

Table 4.1
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and
Type of Cost-Sharing Liability: Calendar Years 1977-2010

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 ^{1,2}	Coinsurance ²	Balance Billing ³
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 ⁴	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 ⁵	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
2004	46,524	12,673	7,887	935	3,852	33,851	3,143	30,645	62
2005	48,858	13,509	8,299	965	4,246	35,349	3,500	31,789	60
2006	49,238	13,916	8,368	1,001	4,547	35,322	3,855	31,411	55
2007	50,246	14,394	8,471	1,051	4,872	35,852	3,990	31,812	50
2008	51,409	14,801	8,534	1,121	5,146	36,608	4,067	32,495	46
2009	52,774	14,994	8,653	1,073	5,268	37,781	4,045	33,690	45
2010	55,536	15,528	8,926	1,115	5,486	40,008	4,690	35,277	40

See footnotes at end of table.

Table 4.1--Continued

**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and
Type of Cost-Sharing Liability: Calendar Years 1977-2010**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability			Skilled Nursing Facility Coinsurance	Supplementary Medical Insurance (SMI) Liability			Balance
		Total	Deductible	Coinsurance		Total	Deductible ^{1,2}	Coinsurance ²	
Dollars per Enrollee ⁶									
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 ⁴	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 ⁵	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
2004	1,280	352	219	26	107	1,004	93	909	2
2005	1,332	372	229	27	117	1,042	103	937	2
2006	1,374	392	236	28	128	1,073	117	955	2
2007	1,416	410	241	30	139	1,109	123	984	2
2008	1,456	423	244	32	147	1,147	127	1018	1
2009	1,492	428	247	31	150	1,188	127	1059	1
2010	1,547	437	251	31	154	1,242	146	1096	1

See footnotes at end of table.

Table 4.1--Continued

Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and Type of Cost-Sharing Liability: Calendar Years 1977-2010

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability				Balance Billing ³
		Total	Deductible	Coinsurance	Skilled Nursing Facility	Total	Deductible ^{1,2}	Coinsurance ²		
					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 ⁴	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 ⁵	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	
2004	100	27.2	17.0	2.0	8.3	72.8	6.8	65.9	0.1	
2005	100	27.6	17.0	2.0	8.7	72.4	7.2	65.1	0.1	
2006	100	28.3	17.0	2.0	9.2	71.7	7.8	63.8	0.1	
2007	100	28.6	16.9	2.1	9.7	71.4	7.9	63.3	0.1	
2008	100	28.8	16.6	2.2	10.0	71.2	7.9	63.2	0.1	
2009	100	28.4	16.4	2.0	10.0	71.6	7.7	63.8	0.1	
2010	100	28.0	16.1	2.0	9.9	72.0	8.4	63.5	0.1	

¹The 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. At present the deductible is \$135.

²In 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 because of 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.

³Balance 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 2007 a physician could not charge more than 115 percent of the amount listed in the Medicare Physician Fee Schedule for non-participating physicians.

⁴Under 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.

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

⁶Beginning 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 Standard Analytical Files; Office of the Actuary; data development by the Center for Strategic Planning.

Table 4.2
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2010

Demographic Characteristic	Persons Served ¹			Cost-Sharing Liability ²			
	Number in Thousands	Per 1,000 Enrollees ³	Percent	Amount in Millions	Percent	Average per Person With Liability ⁴	Per Enrollee ³
Total	32,866	915	100.0	\$55,536	100.0	\$1,756	\$1,547
Sex							
Male	14,074	864	42.8	24,063	43.3	1,785	1,478
Female	18,792	957	57.2	31,472	56.7	1,735	1,603
Age							
Under 65 Years	5,952	899	18.1	11,055	19.9	1,919	1,670
65-74 Years	13,110	838	39.9	18,623	33.5	1,471	1,190
75-84 Years	9,254	996	28.2	16,669	30.0	1,874	1,794
85 Years or Over	4,550	1,045	13.8	9,188	16.5	2,130	2,111
Race⁵							
White	27,619	927	84.0	45,543	82.0	1,712	1,528
Other	5,172	862	15.7	9,883	17.8	1,995	1,646
Type of Entitlement							
Aged ⁶	26,927	919	81.9	44,502	80.1	1,720	1,519
Disabled ⁷	5,939	897	18.1	11,033	19.9	1,919	1,667
CBSA Type⁸							
Urban	25,000	921	76.1	42,534	76.6	1,775	1,566
Rural	7,707	950	23.4	12,822	23.1	1,705	1,580

¹Represents 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.

²Includes beneficiary balance billing cost-sharing liability.

³Medicare 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.

⁴Excludes persons who did not have cost-sharing liability.

⁵Excludes unknown race. Because of the availability of expanded codes for race, the methodology for calculating data for other race has been revised from earlier years.

⁶Includes aged persons with end stage renal disease (ESRD).

⁷Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁸Excludes outlying areas.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. CBSA is core-based statistical areas. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Center for Strategic Planning.

Table 4.3
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2010

Area of Residence ¹	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Percent	Amount in Millions	Percent	Average per Person with Liability ²	Per Enrollee ³
All Areas ⁴	47,664,048	11,753,779	24.7	32,866	100.0	\$55,536	100.0	\$1,756	1,547
United States	46,584,745	11,312,223	24.3	32,707	99.5	55,357	99.7	1,758	1,569
Northeast	9,009,858	2,365,923	26.3	6,058	18.4	10,620	19.1	1,835	1,598
Midwest	10,573,209	2,215,112	21.0	8,004	24.4	13,553	24.4	1,755	1,622
South	17,391,231	3,527,070	20.3	12,954	39.4	22,228	40.0	1,765	1,603
West	9,610,447	3,204,118	33.3	5,691	17.3	8,956	16.1	1,664	1,398
New England	2,411,206	426,507	17.7	1,796	5.5	3,074	5.5	1,771	1,549
Connecticut	567,517	104,065	18.3	428	1.3	758	1.4	1,840	1,636
Maine	264,883	33,461	12.6	210	0.6	314	0.6	1,528	1,359
Massachusetts	1,061,049	203,382	19.2	776	2.4	1,376	2.5	1,836	1,605
New Hampshire	223,259	17,518	7.8	178	0.5	300	0.5	1,726	1,459
Rhode Island	182,972	63,069	34.5	107	0.3	168	0.3	1,699	1,400
Vermont	111,526	5,012	4.5	97	0.3	157	0.3	1,642	1,471
Middle Atlantic	6,598,652	1,939,416	29.4	4,262	13.0	7,546	13.6	1,862	1,620
New Jersey	1,327,012	167,307	12.6	1,052	3.2	2,011	3.6	1,957	1,734
New York	2,988,430	903,538	30.2	1,883	5.7	3,288	5.9	1,843	1,577
Pennsylvania	2,283,210	868,571	38.0	1,327	4.0	2,247	4.0	1,811	1,588
East North Central	7,307,860	1,506,461	20.6	5,483	16.7	9,547	17.2	1,805	1,646
Illinois	1,839,383	177,819	9.7	1,525	4.6	2,760	5.0	1,854	1,661
Indiana	1,005,734	163,577	16.3	783	2.4	1,390	2.5	1,825	1,650
Michigan	1,651,222	269,130	16.3	1,331	4.1	2,347	4.2	1,824	1,698
Ohio	1,900,576	629,317	33.1	1,226	3.7	2,114	3.8	1,823	1,663
Wisconsin	910,945	266,618	29.3	617	1.9	936	1.7	1,584	1,453
West North Central	3,265,349	708,651	21.7	2,521	7.7	4,006	7.2	1,644	1,567
Iowa	517,427	68,056	13.2	433	1.3	672	1.2	1,592	1,495
Kansas	432,755	47,525	11.0	357	1.1	597	1.1	1,707	1,550
Minnesota	785,852	327,668	41.7	542	1.6	745	1.3	1,468	1,627
Missouri	1,004,371	211,410	21.0	744	2.3	1,267	2.3	1,756	1,598
Nebraska	279,073	33,554	12.0	233	0.7	402	0.7	1,763	1,635
North Dakota	109,307	9,324	8.5	96	0.3	147	0.3	1,556	1,471
South Dakota	136,564	11,114	8.1	115	0.4	176	0.3	1,561	1,404
South Atlantic	9,408,316	1,996,607	21.2	6,950	21.1	11,933	21.5	1,765	1,610
Delaware	149,288	5,581	3.7	134	0.4	222	0.4	1,680	1,542
District of Columbia	78,134	7,668	9.8	58	0.2	110	0.2	1,928	1,557
Florida	3,374,563	1,016,005	30.1	2,221	6.8	4,212	7.6	1,961	1,786
Georgia	1,235,730	262,283	21.2	915	2.8	1,513	2.7	1,701	1,554
Maryland	784,770	63,707	8.1	647	2.0	1,199	2.2	1,887	1,663
North Carolina	1,489,840	264,536	17.8	1,169	3.6	1,862	3.4	1,634	1,519
South Carolina	773,702	123,848	16.0	621	1.9	1,005	1.8	1,656	1,546
Virginia	1,140,524	166,083	14.6	900	2.7	1,370	2.5	1,557	1,406
West Virginia	381,765	86,896	22.8	284	0.9	441	0.8	1,609	1,497

See footnotes at en

Table 4.3--Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2010

Area of Residence ¹	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Percent	Amount in Millions	Percent	Average per Person with Liability ²	Per Enrollee ³
East South Central	3,160,291	611,172	19.3	2,409	7.3	\$4,002	7.2	\$1,708	1,570
Alabama	845,266	181,055	21.4	627	1.9	997	1.8	1,638	1,501
Kentucky	759,956	122,934	16.2	605	1.8	1,000	1.8	1,704	1,570
Mississippi	497,155	47,617	9.6	420	1.3	762	1.4	1,846	1,695
Tennessee	1,057,914	259,566	24.5	758	2.3	1,243	2.2	1,691	1,557
West South Central	4,822,624	919,291	19.1	3,596	10.9	6,293	11.3	1,803	1,612
Arkansas	531,404	75,873	14.3	416	1.3	645	1.2	1,590	1,416
Louisiana	686,727	163,153	23.8	482	1.5	899	1.6	1,925	1,717
Oklahoma	603,461	91,171	15.1	475	1.4	736	1.3	1,601	1,436
Texas	3,001,032	589,094	19.6	2,222	6.8	4,014	7.2	1,859	1,664
Mountain	2,987,491	930,050	31.1	1,872	5.7	2,791	5.0	1,575	1,356
Arizona	930,211	335,744	36.1	544	1.7	815	1.5	1,605	1,372
Colorado	624,824	209,374	33.5	393	1.2	587	1.1	1,587	1,414
Idaho	229,797	66,896	29.1	150	0.5	215	0.4	1,504	1,319
Montana	169,503	30,349	17.9	129	0.4	192	0.3	1,520	1,379
Nevada	356,618	108,007	30.3	214	0.7	363	0.7	1,791	1,462
New Mexico	313,427	78,724	25.1	206	0.6	278	0.5	1,419	1,186
Utah	283,032	95,507	33.7	168	0.5	237	0.4	1,497	1,265
Wyoming	80,079	5,449	6.8	69	0.2	102	0.2	1,527	1,368
Pacific	6,622,956	2,274,068	34.3	3,819	11.6	6,165	11.1	1,708	1,418
Alaska	65,691	618	0.9	53	0.2	78	0.1	1,510	1,201
California	4,757,352	1,685,206	35.4	2,685	8.2	4,578	8.2	1,806	1,490
Hawaii	206,487	85,944	41.6	113	0.3	122	0.2	1,167	1,014
Oregon	621,067	258,272	41.6	328	1.0	433	0.8	1,426	1,195
Washington	972,359	244,028	25.1	641	2.0	954	1.7	1,551	1,310
Outlying Areas ⁵	1,079,303	441,556	40.9	159	0.5	179	0.3	1,299	281

¹Based on the area of residence of the beneficiary.

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

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

⁴Includes 50 States, District of Columbia, and outlying areas.

⁵Includes 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 Standard Analytical Files; data development by the Center for Strategic Planning.

Table 4.4
Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:
Calendar Year 2010

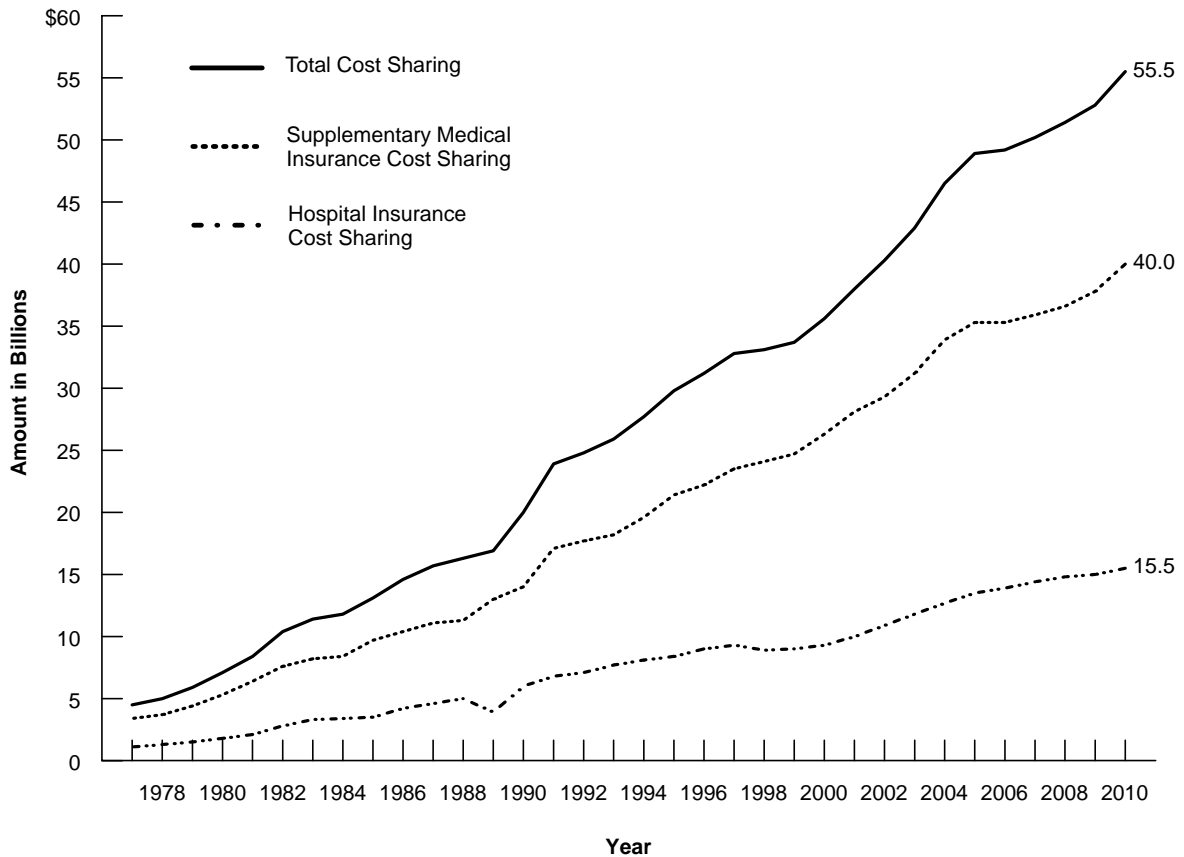
Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Total	32,867,600	6,925,040	6,804,840	1,172,380	31,462,080	30,766,580	30,743,300	1,300,640
\$1 - \$499	13,446,360	2,940	40	2,900	12,204,300	11,712,580	11,496,040	339,100
\$500 - \$999	6,199,220	4,020	180	3,840	6,197,400	6,147,260	6,197,400	303,520
\$1,000 - \$1,999	5,443,940	1,327,780	1,318,640	14,180	5,317,240	5,241,940	5,307,680	277,660
\$2,000 - \$4,999	5,449,460	3,677,700	3,647,660	256,680	5,424,320	5,373,700	5,423,420	278,540
\$5,000 - \$9,999	1,517,160	1,199,500	1,165,960	421,740	1,510,940	1,494,000	1,510,900	73,420
\$10,000 - \$14,999	509,360	441,060	420,560	276,280	506,320	498,460	506,320	18,540
\$15,000 or More	302,100	272,040	251,800	196,760	301,560	298,640	301,540	9,860
Liability in Thousands								
Total	\$55,535,898	\$15,528,019	\$8,926,357	\$6,601,662	\$40,007,879	\$4,690,245	\$35,277,240	\$40,394
\$1 - \$499	3,381,774	784	11	773	3,380,990	1,752,067	1,623,489	5,435
\$500 - \$999	4,412,425	2,088	113	1,975	4,410,337	948,222	3,454,306	7,809
\$1,000 - \$1,999	7,888,920	1,460,220	1,449,339	10,881	6,428,700	807,720	5,611,992	8,987
\$2,000 - \$4,999	16,644,625	4,879,121	4,555,689	323,432	11,765,504	828,904	10,925,073	11,527
\$5,000 - \$9,999	10,407,778	3,342,947	1,878,749	1,464,198	7,064,831	230,427	6,830,175	4,229
\$10,000 - \$14,999	6,251,199	2,831,507	634,233	2,197,274	3,419,692	76,856	3,341,471	1,365
\$15,000 or More	6,549,176	3,011,352	408,224	2,603,128	3,537,824	46,049	3,490,734	1,041
Average Liability per Person Served ¹								
Total	\$1,690	\$2,242	\$1,312	\$5,631	\$1,272	\$152	\$1,147	\$31
\$1 - \$499	252	267	267	267	277	150	141	16
\$500 - \$999	712	519	630	514	712	154	557	26
\$1,000 - \$1,999	1,449	1,100	1,099	767	1,209	154	1,057	32
\$2,000 - \$4,999	3,054	1,327	1,249	1,260	2,169	154	2,014	41
\$5,000 - \$9,999	6,860	2,787	1,611	3,472	4,676	154	4,521	58
\$10,000 - \$14,999	12,273	6,420	1,508	7,953	6,754	154	6,600	74
\$15,000 or More	21,679	11,070	1,621	13,230	11,732	154	11,576	106

¹Represents beneficiaries who received covered services under fee-for-service and includes a small number for whom no program payments were reported.

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 because of 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 Standard Analytical Files; data development by the Center for Strategic Planning.

Figure 4.1 Trends in Medicare Cost-Sharing Liability: Calendar Years 1977-2010

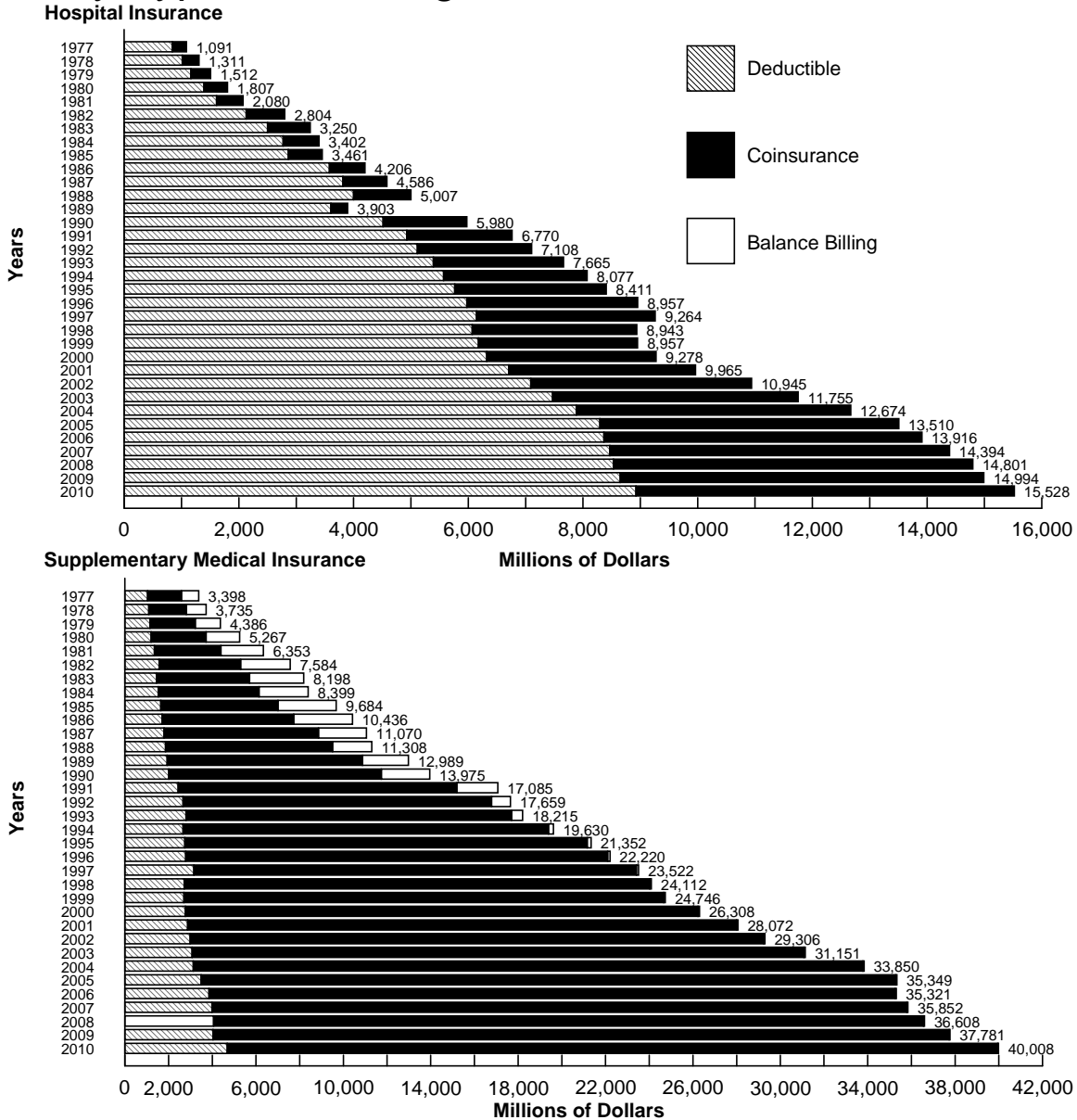


NOTES: The temporary decline in hospital insurance cost sharing in 1989 was because of the one-year impact of the Medicare Catastrophic Coverage Act of 1988 which was repealed, effective January 1, 1990. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years because of improvements in the methodology used to calculate Part B cost sharing. The amounts shown for supplementary medical insurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for earlier years have not been revised. Calendar year 2001 data are estimates using other sources that involve alternative estimation algorithms and should be used with caution with data for other years.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; Office of the Actuary; data development by the Center for Strategic Planning. See Table 4.1.

Figure 4.2

Total Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage: Calendar Years 1977-2010

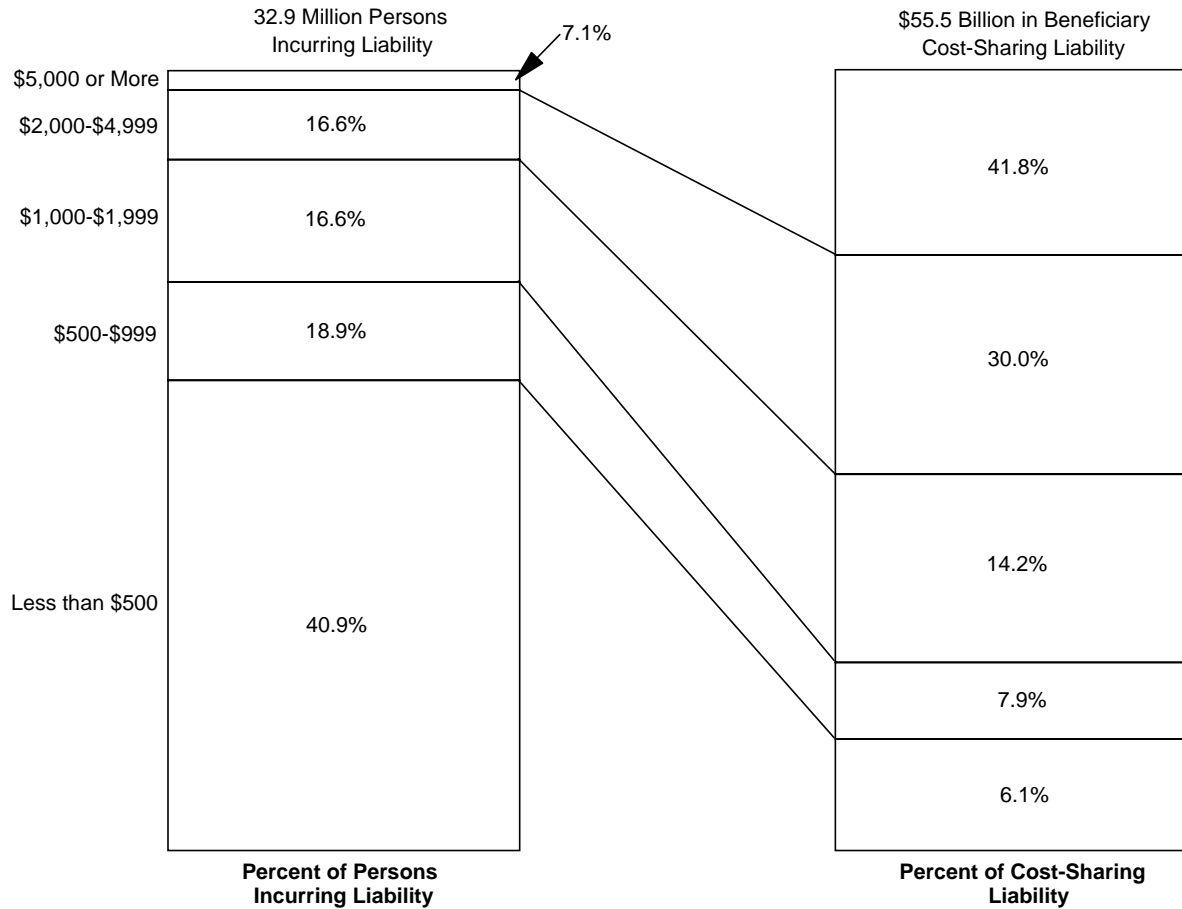


NOTES: The temporary decline in hospital insurance cost sharing in 1989 was because of the one-year impact of the Medicare Catastrophic Coverage Act of 1988 which was repealed, effective January 1, 1990. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years because of improvements in the methodology used to calculate Part B cost sharing. The amounts shown for supplementary medical insurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for earlier years have not been revised. Calendar year 2001 data are estimates using other sources that involve alternative estimation algorithms and should be used with caution with data for other years.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; Office of the Actuary; data development by the Center for Strategic Planning. See Table 4.1.

Figure 4.3

Distribution of Medicare Persons Served and Amount of Cost-Sharing Liability: Calendar Year 2010



NOTE: Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Center for Strategic Planning. See Table 4.4.