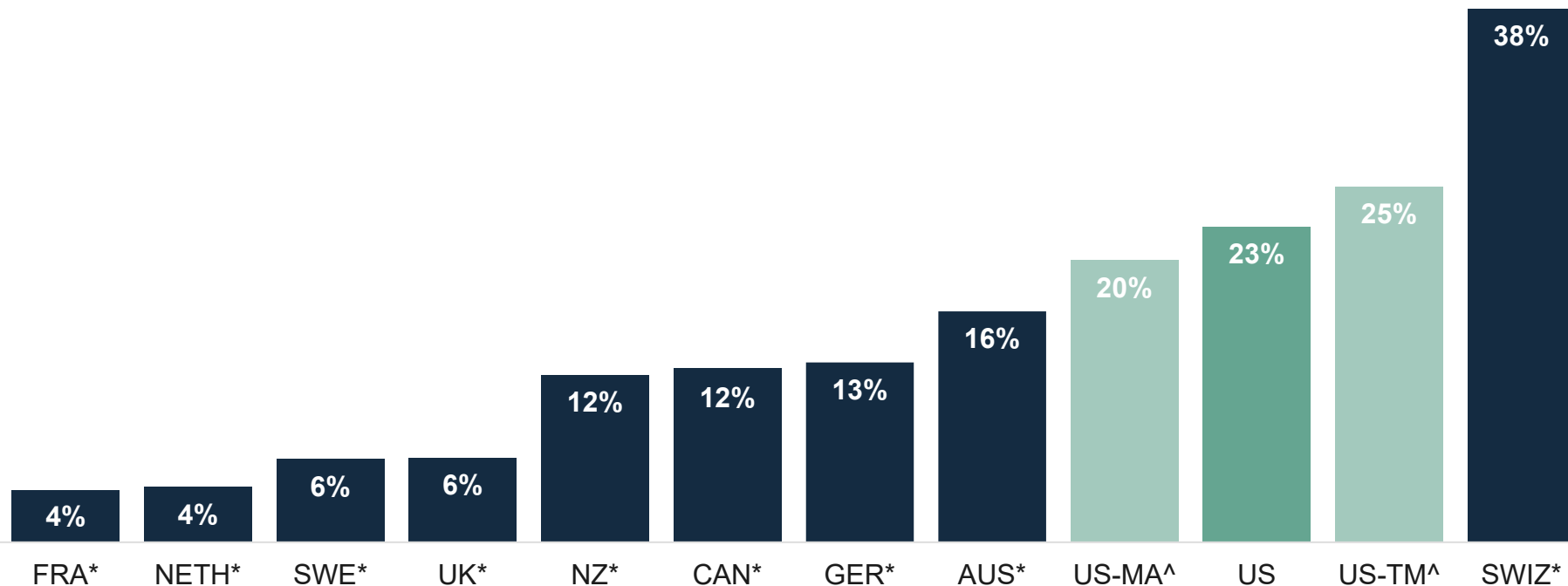


One-fifth or more of older adults in the U.S. and Switzerland spent more than USD 2,000 out of pocket on health care.

Percentage of adults age 65 and older who spent more than USD 2,000 out of pocket in the past 12 months on medical treatments or services that were not covered by public or private insurance plans



Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

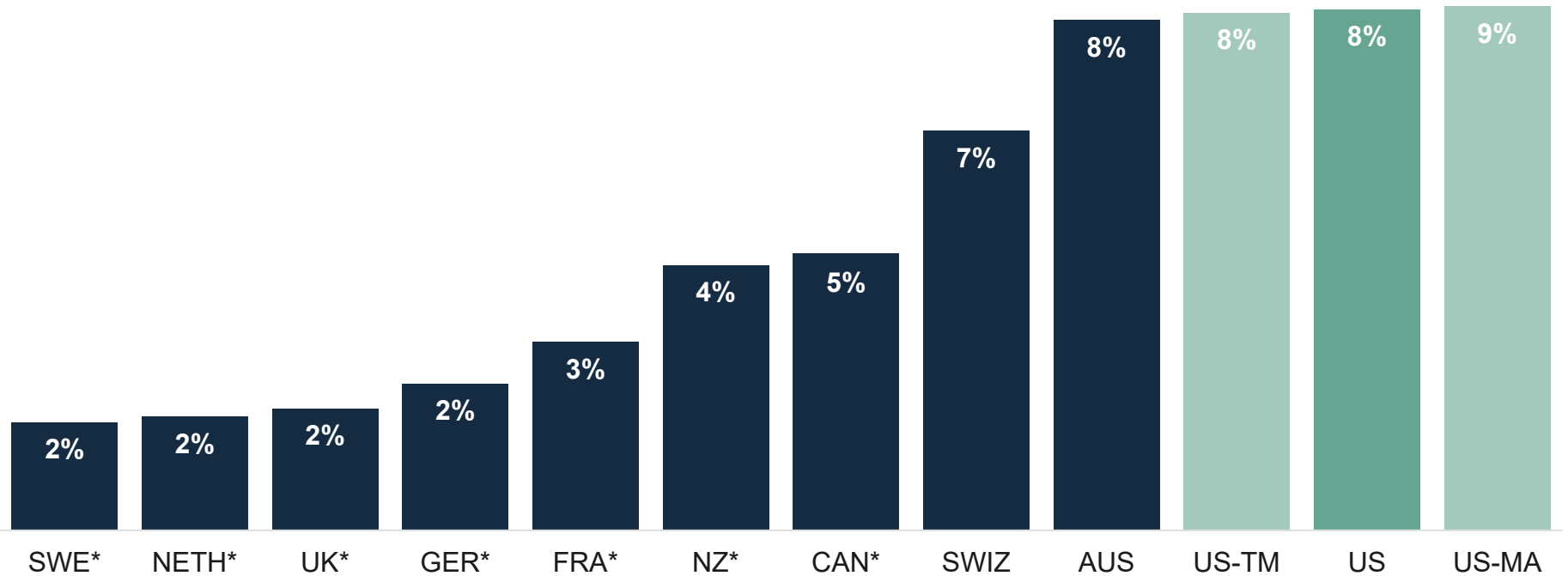
* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

^ Indicates the difference between US-MA beneficiaries and US-TM beneficiaries is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

Less than 10 percent of older adults across countries skipped needed treatment because of the cost, but those in the U.S. and Australia did so at the highest rates.

Percentage of adults age 65 and older who skipped a medical test, treatment, or follow-up that was recommended by a doctor because of the cost in the past 12 months



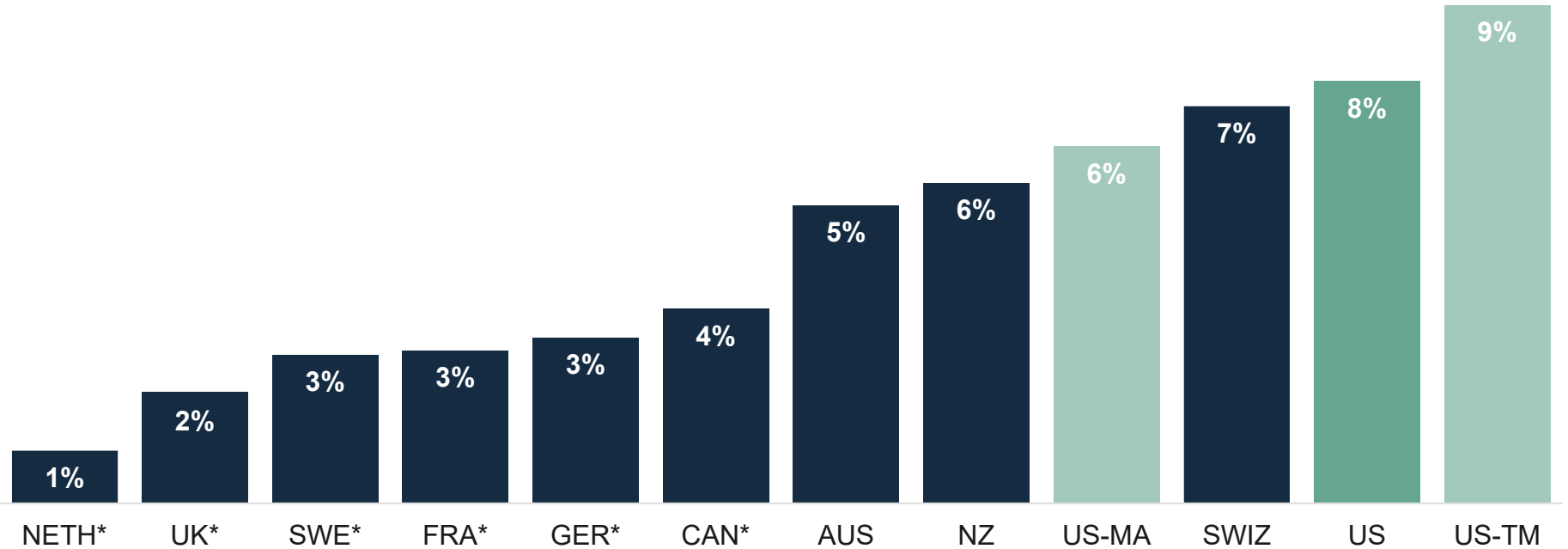
Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

Less than 10 percent of older adults across countries reported having a medical problem but not visiting a doctor because of the cost; almost no respondents in the Netherlands reported doing so.

Percentage of adults age 65 and older who had a medical problem but did not visit a doctor because of the cost in the past 12 months



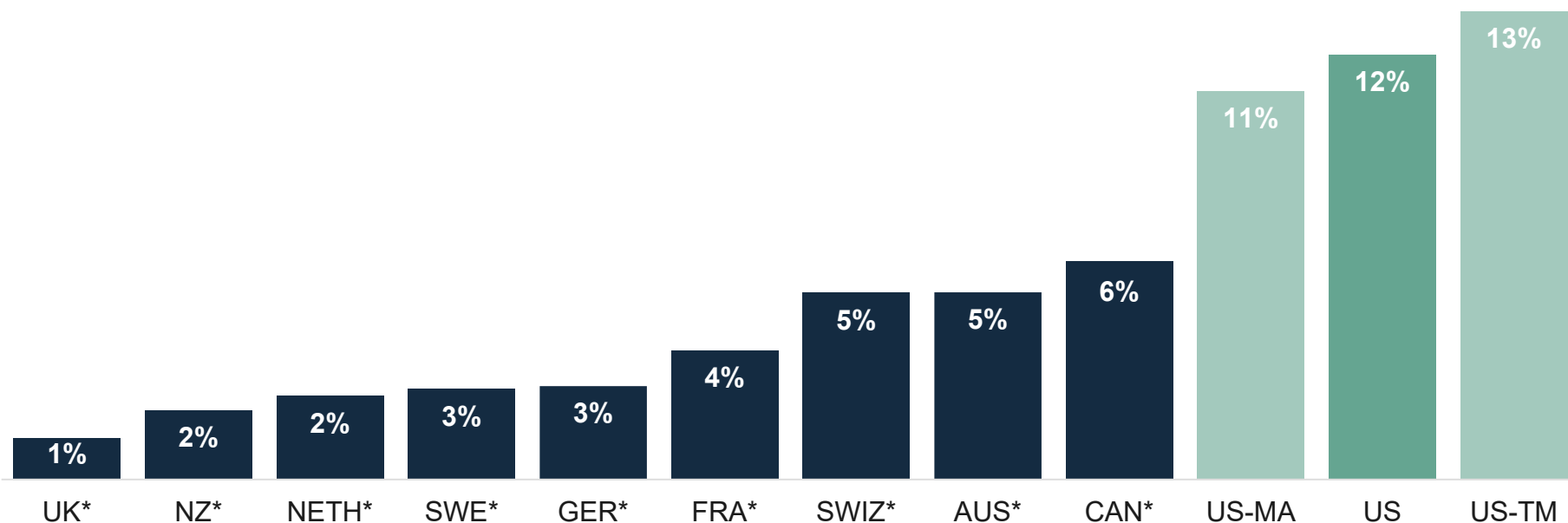
Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

Older Americans were the most likely across countries to report not filling a prescription or skipping a dose because of the cost.

Percentage of adults age 65 and older who did not fill a prescription for medicine, or skipped doses of their medicine, because of the cost in the past 12 months



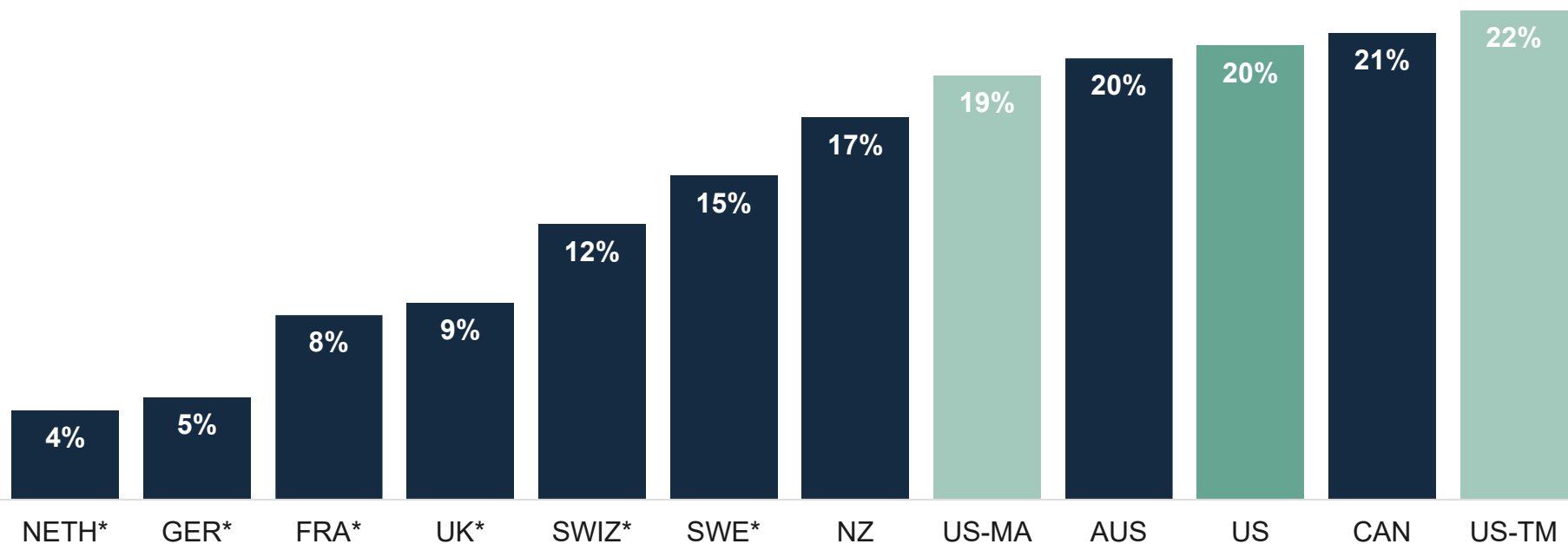
Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

At least one in five older adults in Australia, the U.S., and Canada skipped dental care because of the cost.

Percentage of adults age 65 and older who did not visit a dentist when they needed to because of the cost in the past 12 months



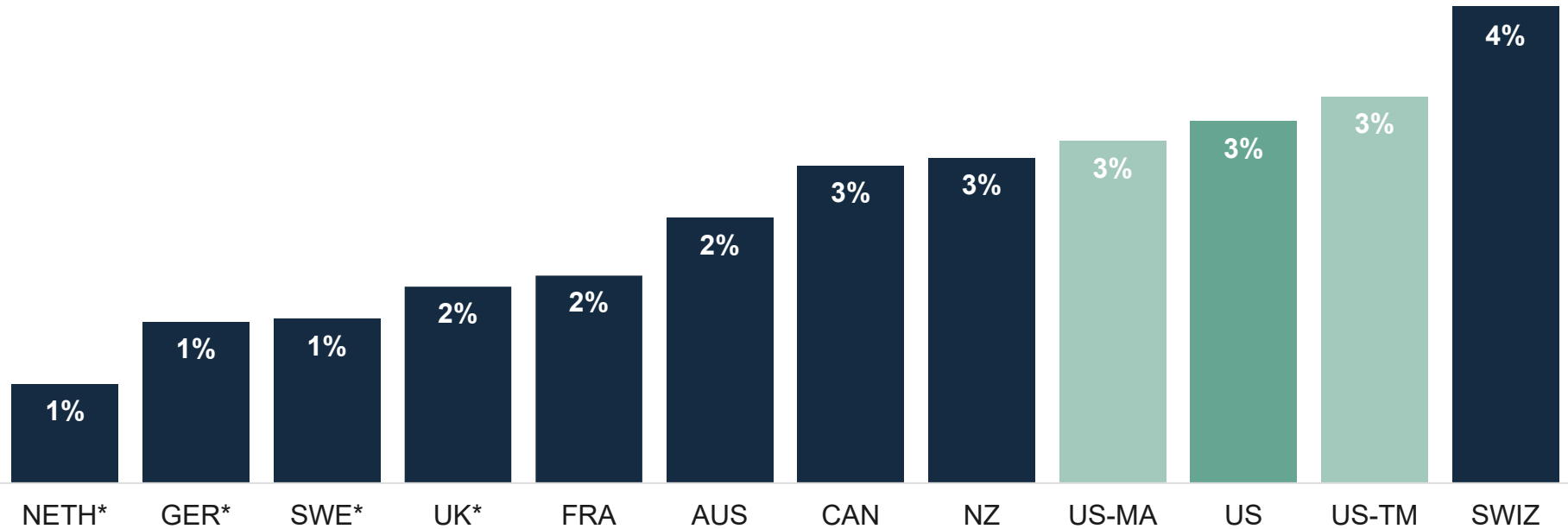
Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

In all countries, less than 5 percent of older adults reported skipping mental health services because of the cost.

Percentage of adults age 65 and older who did not get mental health services because of the cost in the past 12 months



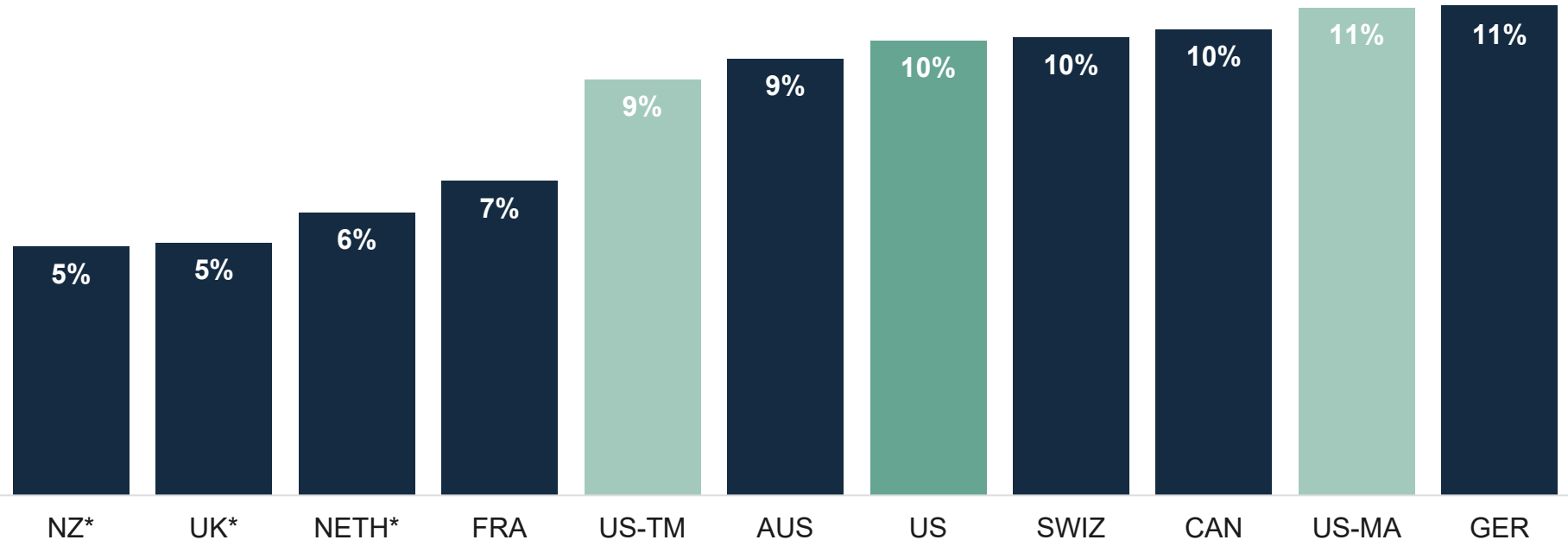
Note: US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.

In all countries, about 10 percent of adults or less reported having at least one social service need.

Percentage of adults age 65 and older who always or usually have at least one social service need



Notes Social service needs are defined as being “always” or “usually” worried about one of the following over the past 12 months: having enough food; having enough money to pay rent or mortgage; having enough money to pay for other monthly bills, like electricity, heat, and telephone; or having a stable source of income. Because of data errors, respondents in Sweden are not included in this question. US-MA is Medicare Advantage; US-TM is traditional Medicare.

* Indicates the difference between comparator country and the US is statistically significant at the $p < .05$ level.

Data: 2024 Commonwealth Fund International Health Policy Survey of Older Adults.