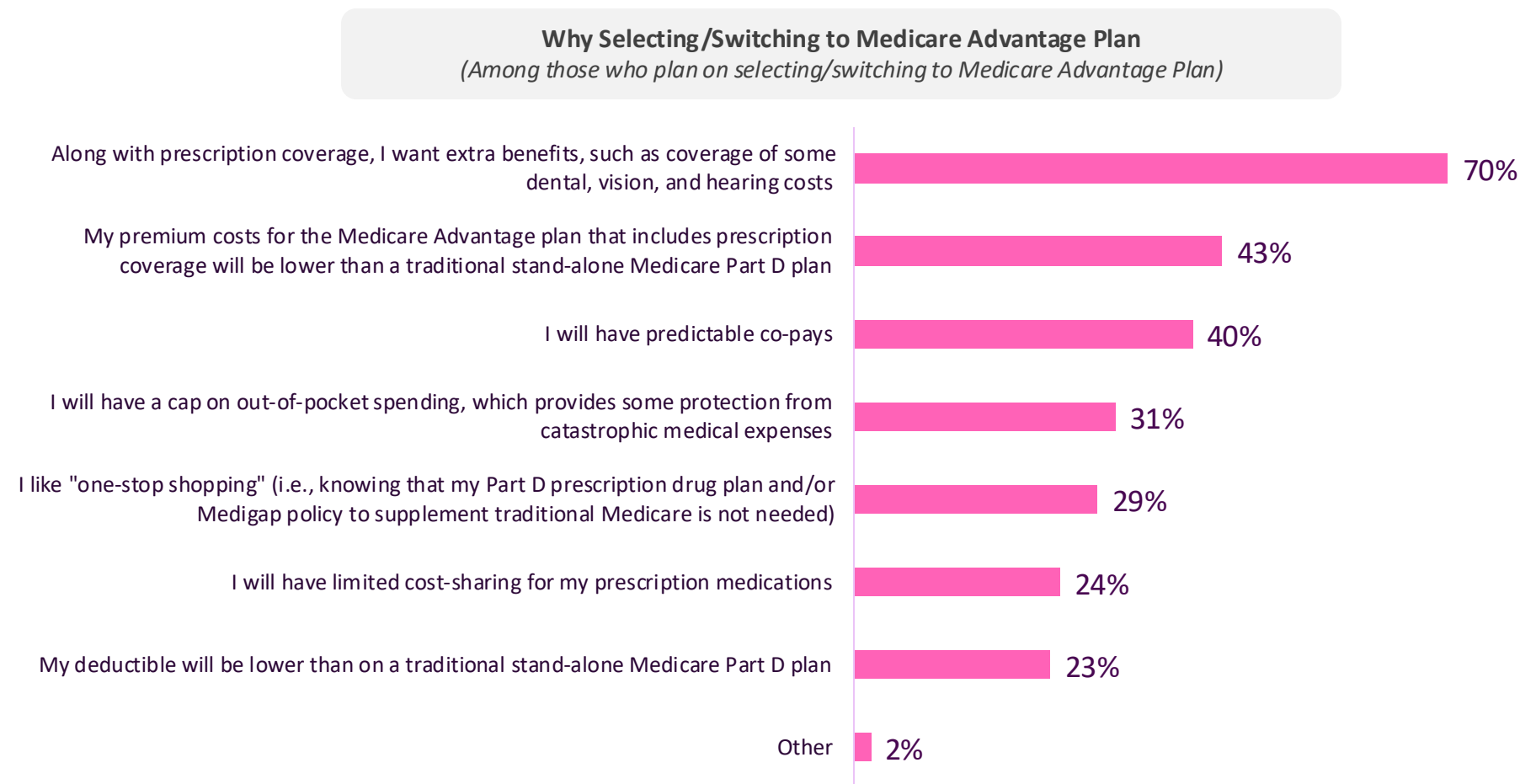
**Why Selecting/Switching to Traditional Medicare Part D Plan\*\***  
*(Among those who plan on selecting/switching to traditional Medicare Part D Plan)*



\*\*Caution low sample size (n<100)

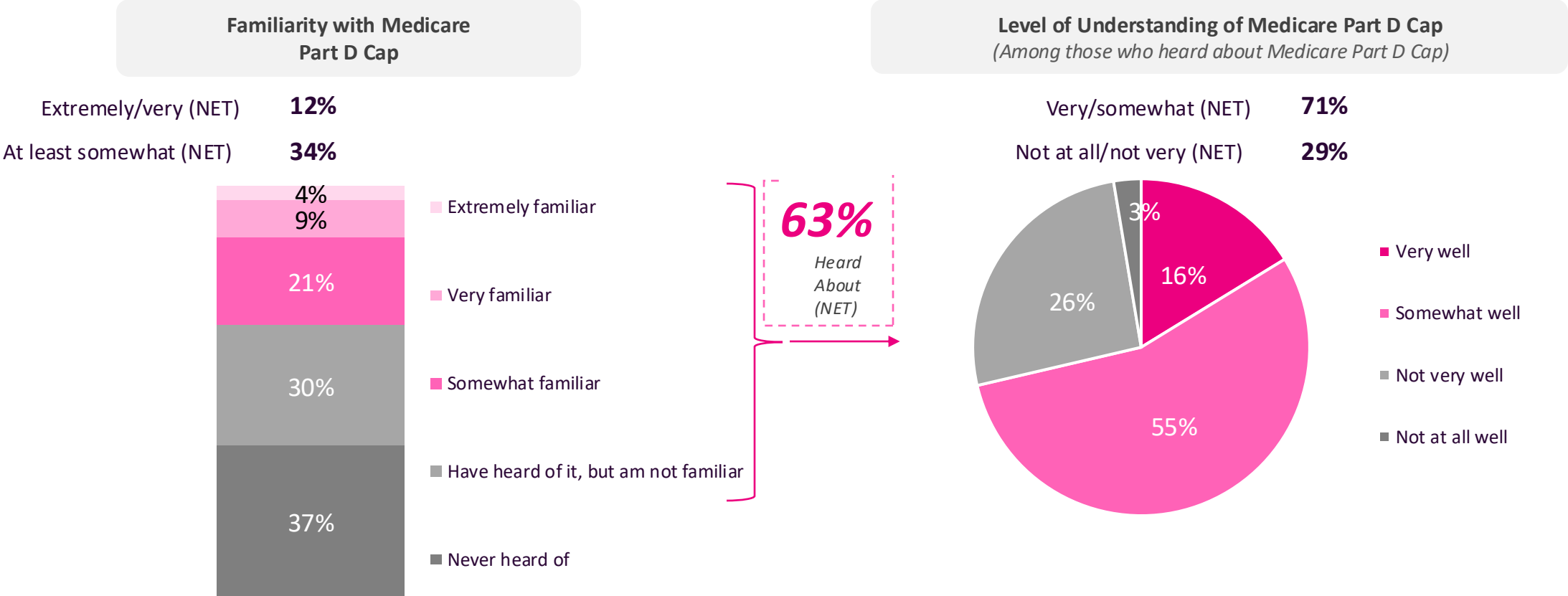


# A desire for extra benefits is by far the top reason for selecting/switching to a Medicare Advantage plan



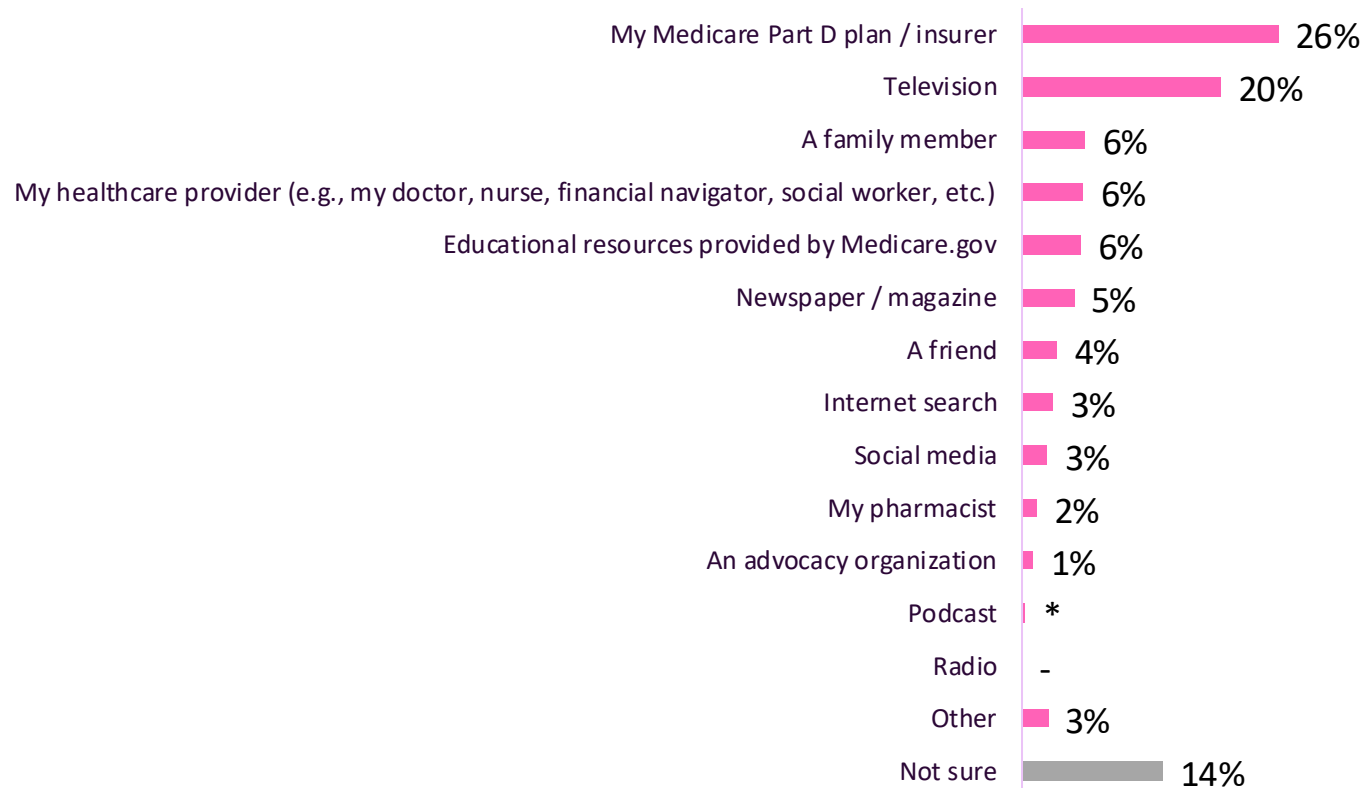
# Familiarity with Medicare Reforms

# Although more than 3 in 5 beneficiaries have heard of the Medicare Part D Cap, few understand it very well

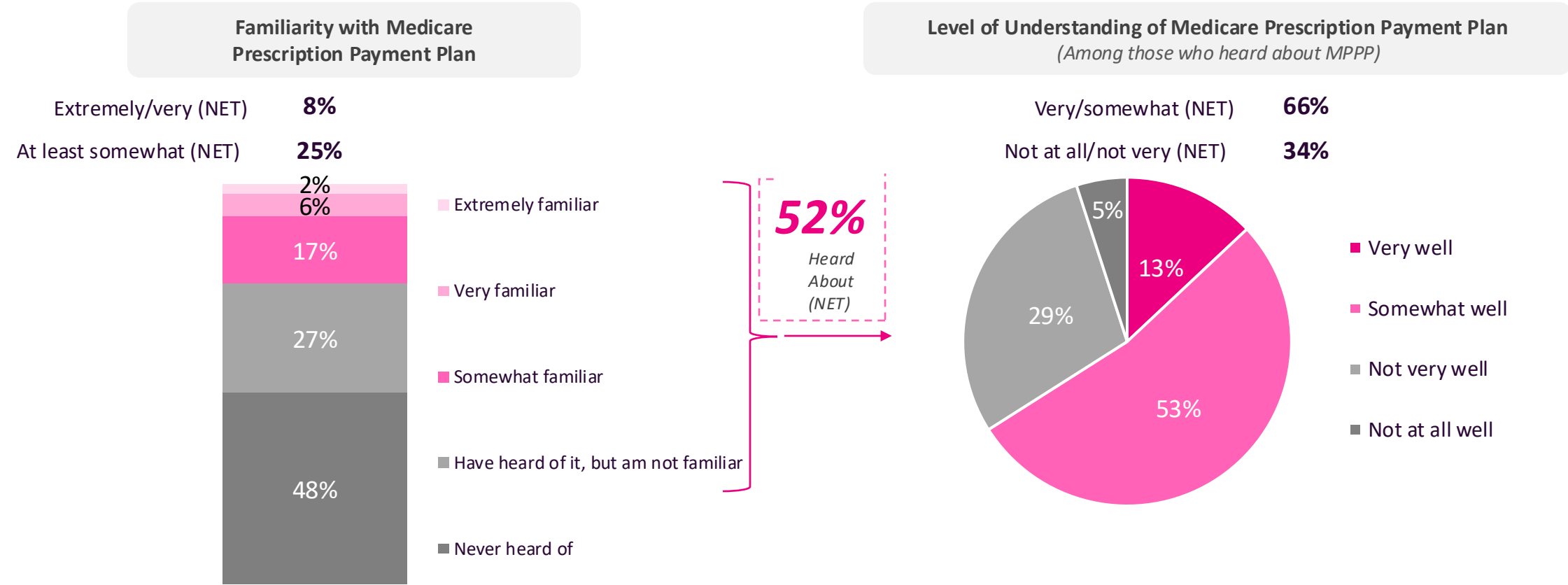


# Medicare Part D plans/insurers and television are most frequently where beneficiaries first heard about the Medicare Part D Cap

**Where First Heard About Medicare Part D Cap**  
*(Among those who heard about Medicare Part D Cap)*

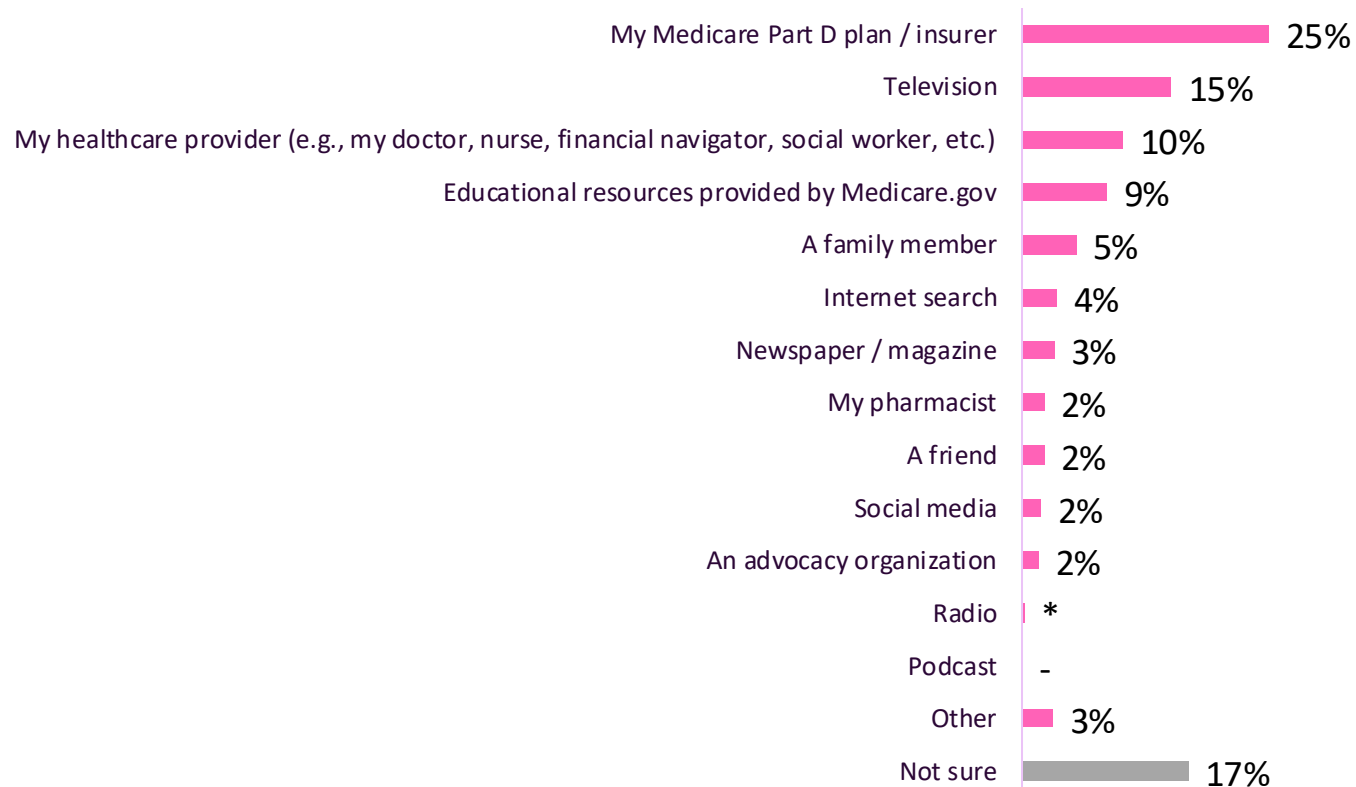


# About 1 in 2 Medicare beneficiaries is at least somewhat familiar with the MPPP; more than 1 in 3 do not understand it well



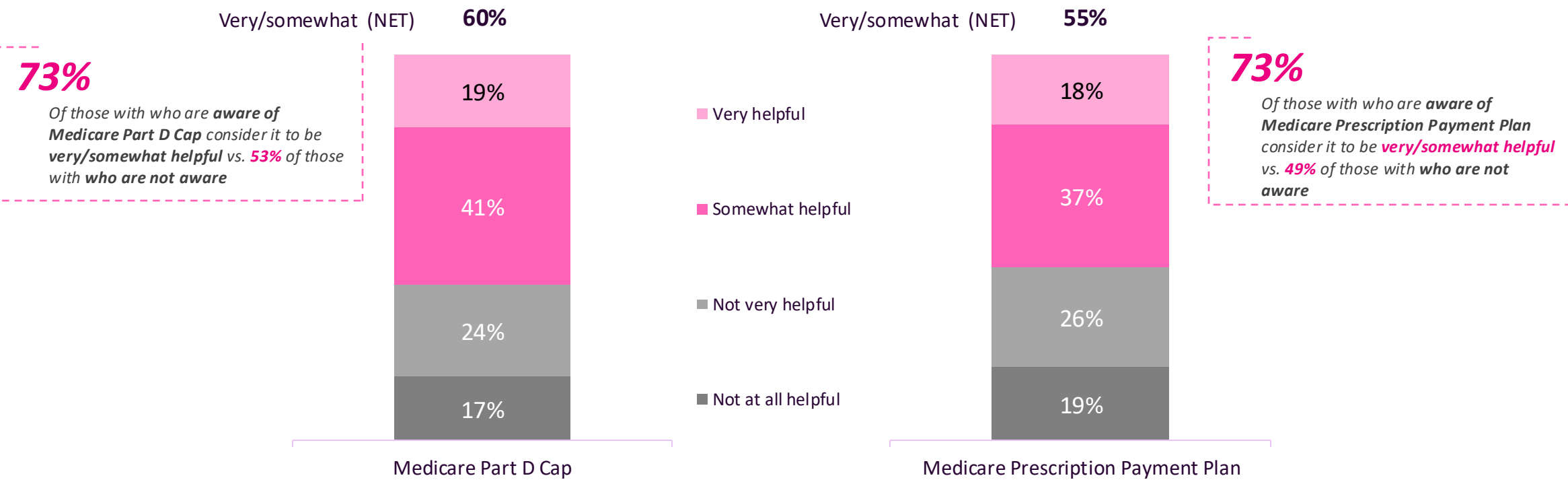
# Medicare Part D plans/insurers and television are also most often where beneficiaries first heard about the MPPP

Where First Heard About Medicare Prescription Payment Plan  
(Among those who heard about MPPP)



# A majority of Medicare beneficiaries find both Medicare Part D Cap and Medicare Prescription Payment Plan personally helpful

Level of Helpfulness of Medicare Reforms  
To Beneficiaries Personally

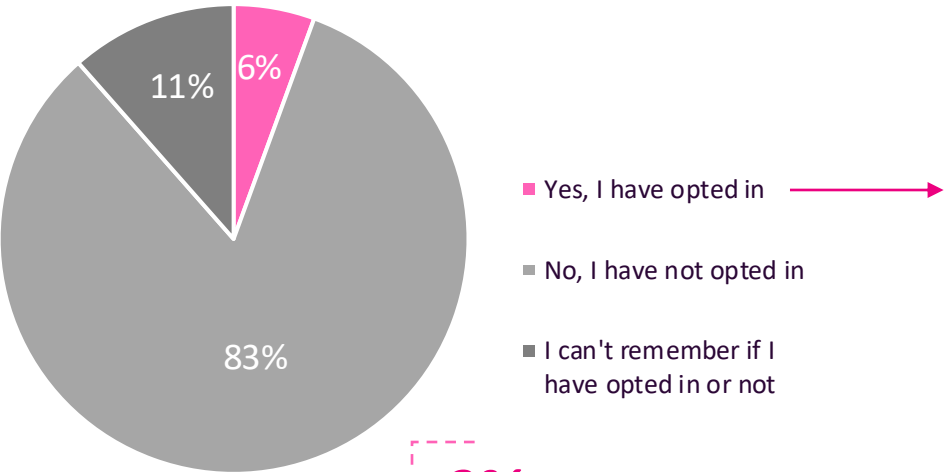


# Enrollment in Medicare Prescription Payment Plan



# Only 6% of Medicare beneficiaries have opted into the MPPP, among those who have, spreading costs and payments throughout the year is a key driver

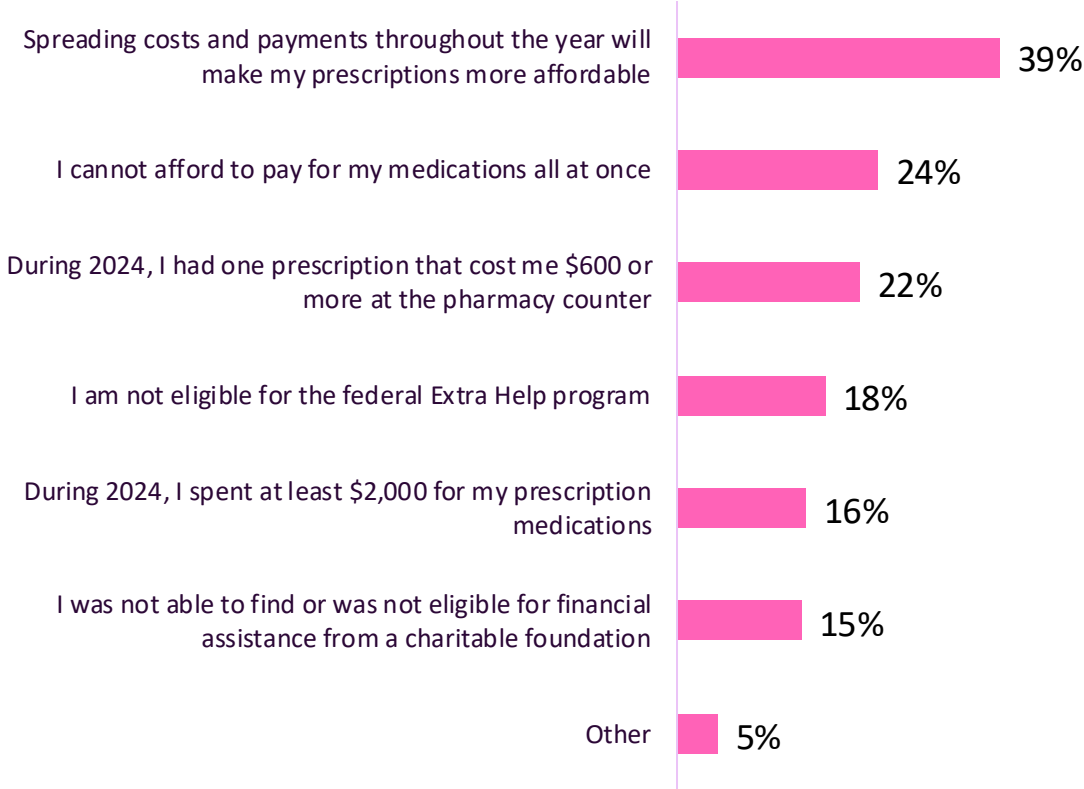
Whether Have Opted in to the Medicare Prescription Payment Plan  
(Among those who with prescription medication(s))



9%

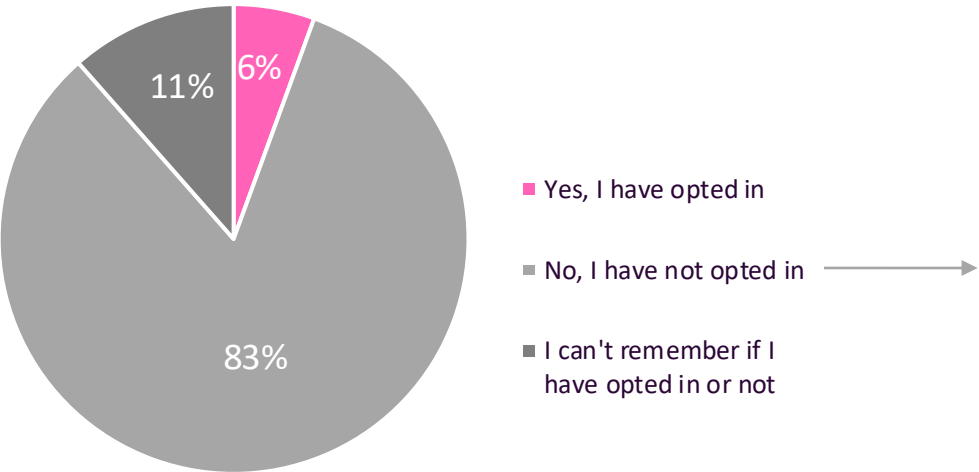
Of **people of color** have **opted in** to the Medicare Prescription Payment Plan vs. **4%** of those who are **White**

Reasons for Opting in to the Medicare Prescription Payment Plan\*\*  
(Among those who opted into MPPP)

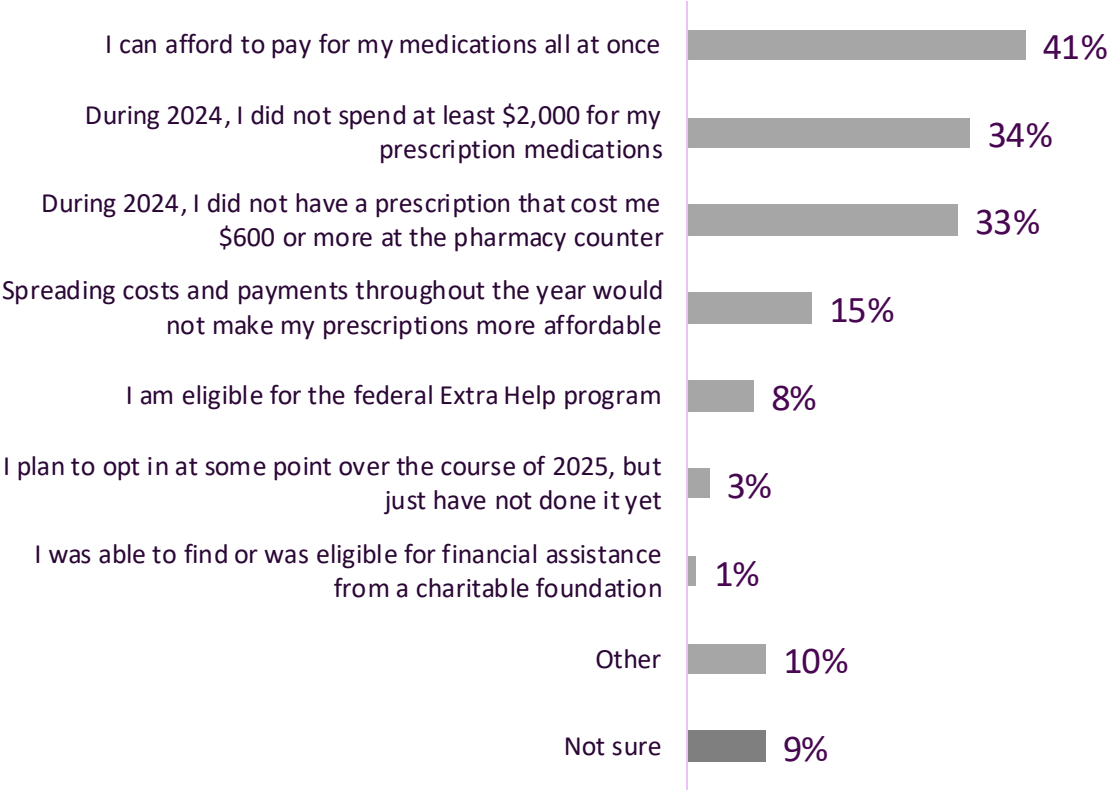


# Among the more than 4 in 5 beneficiaries who have not opted into the MPPP, being able to afford Rx's all at once is the top reason for not doing so

Whether Have Opted in to the Medicare Prescription Payment Plan  
(Among those who with prescription medication(s))

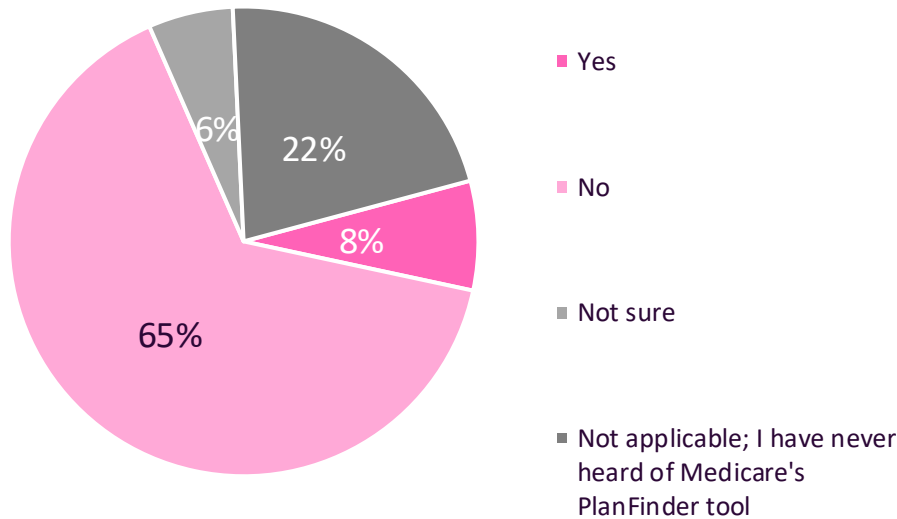


Reasons for Not Opting in to the Medicare Prescription Payment Plan  
(Among those who have not opted in to MPPP)

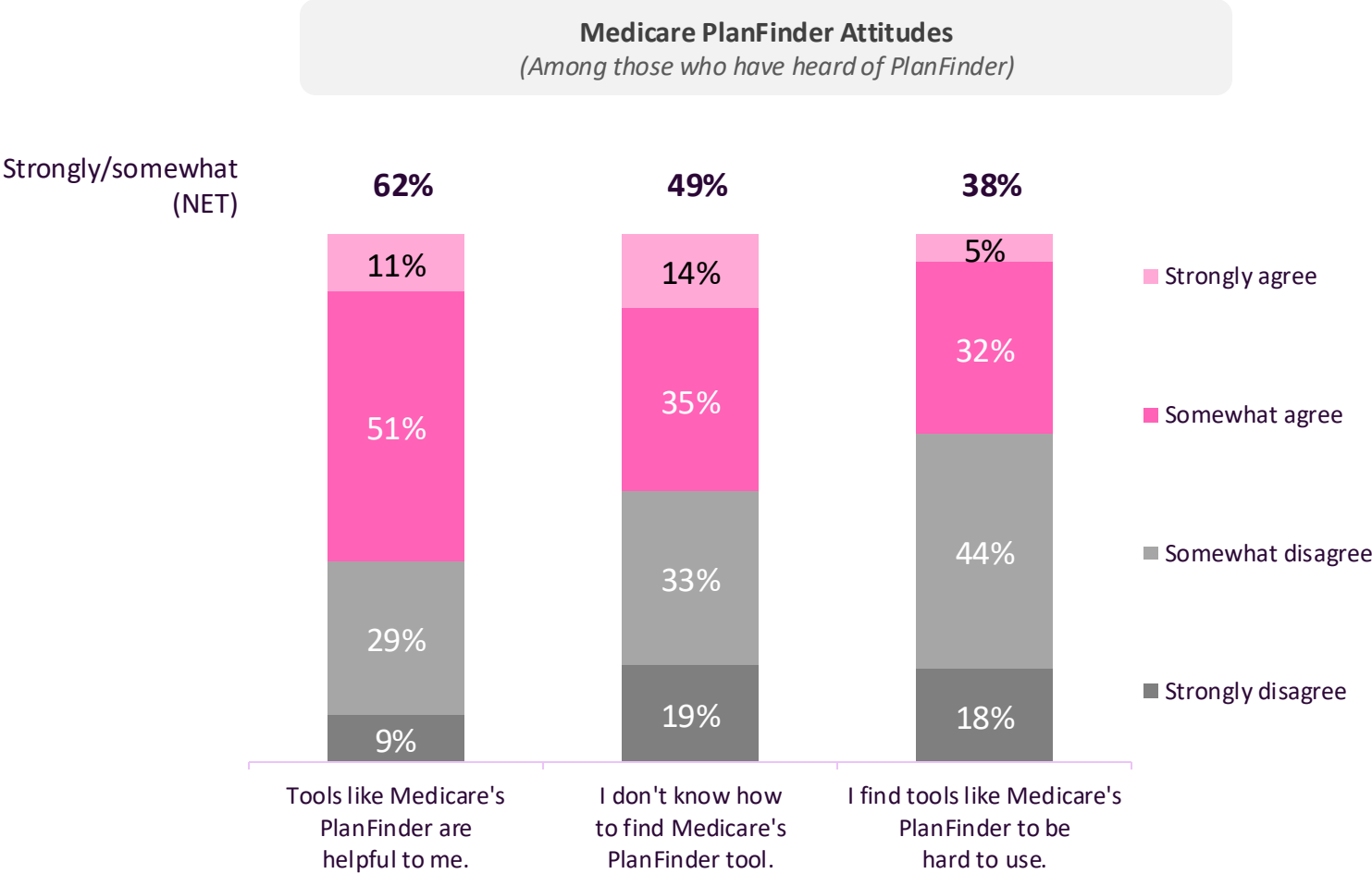


# Fewer than 1 in 10 beneficiaries have used Medicare’s PlanFinder to evaluate Rx costs with MPPP

Have Used Medicare’s PlanFinder Tool to Evaluate Monthly Rx Costs with MPPP  
*(Among those who with prescription medication(s))*



# Among those who have heard of PlanFinder, most beneficiaries agree that tools like it are helpful, but it could be easier to use



# Appendix

# Further Comments From Respondents

## Further Comments From Respondents

*"Us seniors need clear precise English to help us understand the avalanche of paperwork and decisions involved with Medicare."*

Man, Age 66

*"I continue to find it deceptive when people call Medicare Advantage Plans just that. They are not Medicare plans but are plans made with private insurance companies. I think this continues to confuse people who don't realize when they have those plans that they do not have Medicare they have private insurance only."*

Man, Age 76

*"I think all these reforms are wonderful even though I do not currently need them, I may need to use them eventually. I am happy they are there for those who need them currently."*

Woman, Age 68

*"I think both of these reforms are important and so valuable to so many people. Just not me. I am extremely lucky and blessed to have worked for NYS and retired with a pension that helps cover what Medicare does not and has a very good prescription plan."*




Woman, Age 69


*"I'm retired military, so I don't have to rely on Medicare part for my prescription medication. I get them free from the Veterans Administration. My wife's medication's are purchased through Express Scripts."*

Man, Age 71

# Demographics

# Demographics

<b>Education</b>		<b>Employment Status</b>		<b>Voter Status</b>		<b>LGBTQ+ Status</b>	
11% Less than HS degree		14% Employed (FT, PT, or Self)		92% Yes		97% Heterosexual	
58% HS degree to less than 4-yr degree		86% All other		7% No		1% Gay	
31% 4-yr college degree or more				1% Not sure		1% Bisexual	
				* Prefer not to answer		* Lesbian	
						* Queer	
						* Asexual	
						- Pansexual	
						- Fluid	
						- Questioning	
						1% Other/Prefer not to say	
<b>Urbanicity</b>				<b>Children in HH</b>		<b>Adults in HH</b>	
 22% Inner city/Urban				93% 0		29% 1	
 51% Suburban				4% 1		55% 2	
 26% Small town/Rural				2% 2		10% 3	
				1% 3		6% 4+	
				* 4+			
<b>Political Party</b>				<b>Political Philosophy</b>			
35% Democrat				36% Moderate			
36% Republican				38% Conservative			
29% Independent/Other				23% Liberal			
				<b>Frequency to Have Someone Help You Read Pamphlets from Doctor</b>			
				Always 2%			
				Often 4%			
				Sometimes 9%			
				Rarely 16%			
				Never 69%			



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