



## How Much Do Medicare And ACA Leads Cost in 2026?

### Description

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This article provides insights on the pricing across Medicare and ACA and the different lead types. It also shares some of the best ways that agents can optimize their lead spend and select the right leads provider.

The bad news is that the cost of health insurance leads are not likely to go down. Margins are tighter. Competition is higher. Carriers are stricter. Buyers are more cautious. Laws are constantly changing. And, compliance is stricter. But the GREAT news is that health insurance leads are still wildly effective in growing an agent's Medicare and ACA business. Agencies can avoid overspending on leads if they understand the leads available in the market and how pricing reflects their relative strengths.

### How much do Medicare and ACA leads cost?

Health insurance leads typically cost from pennies up to \$120 depending on the lead type, intent level, and age. Higher-priced inbound calls have higher conversion rates, while lower-cost aged leads offer large volumes for scaling. Pricing also varies by category (Medicare or ACA), with ACA leads priced slightly lower than Medicare leads.

There are many different types of health insurance leads (see our previous [health insurance blog](#)), with pricing that reflects their source, degree of consumer intent, and competition among agencies. Agents can expect to pay within these ranges for each lead type:

- **Inbound calls (\$30-\$120)** Inbound calls are live phone calls from consumers who are looking for coverage. These are some of the most valuable leads, because they offer real-time intent, immediate conversations, and the highest level of compliance. The downsides are that there can be limited volume, highly competitive bidding among agents, and a higher per-lead cost. The average cost for Medicare inbound calls ranges from \$40 to \$120, while ACA inbound calls are priced slightly lower at \$30 to \$90 per call. An agent's target geography and choice of

buffer (the time that an agent has to qualify a lead before they are charged for it) affects the initial cost of the call. The higher the buffer, the higher the cost. Ongoing costs will be impacted by the publisher's revenue per call (RPC), the average revenue they receive for each call they generate. How? Consider two different agencies, both seeking to buy 50 calls at \$100 per lead for \$5,000. If the first agency is able to answer all 50 calls, the publisher receives \$5,000 (50 x \$100) in revenue and an RPC of \$100 (\$5,000/50). If the second agency is only able to handle 30 of the 50 calls generated, then the publisher will only make \$3,000 (30 x \$100) in revenue and an RPC of \$60 (\$3,000/50). In a competitive bidding situation for subsequent orders, the publisher will likely give fewer leads to the second agency and/or raise their price. This is why inbound calls are frequently used by high-performing sales teams. They are ideal for Medicare and specifically during Open Enrollment Periods.

- **Real-time form leads (\$10-\$60)** These real-time leads come from online submissions made through quote forms, landing pages, and comparison sites. While having slightly lower intent than an inbound call, these leads are priced lower, have higher volume, and allow for more flexible targeting. Medicare real-time form leads are priced from \$20 to \$60, while ACA leads range from \$10 to \$50 per lead. These leads will require strong follow-up. Many agents struggle, as telephony laws and "Spam Likely" labels have made it harder than ever to connect with consumers (see our previous [blog](#) that discusses rules that govern your calling, texting, and emailing campaigns). Real-time form-fill health insurance leads are best suited for highly skilled and responsive sales teams.
- **Real-time co-reg leads (\$0.50-\$2)** Real-time co-reg leads come from partner networks. Co-reg (short for co-registration) leads are generated when consumers sign up for one thing online and, during that process, also agree to receive messages from health insurance agencies. These leads have lower intent, and are priced accordingly. The average cost for Medicare and ACA real-time co-reg leads ranges from \$0.50 to \$2 per call. With their relatively low cost, agencies often use them to supplement their volume and test campaigns. Agencies should be knowledgeable about telephony laws and call deliverability when using these leads.
- **Aged leads (pennies up to \$0.50)** Aged health insurance leads are older than the other lead types. They offer agencies the opportunity to re-engage large volumes of consumers who have previously opted in for a discussion on their health insurance options. At an average price from pennies to \$0.50 per lead for both Medicare and ACA, these are the lowest priced health insurance leads. Most agencies buy aged health insurance leads to help them scale. Even if conversion rates are lower, total deals can increase.

## Why are Medicare leads typically higher priced than ACA leads

Based on the above, you can see that Medicare leads often cost more per lead than ACA leads. But why? Medicare leads tend to have higher intent and agents realize higher commissions. ACA leads have a larger target audience, including everyone under 65 years of age who is uninsured, self-employed, losing employer coverage, and/or part of a lower- to middle-income household.

## Cost per lead vs. cost per policy vs. cost per technology

Some agents fixate on the price per lead, while others consider the cost per policy. The cost per policy considers the convertibility of a lead and is calculated as total lead spend divided by number of policies written. For example, an agent with a \$1,000 budget may buy 12 inbound calls priced at \$80 per lead,

for a total spend of \$960. With higher intent and higher conversion rates, let's assume 3 (25%) of these calls result in a policy. The cost per policy is \$320 (\$960/3). Alternatively, the agent could purchase 4,000 aged leads at \$0.25 per lead for \$1,000 and 8 leads (0.2%) result in policies. The cost per policy is \$125 (\$1,000/8). The final piece to overlay, which many agents forget, is the ability to make the dials to convert aged leads. A call lead outsources the dialing aspect, so the cost per policy can be higher. But if an agent isn't tech savvy with today's telephony rules, the benefit of aged leads can be negated if an agent isn't able to produce conversations with outbound calling.

## How agencies can cost-effectively manage their lead spend

In the past, agents could rely on volume alone, but that no longer works. Today, agents need to balance the cost per lead, cost per policy, technology costs, contact rates, and close rates. Since often no single lead type ranks first on all those dimensions, many agencies have shifted toward a mix of lead types to get the most out of their lead spend. It helps them control costs, increase volume, and improve their total ROI. A common blended strategy used by many of our clients includes:

1. **Using inbound calls for intent and compliance** Inbound health insurance calls bring agents immediate conversations with highly interested consumers. And, given the higher intent, close rates are higher for inbound calls (often between 20% and 30%). An added benefit is these calls help Medicare agents *compliantly* market to potential beneficiaries, establishing 1:1 consent and avoiding the need to wait 48 hours to close.
2. **Using aged leads for scale and regulatory changes** Aged health insurance leads work very well, especially for ACA. The large volume of aged leads is critical in scaling an ACA agent's operation.
3. **Layering in real-time forms and co-reg leads** Most agents use real-time leads when they need supplemental volume or they want to test a new campaign.
4. **Building a strong follow-up system** Many agents do not follow up on their leads enough. Our research shows that 90% of consumers can be reached with over six calls. Agents should follow up on health insurance leads over several days, varying their outreaches to also include texts and emails. With a deeper cadence, agents can lower their CPA.
5. **Understanding compliance** Medicare in particular has numerous rules and regulations. Non-compliance leads to fines or worse, drastically increasing overall lead costs.
6. **Work with reliable leads providers** The most successful agents recognize the importance of working with trustworthy providers. But what does that mean exactly? At The Leads Warehouse, we focus on first-party owned and operated (O&O) lead sources, high-quality clean data (void of duplicates, ability to suppress new leads from those previously purchased), and fast delivery (within 24-48 hours). We share our deep marketing knowledge and compliance and regulatory experience to find the best lead solutions for our clients.

## Conclusion

Health insurance leads are not getting cheaper, but for agencies that understand how to buy and manage them, they remain one of the most powerful growth levers available. The key is not choosing the cheapest lead, but building a strategy that balances intent, volume, and conversion across multiple lead types. Agencies that commit to strong compliance and adapt to today's compliance landscape will consistently outperform those chasing price alone. Are you ready to talk about how you can grow

your health insurance sales?

If you are serious about scaling your [Medicare](#) and [ACA](#) insurance business, the right blend of lead types is important. Our team works with agencies to build profitable lead strategies using the lead types outlined above. Call **1-800-884-8371** or visit [The Leads Warehouse](#) to get started.

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