

**Table 18**  
**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and**  
**Type of Cost-Sharing Liability: Calendar Years 1977-2003**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability							Supplementary Medical Insurance (SMI) Liability	
		Total	Inpatient Hospital		Skilled		Total	Deductible <sup>1,2</sup>	Coinsur- ance <sup>2</sup>	Balance Billing <sup>3</sup>
			Copayments		Nursing					
			Deductible	Coinsur- ance	Facility	Coinsurance				
Amount in Millions										
1977	\$4,489	\$1,091	\$844	\$171	\$76	\$3,398	\$1,049	\$1,545	\$804	
1978	5,046	1,311	1,019	210	82	3,735	1,102	1,723	910	
1979	5,898	1,512	1,168	257	87	4,386	1,157	2,072	1,157	
1980	7,074	1,807	1,395	312	100	5,267	1,207	2,519	1,541	
1981	8,433	2,080	1,615	355	110	6,353	1,358	3,042	1,953	
1982	10,388	2,804	2,131	524	149	7,584	1,574	3,730	2,280	
1983	11,448	3,250	2,504	561	185	8,198	1,453	4,260	2,485	
1984	11,802	3,403	2,775	415	212	8,399	1,532	4,607	2,260	
1985	13,145	3,461	2,867	381	213	9,684	1,651	5,363	2,670	
1986	14,643	4,206	3,584	409	213	10,436	1,711	6,022	2,703	
1987	15,655	4,586	3,818	568	200	11,069	1,796	7,073	2,201	
1988	16,315	5,006	4,004	671	332	11,309	1,864	7,649	1,795	
1989 <sup>4</sup>	16,891	3,903	3,607	60	236	12,988	1,943	8,942	2,104	
1990	19,955	5,980	4,519	569	892	13,975	2,021	9,728	2,226	
1991	23,855	6,770	4,934	868	968	17,085	2,444	12,762	1,879	
1992	24,767	7,108	5,115	864	1,129	17,659	2,666	14,120	873	
1993	25,880	7,665	5,394	817	1,454	18,215	2,801	14,902	512	
1994	27,706	8,076	5,574	773	1,730	19,630	2,670	16,721	239	
1995	29,763	8,411	5,766	685	1,960	21,352	2,754	18,411	187	
1996	31,177	8,957	5,978	631	2,348	22,220	2,790	19,312	118	
1997	32,786	9,264	6,147	648	2,469	23,522	3,163	20,260	99	
1998	33,056	8,944	6,071	613	2,259	24,112	2,723	21,308	81	
1999	33,703	8,957	6,181	637	2,139	24,746	2,712	21,959	75	
2000	35,587	9,278	6,327	712	2,239	26,308	2,773	23,464	71	
2001 <sup>5</sup>	38,037	9,965	6,711	762	2,492	28,072	2,877	25,124	71	
2002	40,251	10,945	7,094	836	3,015	29,306	2,997	26,246	63	
2003	42,906	11,755	7,474	856	3,425	31,151	3,085	28,003	63	

See footnotes at end of table.

**Table 18—Continued**

**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and Type of Cost-Sharing Liability: Calendar Years 1977-2003**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			
		Total	Inpatient Hospital Copayments	Skilled Nursing Facility Coinsurance	Coinsurance	Total	Deductible <sup>1,2</sup>	Coinsurance <sup>2</sup>	Balance Billing <sup>3</sup>
Dollars per Enrollee <sup>6</sup>									
1977	\$174	\$42	\$32	\$7	\$3	\$132	\$42	\$58	\$32
1978	192	49	38	8	3	143	42	66	35
1979	219	55	43	9	3	164	43	78	43
1980	256	64	50	11	4	192	44	92	56
1981	301	73	56	12	4	228	49	109	70
1982	364	96	73	18	5	268	56	32	80
1983	381	110	85	19	6	283	50	147	86
1984	388	113	93	14	7	286	52	157	77
1985	423	113	94	12	7	323	55	179	89
1986	461	135	115	13	7	341	56	197	88
1987	483	144	120	18	6	355	58	227	71
1988	495	154	124	21	10	358	59	242	57
1989 <sup>4</sup>	503	118	109	2	7	405	61	279	66
1990	583	177	134	17	26	428	62	298	68
1991	684	197	143	25	28	514	74	384	57
1992	696	202	145	25	32	520	79	416	26
1993	712	213	150	23	40	526	81	430	15
1994	813	240	165	23	51	608	83	518	7
1995	874	250	171	20	58	663	86	572	6
1996	925	269	180	19	71	699	88	608	4
1997	993	284	188	20	76	758	102	653	3
1998	1,022	280	190	19	71	796	90	703	3
1999	1,047	282	195	20	67	823	90	730	2
2000	1,087	287	196	22	69	863	91	770	2
2001 <sup>5</sup>	1,123	298	201	23	75	891	91	797	2
2002	1,151	317	205	24	87	900	92	806	2
2003	1,198	332	211	24	97	935	93	840	2

See footnotes at end of table.

**Table 18—Continued**  
**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and**  
**Type of Cost-Sharing Liability: Calendar Years 1977-2003**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability						Supplementary Medical Insurance (SMI) Liability		
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility	Total	Deductible <sup>1,2</sup>	Coinsurance <sup>2</sup>	Balance Billing <sup>3</sup>	
			Deductible	Coinsurance						
Percent Distribution										
1977	100	24.3	18.8	3.8	1.7	75.7	23.4	34.4	17.9	
1978	100	26.0	20.2	4.2	1.6	74.0	21.8	34.1	18.0	
1979	100	25.6	19.8	4.4	1.5	74.4	19.6	35.1	19.6	
1980	100	25.5	19.7	4.4	1.4	74.5	17.1	35.6	21.8	
1981	100	24.7	19.2	4.2	1.3	75.3	16.1	36.1	23.2	
1982	100	27.0	20.5	5.0	1.4	73.0	15.2	35.9	21.9	
1983	100	28.4	21.9	4.9	1.6	71.6	12.7	37.2	21.7	
1984	100	28.8	23.5	3.5	1.8	71.2	13.0	39.0	19.1	
1985	100	26.3	21.8	2.9	1.6	73.7	12.6	40.8	20.3	
1986	100	28.7	24.5	2.8	1.5	71.3	11.7	41.1	18.5	
1987	100	29.3	24.4	3.6	1.3	70.7	11.5	45.2	14.1	
1988	100	30.7	24.5	4.1	2.0	69.3	11.4	46.9	11.0	
1989 <sup>4</sup>	100	23.1	21.4	0.4	1.4	76.9	11.5	52.9	12.5	
1990	100	30.0	22.6	2.9	4.5	70.0	10.1	48.7	11.2	
1991	100	28.4	20.7	3.6	4.1	71.6	10.2	53.5	7.9	
1992	100	28.7	20.7	3.5	4.6	71.3	10.8	57.0	3.5	
1993	100	29.6	20.8	3.2	5.6	70.4	10.8	57.6	2.0	
1994	100	29.1	20.1	2.8	6.2	70.9	9.6	60.4	0.9	
1995	100	28.3	19.4	2.3	6.6	71.7	9.3	61.9	0.6	
1996	100	28.7	19.2	2.0	7.5	71.3	8.9	61.9	0.4	
1997	100	28.3	18.7	2.0	7.5	71.7	9.6	61.8	0.3	
1998	100	27.1	18.4	1.9	6.8	72.9	8.2	64.5	0.2	
1999	100	26.6	18.3	1.9	6.3	73.4	8.0	65.2	0.2	
2000	100	26.1	17.8	2.0	6.3	73.9	7.8	65.9	0.2	
2001 <sup>5</sup>	100	26.2	17.6	2.0	6.6	73.8	7.6	66.1	0.2	
2002	100	27.2	17.6	2.1	7.5	72.8	7.4	65.2	0.2	
2003	100	27.4	17.4	2.0	8.0	72.6	7.2	65.3	0.1	

<sup>1</sup>The Omnibus Budget Reconciliation Act (OBRA) of 1981 raised the annual SMI deductible amount from \$60 to \$75 effective January 1, 1982. OBRA 1990 raised the deductible to \$100 effective January 1, 1991

<sup>2</sup>In previous editions of the Statistical Supplement, the cost-sharing liability amounts for SMI were understated. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost sharing. The amounts shown for SMI deductible and coinsurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for years prior to 1991 are not available.

<sup>3</sup>Balance billing on unassigned claims is the difference between the charge submitted by the physician and the charge allowed by Medicare; the beneficiary is liable for this difference, in addition to the 20 percent coinsurance set by law. The Medicare Physician Payment Reform Act established a limit that a physician can charge Medicare beneficiaries on unassigned claims; in 2003 a physician could not charge more than 115 percent of the amount listed in the Medicare Physician Fee Schedule for non-participating physicians.

<sup>4</sup>Under the Medicare Catastrophic Coverage Act (MCCA) of 1988, Medicare coverage for inpatient hospital care for calendar year 1989 was extended to an unlimited number of days, and beneficiaries paid only one hospital deductible and no inpatient hospital coinsurance. Skilled nursing facility (SNF) care under MCCA paid for 150 SNF covered days of care for calendar year 1989 at 100 percent of covered charges, except for \$25.50 a day coinsurance for days 1-8 of the SNF stay. The MCCA cost-sharing changes for Part B coverage were not scheduled to be implemented until January 1, 1990. However, the MCCA was repealed effective January 1, 1990

<sup>5</sup>Data for 2001 were estimated using other sources that involve estimation algorithms and should be used with caution with data for other years.

<sup>6</sup>Beginning 1994, managed care enrollees are excluded when calculating the average cost-sharing liability per enrollee.

NOTES: Medicare cost-sharing liability represent cost sharing for fee-for-service care only. Numbers may not add to total because of rounding.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; Office of the Actuary; data development by the Office of Research, Development, and Information.

**Table 19**

**Total Medicare Expenditures, Medicare Payments, and Beneficiary Cost-Sharing Liability, by Type of Coverage: Calendar Years 1977, 1983, and 2003**

Type of Coverage	Total Medicare Expenditures		Medicare Payments		Beneficiary Cost-Sharing Liability <sup>1</sup>	
	Amount in Billions	Percent	Amount in Billions	Percent	Amount in Billions	Percent
1977 Total	\$25.0	100.0	\$20.5	82.0	\$4.5	18.0
Hospital Insurance	15.8	100.0	14.7	93.0	1.1	7.0
Supplementary Medical Insurance	9.2	100.0	5.8	63.0	3.4	37.0
1983 Total	\$64.8	100.0	\$53.4	82.4	\$11.4	17.6
Hospital Insurance	39.6	100.0	36.3	91.7	3.3	8.3
Supplementary Medical Insurance	25.3	100.0	17.1	67.6	8.2	32.4
2003 Total	\$275.7	100.0	\$232.8	84.4	\$42.9	15.6
Hospital Insurance	141.4	100.0	129.6	91.7	11.8	8.3
Supplementary Medical Insurance	134.5	100.0	103.3	76.8	31.2	23.2

<sup>1</sup>Includes Part B balance billing beneficiary liability.

NOTES: Total Medicare expenditures represent the sum of Medicare Program payments and the beneficiary liability for cost sharing for fee-for-service care. Payments and cost sharing for managed care are excluded. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost sharing. A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. Data for earlier years have not been revised. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 20**  
**Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:**  
**Calendar Year 2003**

Demographic Characteristic	Persons Served <sup>1</sup>			Cost-Sharing Liability <sup>2</sup>			
	Number in Thousands	Per 1,000 Enrollees <sup>3</sup>	Percent	Amount in Millions	Percent	Average per Person With Liability <sup>4</sup>	Per Enrollee <sup>3</sup>
Total	32,587	910	100.0	\$42,906	100.0	\$1,343	\$1,198
<b>Sex</b>							
Male	13,580	863	41.7	18,373	42.8	1,386	1,168
Female	19,007	947	58.3	24,533	57.2	1,312	1,222
<b>Age</b>							
Under 65 Years	4,935	861	15.1	7,215	16.8	1,494	1,259
65-74 Years	13,192	857	40.5	14,797	34.5	1,145	961
75-84 Years	10,407	973	31.9	14,677	34.2	1,434	1,372
85 Years or Over	4,053	1,015	12.4	6,217	14.5	1,567	1,558
<b>Race<sup>5</sup></b>							
White	27,920	923	85.7	35,663	83.1	1,304	1,179
Other	4,615	840	14.2	7,169	16.7	1,576	1,305
<b>Type of Entitlement</b>							
Aged <sup>6</sup>	27,665	920	84.9	35,709	83.2	1,316	1,187
Disabled <sup>7</sup>	4,922	859	15.1	7,196	16.8	1,493	1,255
<b>MSA Type<sup>8</sup></b>							
Urban	23,487	913	72.1	31,710	73.9	1,377	1,233
Rural	8,665	942	26.6	10,749	25.1	1,265	1,169

<sup>1</sup>Represents beneficiaries who received covered services under fee-for-service (FFS) and for whom program payments were made. Includes a small number of Medicare beneficiaries with no cost-sharing liability.

<sup>2</sup>Includes beneficiary balance billing cost-sharing liability.

<sup>3</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments. The numerators for the ratios of persons served per 1,000 include beneficiaries alive and enrolled in FFS at any point in the year. Essentially every FFS enrollee over 85 alive at some point during the year has used a covered reimbursed service, rates over 1,000 may be seen

<sup>4</sup>Excludes persons who did not have cost-sharing liability.

<sup>5</sup>Excludes unknown race. Due to the availability of expanded codes for race, the methodology for calculating data for other race has been revised from earlier years.

<sup>6</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>7</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>8</sup>Excludes outlying areas.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 21**  
**Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2003**

Area of Residence <sup>1</sup>	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability <sup>2</sup>	Per Enrollee <sup>3</sup>
All Areas <sup>4</sup>	41,126,380	5,311,580	12.9	32,587	100.0	\$42,906	100.0	\$1,343	1,198
United States	40,202,660	5,281,960	13.1	32,152	98.7	42,458	99.0	1,347	1,216
Northeast	8,222,300	1,329,840	16.2	6,237	19.1	8,693	20.3	1,418	1,261
Midwest	9,416,420	636,660	6.8	8,248	25.3	10,463	24.4	1,296	1,192
South	14,597,940	1,110,040	7.6	12,524	38.4	16,973	39.6	1,377	1,258
West	7,966,000	2,205,420	27.7	5,144	15.8	6,330	14.8	1,265	1,099
New England	2,155,080	257,560	12.0	1,710	5.2	2,278	5.3	1,355	1,201
Connecticut	523,860	30,900	5.9	455	1.4	630	1.5	1,407	1,278
Maine	226,560	260	0.1	206	0.6	235	0.5	1,157	1,038
Massachusetts	960,520	168,060	17.5	705	2.2	990	2.3	1,428	1,249
New Hampshire	179,560	2,020	1.1	159	0.5	189	0.4	1,216	1,065
Rhode Island	171,180	56,180	32.8	99	0.3	135	0.3	1,391	1,174
Vermont	93,400	140	0.1	86	0.3	98	0.2	1,173	1,051
Middle Atlantic	6,067,220	1,072,280	17.7	4,527	13.9	6,415	15.0	1,442	1,284
New Jersey	1,223,880	95,480	7.8	1,026	3.1	1,496	3.5	1,477	1,326
New York	2,735,280	470,700	17.2	2,039	6.3	2,984	7.0	1,488	1,318
Pennsylvania	2,108,060	506,100	24.0	1,463	4.5	1,936	4.5	1,353	1,209
East North Central	6,500,020	394,140	6.1	5,703	17.5	7,456	17.4	1,334	1,221
Illinois	1,657,040	84,300	5.1	1,438	4.4	1,904	4.4	1,351	1,211
Indiana	873,400	18,180	2.1	804	2.5	1,110	2.6	1,409	1,298
Michigan	1,438,060	26,280	1.8	1,325	4.1	1,777	4.1	1,364	1,259
Ohio	1,733,820	231,160	13.3	1,412	4.3	1,840	4.3	1,330	1,224
Wisconsin	797,700	34,220	4.3	725	2.2	826	1.9	1,168	1,082

See footnotes at end of table.

**Table 21—Continued**  
**Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2003**

Area of Residence <sup>1</sup>	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability <sup>2</sup>	Per Enrollee <sup>3</sup>
West North Central	2,916,400	242,520	8.3	2,545	7.8	\$3,007	7.0	\$1,210	1,125
Iowa	479,060	17,720	3.7	452	1.4	482	1.1	1,095	1,045
Kansas	390,220	13,940	3.6	357	1.1	469	1.1	1,338	1,246
Minnesota	675,740	89,080	13.2	572	1.8	622	1.4	1,125	1,060
Missouri	888,440	111,180	12.5	721	2.2	905	2.1	1,279	1,164
Nebraska	259,580	9,720	3.7	235	0.7	299	0.7	1,302	1,197
North Dakota	103,200	560	0.5	97	0.3	105	0.2	1,099	1,023
South Dakota	120,160	320	0.3	111	0.3	124	0.3	1,140	1,035
South Atlantic	7,918,540	704,020	8.9	6,721	20.6	9,099	21.2	1,374	1,261
Delaware	122,300	900	0.7	112	0.3	145	0.3	1,315	1,194
District of Columbia	74,060	5,140	6.9	57	0.2	84	0.2	1,514	1,219
Florida	2,954,620	543,520	18.4	2,257	6.9	3,316	7.7	1,493	1,375
Georgia	983,680	37,980	3.9	875	2.7	1,098	2.6	1,272	1,161
Maryland	675,880	24,040	3.6	589	1.8	791	1.8	1,363	1,213
North Carolina	1,207,700	48,400	4.0	1,094	3.4	1,488	3.5	1,378	1,284
South Carolina	607,180	2,000	0.3	568	1.7	776	1.8	1,382	1,282
Virginia	948,880	18,640	2.0	859	2.6	1,031	2.4	1,218	1,108
West Virginia	344,240	23,400	6.8	309	0.9	369	0.9	1,216	1,150
East South Central	2,687,620	128,900	4.8	2,389	7.3	3,300	7.7	1,404	1,290
Alabama	723,620	46,580	6.4	633	1.9	877	2.0	1,403	1,295
Kentucky	647,120	18,800	2.9	587	1.8	787	1.8	1,368	1,253
Mississippi	438,220	2,420	0.6	404	1.2	549	1.3	1,379	1,260
Tennessee	878,660	61,100	7.0	763	2.3	1,086	2.5	1,445	1,328
West South Central	3,991,780	277,120	6.9	3,414	10.5	4,574	10.7	1,366	1,231
Arkansas	443,200	2,260	0.5	407	1.2	479	1.1	1,191	1,086
Louisiana	621,200	70,500	11.3	503	1.5	722	1.7	1,465	1,311
Oklahoma	523,320	40,180	7.7	449	1.4	548	1.3	1,250	1,134
Texas	2,404,060	164,180	6.8	2,055	6.3	2,826	6.6	1,402	1,262

See footnotes at end of table.

**Table 21—Continued**  
**Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2003**

Area of Residence <sup>1</sup>	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability <sup>2</sup>	Per Enrollee <sup>3</sup>
Mountain	2,373,060	489,160	20.6	1,712	5.3	\$1,953	4.6	\$1,179	1,037
Arizona	730,180	205,080	28.1	469	1.4	545	1.3	1,206	1,038
Colorado	498,700	136,060	27.3	340	1.0	389	0.9	1,194	1,073
Idaho	179,240	17,040	9.5	156	0.5	184	0.4	1,218	1,134
Montana	144,440	700	0.5	133	0.4	147	0.3	1,126	1,023
Nevada	281,580	83,480	29.6	169	0.5	215	0.5	1,309	1,085
New Mexico	249,040	38,960	15.6	184	0.6	196	0.5	1,090	933
Utah	220,920	6,780	3.1	198	0.6	207	0.5	1,074	967
Wyoming	68,960	1,060	1.5	63	0.2	70	0.2	1,149	1,031
Pacific	5,592,940	1,716,260	30.7	3,431	10.5	4,377	10.2	1,308	1,129
Alaska	47,460	300	0.6	40	0.1	49	0.1	1,252	1,039
California	4,065,560	1,348,060	33.2	2,361	7.2	3,239	7.5	1,403	1,192
Hawaii	177,640	59,540	33.5	110	0.3	104	0.2	974	881
Oregon	523,900	176,400	33.7	344	1.1	334	0.8	1,019	961
Washington	778,380	131,960	17.0	576	1.8	650	1.5	1,155	1,006
Outlying Areas <sup>5</sup>	923,720	29,620	3.2	435	1.3	447	1.0	1,044	500

<sup>1</sup>Based on the area of residence of the beneficiary.

<sup>2</sup>Does not reflect beneficiaries who received covered services and program payments, but for whom no cost-sharing liability was reported during the year.

<sup>3</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the average cost-sharing liability per enrollee.

<sup>4</sup>Includes 50 States, District of Columbia, and outlying areas.

<sup>5</sup>Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas not shown separately.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 22**

**Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:  
Calendar Year 2003**

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Number of Persons Served								
Total	32,587,440	7,507,460	7,420,940	988,640	31,836,100	31,223,460	31,278,460	2,485,420
\$1 - \$499	15,213,640	1,160	120	1,040	14,584,100	14,161,640	14,036,740	845,600
\$500 - \$999	5,555,220	169,580	166,460	3,280	5,454,480	5,392,380	5,444,980	528,460
\$1,000 - \$1,999	5,864,040	2,671,400	2,661,560	37,260	5,850,620	5,776,260	5,849,940	535,940
\$2,000 - \$4,999	4,485,340	3,424,860	3,398,360	326,440	4,480,900	4,441,220	4,480,840	452,220
\$5,000 - \$9,999	1,022,660	839,060	812,940	353,540	1,020,080	1,009,420	1,020,040	92,580
\$10,000 - \$14,999	335,720	301,900	292,320	199,160	335,340	332,640	335,340	23,240
\$15,000 or More	110,820	99,500	89,180	67,920	110,580	109,900	110,580	7,380
Liability in Thousands:								
Total	\$42,905,901	\$11,755,290	\$7,474,492	\$4,280,798	\$31,150,611	\$3,084,815	\$28,002,559	\$63,238
\$1 - \$499	3,615,809	247	36	211	3,615,562	1,384,540	2,218,748	12,275
\$500 - \$999	3,962,447	140,634	139,391	1,243	3,821,813	537,371	3,272,541	11,900
\$1,000 - \$1,999	8,488,695	2,271,021	2,254,047	16,974	6,217,674	575,616	5,627,551	14,508
\$2,000 - \$4,999	13,443,092	4,031,809	3,599,800	432,009	9,411,283	442,613	8,951,115	17,555
\$5,000 - \$9,999	7,034,785	2,413,156	1,026,078	1,387,077	4,621,630	100,575	4,515,831	5,223
\$10,000 - \$14,999	3,957,095	1,837,745	342,665	1,495,080	2,119,350	33,150	2,084,893	1,308
\$15,000 or More	2,403,977	1,060,678	112,474	948,204	1,343,299	10,950	1,331,880	469
Average Liability per Person Served <sup>1</sup>								
Total	\$1,317	\$1,566	\$1,007	\$4,330	\$978	\$99	\$895	\$25
\$1 - \$499	238	213	298	203	248	98	158	15
\$500 - \$999	713	829	837	379	701	100	601	23
\$1,000 - \$1,999	1,448	850	847	456	1,063	100	962	27
\$2,000 - \$4,999	2,997	1,177	1,059	1,323	2,100	100	1,998	39
\$5,000 - \$9,999	6,879	2,876	1,262	3,923	4,531	100	4,427	56
\$10,000 - \$14,999	11,787	6,087	1,172	7,507	6,320	100	6,217	56
\$15,000 or More	21,693	10,660	1,261	13,961	12,148	100	12,044	64

<sup>1</sup>Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made. Includes a small number of beneficiaries with no cost-sharing liability.

NOTES: While the overall levels of potential liability are more accurate, the number of persons falling into certain categories and levels of cost sharing are slightly understated. This in part is due to changes during the year in some beneficiaries' health insurance claim number (HIC). Most changes to the HIC involved the beneficiary identification code (BIC), which identifies the beneficiary's relationship to the primary wage earner; for example, a wife being converted to a widow. These changes were accounted through what is known as an equatable BIC routine which was performed on the input file. Other changes involved changes in the beneficiary claim account number portion of the HIC, for example, a wife acquiring enough quarters of credit to get benefits under her own account. No cross-referencing was done to get all claims for the small number of individuals who either enter or exit the 5-percent sample. In addition, managed care people who leave managed care during the calendar year are credited with prorated shares of an estimated amount of the annual Part B deductible, based on the amount of time in managed care and estimated time for most beneficiaries to reach the Part B deductible under fee-for-service. No estimating was done to attribute such amounts to individuals. It should also be noted that certain services are not subject to deductible and/or coinsurance. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.