

Table 4.1
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and
Type of Cost-Sharing Liability: Calendar Years 1977-2012

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance Billing ³
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility	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
2012	57,695	15,569	8,927	1,064	5,577	42,126	4,354	37,714	58

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 1977-2012

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	Total	Deductible ^{1,2}	Coinsurance ²	Balance Billing ³
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	166	1,188	127	1,059	1
2010	1,547	437	251	31	170	1,242	146	1,096	1
2011	1,567	435	251	30	171	1,272	152	1,119	1
2012	1,550	422	242	29	169	1,278	132	1,144	2

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 1977-2012

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance Billing ³
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility Coinsurance	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
2011	100	27.5	15.9	1.9	9.7	72.5	8.7	63.8	0.1
2012	100	27.0	15.5	1.8	9.7	73.0	7.5	65.4	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 \$147.

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. The methodology for calculating the balance billing amount was modified for 2012.

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 & Data Analytics.

Table 4.2
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2012

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	33,313	895	100.0	\$57,695	100.0	\$1,778	\$1,550
Sex							
Male	14,374	843	43.1	25,302	43.9	1,811	1,483
Female	18,940	940	56.9	32,393	56.1	1,752	1,607
Age							
Under 65 Years	6,255	910	18.8	11,915	20.7	1,953	1,733
65-74 Years	13,580	808	40.8	19,673	34.1	1,485	1,170
75-84 Years	8,906	978	26.7	16,607	28.8	1,907	1,823
85 Years or Over	4,572	1,034	13.7	9,500	16.5	2,159	2,149
Race⁵							
White	27,823	908	83.5	47,036	81.5	1,735	1,535
Other	5,308	840	15.9	10,431	18.1	2,016	1,651
Type of Entitlement							
Aged ⁶	27,078	892	81.3	45,811	79.4	1,737	1,510
Disabled ⁷	6,236	907	18.7	11,883	20.6	1,953	1,729
CBSA Type⁸							
Urban	25,352	897	76.1	44,168	76.6	1,790	1,562
Rural	7,825	943	23.5	13,358	23.2	1,745	1,611

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 & Data Analytics.

Table 4.3
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2012

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	50,828,609	13,614,156	26.8	33,313	100.0	\$57,695	100.0	\$1,778	1,550
United States	49,682,146	13,116,044	26.4	33,178	99.6	57,526	99.7	1,779	1,573
Northeast	9,475,311	2,614,968	27.6	6,088	18.3	10,952	19.0	1,843	1,596
Midwest	11,155,844	2,729,261	24.5	7,965	23.9	13,871	24.0	1,788	1,646
South	18,665,113	4,207,581	22.5	13,249	39.8	23,082	40.0	1,778	1,597
West	10,385,878	3,564,234	34.3	5,876	17.6	9,621	16.7	1,701	1,410
New England	2,554,653	466,795	18.3	1,856	5.6	3,207	5.6	1,764	1,536
Connecticut	595,294	128,912	21.7	418	1.3	766	1.3	1,860	1,642
Maine	281,968	45,156	16.0	212	0.6	342	0.6	1,654	1,444
Massachusetts	1,125,661	204,549	18.2	822	2.5	1,443	2.5	1,791	1,566
New Hampshire	240,551	13,232	5.5	195	0.6	330	0.6	1,727	1,451
Rhode Island	191,420	66,834	34.9	107	0.3	168	0.3	1,627	1,346
Vermont	119,759	8,112	6.8	102	0.3	159	0.3	1,595	1,420
Middle Atlantic	6,920,658	2,148,173	31.0	4,232	12.7	7,745	13.4	1,878	1,623
New Jersey	1,397,532	209,308	15.0	1,067	3.2	2,063	3.6	1,961	1,736
New York	3,138,042	1,022,070	32.6	1,837	5.5	3,363	5.8	1,871	1,589
Pennsylvania	2,385,084	916,795	38.4	1,327	4.0	2,320	4.0	1,818	1,580
East North Central	7,723,187	1,891,863	24.5	5,386	16.2	9,674	16.8	1,842	1,659
Illinois	1,934,703	200,416	10.4	1,575	4.7	2,927	5.1	1,897	1,688
Indiana	1,064,511	206,380	19.4	785	2.4	1,440	2.5	1,874	1,678
Michigan	1,754,367	450,915	25.7	1,222	3.7	2,215	3.8	1,858	1,700
Ohio	2,003,455	723,148	36.1	1,181	3.5	2,120	3.7	1,848	1,656
Wisconsin	966,151	311,004	32.2	622	1.9	972	1.7	1,617	1,484
West North Central	3,432,657	837,398	24.4	2,579	7.7	4,197	7.3	1,676	1,617
Iowa	537,430	74,926	13.9	441	1.3	714	1.2	1,654	1,544
Kansas	453,927	55,804	12.3	364	1.1	614	1.1	1,715	1,541
Minnesota	836,205	391,983	46.9	568	1.7	786	1.4	1,472	1,769
Missouri	1,058,418	245,935	23.2	747	2.2	1,304	2.3	1,785	1,605
Nebraska	291,333	36,677	12.6	238	0.7	418	0.7	1,794	1,642
North Dakota	112,330	13,825	12.3	100	0.3	163	0.3	1,654	1,653
South Dakota	143,014	18,248	12.8	121	0.4	198	0.3	1,679	1,588
South Atlantic	10,128,134	2,383,239	23.5	7,121	21.4	12,512	21.7	1,792	1,616
Delaware	161,422	8,610	5.3	145	0.4	244	0.4	1,712	1,599
District of Columbia	82,493	8,356	10.1	61	0.2	122	0.2	2,047	1,649
Florida	3,621,057	1,228,612	33.9	2,201	6.6	4,250	7.4	1,976	1,776
Georgia	1,350,944	324,821	24.0	945	2.8	1,580	2.7	1,707	1,540
Maryland	844,862	73,288	8.7	681	2.0	1,358	2.4	2,028	1,760
North Carolina	1,604,085	308,325	19.2	1,216	3.6	1,962	3.4	1,643	1,515
South Carolina	839,989	152,119	18.1	647	1.9	1,048	1.8	1,646	1,524
Virginia	1,226,577	185,727	15.1	939	2.8	1,483	2.6	1,609	1,425
West Virginia	396,705	93,381	23.5	287	0.9	463	0.8	1,652	1,528

See footnotes at end of table.

Table 4.3--Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2012

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	3,357,086	704,550	21.0	2,469	7.4	\$4,134	7.2	\$1,708	1,558
Alabama	896,274	192,973	21.5	654	2.0	1,060	1.8	1,652	1,507
Kentucky	804,245	139,782	17.4	619	1.9	1,044	1.8	1,719	1,571
Mississippi	523,625	59,807	11.4	430	1.3	749	1.3	1,769	1,614
Tennessee	1,132,942	311,988	27.5	765	2.3	1,282	2.2	1,712	1,561
West South Central	5,179,893	1,119,792	21.6	3,659	11.0	6,436	11.2	1,799	1,585
Arkansas	558,620	92,267	16.5	420	1.3	678	1.2	1,644	1,455
Louisiana	729,271	184,850	25.3	490	1.5	907	1.6	1,896	1,666
Oklahoma	635,525	100,946	15.9	481	1.4	770	1.3	1,636	1,440
Texas	3,256,477	741,729	22.8	2,267	6.8	4,081	7.1	1,842	1,623
Mountain	3,252,459	1,040,836	32.0	1,961	5.9	3,057	5.3	1,621	1,382
Arizona	1,009,292	371,471	36.8	572	1.7	899	1.6	1,644	1,410
Colorado	688,283	235,644	34.2	417	1.3	642	1.1	1,604	1,418
Idaho	249,626	74,996	30.0	156	0.5	234	0.4	1,561	1,342
Montana	181,710	28,996	16.0	138	0.4	209	0.4	1,555	1,368
Nevada	394,066	123,933	31.4	223	0.7	393	0.7	1,823	1,456
New Mexico	336,413	92,801	27.6	208	0.6	300	0.5	1,491	1,232
Utah	307,361	108,079	35.2	173	0.5	265	0.5	1,604	1,330
Wyoming	85,708	4,916	5.7	74	0.2	114	0.2	1,578	1,408
Pacific	7,133,419	2,523,398	35.4	3,914	11.7	6,565	11.4	1,741	1,424
Alaska	72,898	605	0.8	58	0.2	85	0.1	1,503	1,181
California	5,111,208	1,851,115	36.2	2,751	8.3	4,838	8.4	1,823	1,484
Hawaii	221,514	98,711	44.6	102	0.3	130	0.2	1,328	1,055
Oregon	671,822	275,842	41.1	347	1.0	487	0.8	1,485	1,230
Washington	1,055,977	297,125	28.1	657	2.0	1,024	1.8	1,616	1,349
Outlying Areas ⁵	1,146,463	498,112	43.4	136	0.4	169	0.3	1,369	260

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 & 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 2012**

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing ²
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Number of Persons Served ¹								
Total	33,314,960	6,621,800	6,514,240	1,153,880	32,305,640	31,541,960	31,539,640	1,087,740
\$1 - \$499	13,664,620	600	0	600	12,806,600	12,267,580	12,048,220	291,740
\$500 - \$999	6,227,840	2,260	220	2,040	6,227,560	6,169,320	6,227,560	252,360
\$1,000 - \$1,999	5,452,300	1,135,520	1,128,420	10,920	5,328,920	5,246,700	5,321,860	230,460
\$2,000 - \$4,999	5,496,340	3,516,540	3,491,320	237,800	5,475,440	5,418,660	5,474,960	227,280
\$5,000 - \$9,999	1,579,280	1,213,760	1,180,340	420,060	1,575,900	1,558,820	1,575,840	60,500
\$10,000 - \$14,999	539,800	441,680	422,080	256,560	537,280	530,160	537,260	15,960
\$15,000 or More	354,780	311,440	291,860	225,900	353,940	350,720	353,940	9,440
Liability in Thousands								
Total	\$57,694,621	\$15,568,636	\$8,927,141	\$6,641,495	\$42,125,985	\$4,354,236	\$37,714,175	\$57,574
\$1 - \$499	3,414,699	127	0	127	3,414,572	1,667,477	1,739,464	7,631
\$500 - \$999	4,443,829	919	162	758	4,442,910	860,410	3,571,786	10,714
\$1,000 - \$1,999	7,878,838	1,310,527	1,303,682	6,845	6,568,311	731,111	5,824,522	12,678
\$2,000 - \$4,999	16,847,198	4,795,214	4,508,059	287,155	12,051,983	755,243	11,280,250	16,491
\$5,000 - \$9,999	10,873,964	3,393,006	1,966,452	1,426,554	7,480,959	217,203	7,257,168	6,587
\$10,000 - \$14,999	6,604,421	2,650,932	664,908	1,986,025	3,953,488	73,918	3,877,839	1,730
\$15,000 or More	7,631,672	3,417,910	483,879	2,934,031	4,213,762	48,873	4,163,146	1,743
Average Liability per Person Served ¹								
Total	\$1,732	\$2,351	\$1,370	\$5,756	\$1,304	\$138	\$1,196	\$53
\$1 - \$499	250	212	0	212	267	136	144	26
\$500 - \$999	714	407	734	371	713	139	574	42
\$1,000 - \$1,999	1,445	1,154	1,155	627	1,233	139	1,094	55
\$2,000 - \$4,999	3,065	1,364	1,291	1,208	2,201	139	2,060	73
\$5,000 - \$9,999	6,885	2,795	1,666	3,396	4,747	139	4,605	109
\$10,000 - \$14,999	12,235	6,002	1,575	7,741	7,358	139	7,218	108
\$15,000 or More	21,511	10,975	1,658	12,988	11,905	139	11,762	185

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

²The methodology for calculating the balance billing amount was modified for 2012.

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 & Data Analytics.