

Table 4.1
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and
Type of Cost-Sharing Liability: Calendar Years 1977-2011

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility Copayments	Total	Deductible ^{1,2}	Coinsurance ²	
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
2011	57,119	15,703	9,065	1,076	5,561	41,416	4,961	36,418	38

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 1977-2011**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility	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	1,018	1
2009	1,492	428	247	31	150	1,188	127	1,059	1
2010	1,547	437	251	31	154	1,242	146	1,096	1
2011	1,567	435	251	30	154	1,272	152	1,119	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 1977-2011

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			
		Total	Deductible	Coinsurance	Skilled Nursing Facility	Total	Deductible ^{1,2}	Coinsurance ²	Balance ³
					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
2011	100	27.5	15.9	1.9	9.7	72.5	8.7	63.8	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 \$162.

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 Office of Information Products and Data Analytics.

Table 4.2
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2011

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	32,791	899	100.0	\$57,119	100.0	\$1,786	\$1,567
Sex							
Male	14,086	847	43.0	24,977	43.7	1,822	1,503
Female	18,705	943	57.0	32,142	56.3	1,759	1,620
Age							
Under 65 Years	6,187	906	18.9	11,651	20.4	1,930	1,706
65-74 Years	13,071	817	39.9	19,155	33.5	1,501	1,197
75-84 Years	9,001	975	27.5	16,861	29.5	1,913	1,826
85 Years or Over	4,532	1,030	13.8	9,452	16.5	2,165	2,149
Race⁵							
White	27,486	913	83.8	46,688	81.7	1,742	1,550
Other	5,189	840	15.8	10,274	18.0	2,028	1,662
Type of Entitlement							
Aged ⁶	26,619	898	81.2	45,499	79.7	1,753	1,536
Disabled ⁷	6,172	904	18.8	11,620	20.3	1,929	1,701
CBSA Type⁸							
Urban	24,907	901	76.0	43,742	76.6	1,802	1,583
Rural	7,742	945	23.6	13,205	23.1	1,743	1,613

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 Office of Information Products and Data Analytics.

Table 4.3
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2011

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	48,849,404	12,391,324	25.4	32,791	100.0	\$57,119	100.0	\$1,786	1,567
United States	47,740,806	11,923,452	25.0	32,649	99.6	56,948	99.7	1,788	1,590
Northeast	9,166,398	2,425,504	26.5	5,996	18.3	10,926	19.1	1,863	1,621
Midwest	10,771,986	2,445,876	22.7	7,888	24.1	13,723	24.0	1,786	1,648
South	17,882,924	3,718,426	20.8	13,067	39.8	22,920	40.1	1,790	1,618
West	9,919,498	3,333,646	33.6	5,699	17.4	9,380	16.4	1,707	1,424
New England	2,461,423	427,652	17.4	1,811	5.5	3,158	5.5	1,778	1,553
Connecticut	576,839	112,840	19.6	419	1.3	772	1.4	1,875	1,665
Maine	270,719	37,106	13.7	209	0.6	332	0.6	1,619	1,421
Massachusetts	1,084,638	192,007	17.7	796	2.4	1,419	2.5	1,818	1,590
New Hampshire	228,980	15,064	6.6	185	0.6	312	0.5	1,722	1,457
Rhode Island	185,622	64,105	34.5	104	0.3	169	0.3	1,680	1,387
Vermont	114,625	6,530	5.7	100	0.3	154	0.3	1,586	1,423
Middle Atlantic	6,704,975	1,997,852	29.8	4,185	12.8	7,768	13.6	1,900	1,650
New Jersey	1,351,656	176,736	13.1	1,054	3.2	2,049	3.6	1,973	1,744
New York	3,041,341	942,177	31.0	1,829	5.6	3,391	5.9	1,890	1,616
Pennsylvania	2,311,978	878,939	38.0	1,302	4.0	2,327	4.1	1,853	1,624
East North Central	7,452,615	1,691,969	22.7	5,350	16.3	9,638	16.9	1,845	1,673
Illinois	1,872,074	172,864	9.2	1,552	4.7	2,861	5.0	1,882	1,684
Indiana	1,026,925	179,324	17.5	776	2.4	1,417	2.5	1,866	1,672
Michigan	1,689,263	407,591	24.1	1,212	3.7	2,213	3.9	1,871	1,727
Ohio	1,933,520	650,890	33.7	1,194	3.6	2,172	3.8	1,868	1,694
Wisconsin	930,833	281,300	30.2	616	1.9	974	1.7	1,632	1,499
West North Central	3,319,371	753,907	22.7	2,538	7.7	4,085	7.2	1,659	1,592
Iowa	522,966	68,109	13.0	436	1.3	700	1.2	1,642	1,539
Kansas	439,315	50,238	11.4	359	1.1	596	1.0	1,692	1,533
Minnesota	803,635	357,311	44.5	552	1.7	751	1.3	1,450	1,683
Missouri	1,022,181	219,890	21.5	741	2.3	1,276	2.2	1,762	1,591
Nebraska	282,613	32,530	11.5	235	0.7	417	0.7	1,809	1,669
North Dakota	110,078	11,599	10.5	98	0.3	153	0.3	1,592	1,555
South Dakota	138,583	14,230	10.3	117	0.4	191	0.3	1,671	1,536
South Atlantic	9,685,140	2,118,967	21.9	7,002	21.4	12,331	21.6	1,795	1,630
Delaware	153,707	6,185	4.0	139	0.4	235	0.4	1,716	1,591
District of Columbia	79,775	7,721	9.7	59	0.2	115	0.2	1,975	1,597
Florida	3,471,895	1,097,408	31.6	2,193	6.7	4,243	7.4	1,977	1,787
Georgia	1,280,520	283,836	22.2	925	2.8	1,573	2.8	1,738	1,578
Maryland	807,149	65,819	8.2	661	2.0	1,260	2.2	1,934	1,700
North Carolina	1,533,296	272,691	17.8	1,190	3.6	1,938	3.4	1,658	1,538
South Carolina	799,441	130,721	16.4	632	1.9	1,040	1.8	1,672	1,556
Virginia	1,173,277	167,123	14.2	917	2.8	1,452	2.5	1,611	1,443
West Virginia	386,080	87,463	22.7	286	0.9	474	0.8	1,697	1,587

See footnotes at end

Table 4.3--Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2011

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	3,234,066	634,504	19.6	2,437	7.4	\$4,125	7.2	\$1,727	1,587
Alabama	864,160	177,930	20.6	644	2.0	1,034	1.8	1,643	1,507
Kentucky	776,814	131,695	17.0	604	1.8	1,041	1.8	1,757	1,614
Mississippi	506,614	49,404	9.8	426	1.3	764	1.3	1,824	1,670
Tennessee	1,086,478	275,475	25.4	763	2.3	1,285	2.3	1,720	1,585
West South Central	4,963,718	964,955	19.4	3,627	11.1	6,465	11.3	1,823	1,617
Arkansas	541,870	80,288	14.8	416	1.3	660	1.2	1,615	1,429
Louisiana	702,860	168,313	23.9	486	1.5	929	1.6	1,962	1,739
Oklahoma	614,693	92,161	15.0	474	1.4	761	1.3	1,641	1,456
Texas	3,104,295	624,193	20.1	2,251	6.9	4,115	7.2	1,869	1,659
Mountain	3,091,874	962,546	31.1	1,898	5.8	2,923	5.1	1,602	1,373
Arizona	962,360	348,635	36.2	550	1.7	849	1.5	1,618	1,383
Colorado	649,626	216,618	33.3	401	1.2	601	1.1	1,565	1,387
Idaho	237,567	67,895	28.6	153	0.5	229	0.4	1,551	1,352
Montana	173,661	26,095	15.0	134	0.4	199	0.3	1,525	1,347
Nevada	371,789	113,531	30.5	217	0.7	386	0.7	1,843	1,494
New Mexico	322,493	84,104	26.1	204	0.6	293	0.5	1,475	1,228
Utah	292,447	100,733	34.4	168	0.5	256	0.4	1,590	1,335
Wyoming	81,931	4,935	6.0	71	0.2	111	0.2	1,613	1,442
Pacific	6,827,624	2,371,100	34.7	3,801	11.6	6,456	11.3	1,760	1,449
Alaska	68,864	668	1.0	55	0.2	85	0.1	1,585	1,241
California	4,900,501	1,762,964	36.0	2,656	8.1	4,768	8.3	1,856	1,520
Hawaii	212,912	91,010	42.7	104	0.3	131	0.2	1,318	1,077
Oregon	640,447	258,968	40.4	335	1.0	475	0.8	1,496	1,245
Washington	1,004,900	257,490	25.6	652	2.0	997	1.7	1,584	1,334
Outlying Areas ⁵	1,108,598	467,872	42.2	142	0.4	171	0.3	1,327	267

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 Office of Information Products and Data Analytics.

Table 4.4
Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:
Calendar Year 2011

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 ¹								
Total	32,792,040	6,837,860	6,730,320	1,168,500	31,820,260	31,134,220	30,901,440	1,190,020
\$1 - \$499	13,085,380	1,280	0	1,280	12,270,240	11,786,520	11,361,200	312,320
\$500 - \$999	6,311,120	2,240	160	2,080	6,310,660	6,260,360	6,310,660	276,280
\$1,000 - \$1,999	5,452,300	1,224,900	1,216,820	12,880	5,322,740	5,247,140	5,313,780	255,160
\$2,000 - \$4,999	5,513,940	3,647,660	3,621,600	249,000	5,493,280	5,441,780	5,492,520	250,660
\$5,000 - \$9,999	1,562,440	1,218,880	1,187,180	423,240	1,559,620	1,544,620	1,559,580	67,780
\$10,000 - \$14,999	535,100	447,380	428,900	265,000	532,680	525,580	532,660	17,460
\$15,000 or More	331,760	295,520	275,660	215,020	331,040	328,220	331,040	10,360
Liability in Thousands								
Total	\$57,119,012	\$15,702,595	\$9,065,258	\$6,637,336	\$41,416,417	\$4,960,575	\$36,417,786	\$38,056
\$1 - \$499	3,405,599	312	0	312	3,405,288	1,840,569	1,559,420	5,298
\$500 - \$999	4,496,782	998	124	875	4,495,784	1,010,239	3,478,050	7,494
\$1,000 - \$1,999	7,892,182	1,384,891	1,376,319	8,572	6,507,291	845,660	5,652,982	8,649
\$2,000 - \$4,999	16,864,821	4,913,180	4,609,938	303,241	11,951,642	877,603	11,063,508	10,530
\$5,000 - \$9,999	10,769,601	3,396,761	1,961,550	1,435,211	7,372,840	249,020	7,119,778	4,042
\$10,000 - \$14,999	6,561,609	2,750,653	664,212	2,086,441	3,810,957	84,629	3,725,023	1,305
\$15,000 or More	7,128,417	3,255,800	453,116	2,802,684	3,872,617	52,855	3,819,025	737
Average Liability per Person Served ¹								
Total	\$1,742	\$2,296	\$1,347	\$5,680	\$1,302	\$159	\$1,179	\$32
\$1 - \$499	260	244	0	244	278	156	137	17
\$500 - \$999	713	446	772	421	712	161	551	27
\$1,000 - \$1,999	1,447	1,131	1,131	666	1,223	161	1,064	34
\$2,000 - \$4,999	3,059	1,347	1,273	1,218	2,176	161	2,014	42
\$5,000 - \$9,999	6,893	2,787	1,652	3,391	4,727	161	4,565	60
\$10,000 - \$14,999	12,262	6,148	1,549	7,873	7,154	161	6,993	75
\$15,000 or More	21,487	11,017	1,644	13,035	11,698	161	11,536	71

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 Office of Information Products and Data Analytics.