

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2011

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Total Medical Services						
All beneficiaries	\$832,296 (12,612)	66.2 (0.6)	6.9 (0.3)	8.9 (0.3)	15.4 (0.4)	2.6 (0.2)
Beneficiaries 65 years and older	677,391 (12,189)	65.6 (0.6)	6.3 (0.3)	9.5 (0.3)	16.4 (0.4)	2.3 (0.2)
Beneficiaries 64 years and younger	154,906 (6,656)	68.6 (1.3)	9.8 (1.0)	6.6 (0.8)	10.7 (0.6)	4.3 (0.5)
Inpatient Hospital Services						
All beneficiaries	195,308 (6,597)	90.6 (0.8)	0.9 (0.1)	5.7 (0.7)	2.3 (0.2)	*
Beneficiaries 65 years and older	161,356 (6,339)	91.1 (0.7)	0.6 (0.0)	5.4 (0.6)	2.4 (0.3)	*
Beneficiaries 64 years and younger	33,952 (2,827)	88.2 (2.4)	2.1 (0.2)	*	2.0 (0.3)	*
Outpatient Hospital Services						
All beneficiaries	92,629 (3,066)	78.6 (0.8)	1.9 (0.1)	11.1 (0.7)	7.2 (0.4)	1.1 (0.2)
Beneficiaries 65 years and older	72,261 (2,657)	79.1 (0.9)	1.1 (0.1)	12.2 (0.8)	6.6 (0.4)	0.9 (0.2)
Beneficiaries 64 years and younger	20,369 (1,699)	76.9 (1.5)	4.6 (0.5)	7.2 (1.1)	9.4 (1.2)	1.9 (0.6)
Physician/Supplier Services						
All beneficiaries	195,752 (3,379)	70.8 (0.5)	2.0 (0.1)	11.5 (0.3)	14.8 (0.4)	0.9 (0.1)
Beneficiaries 65 years and older	162,903 (3,202)	71.2 (0.5)	1.2 (0.1)	12.3 (0.3)	14.7 (0.4)	0.7 (0.1)
Beneficiaries 64 years and younger	32,850 (1,671)	68.9 (2.1)	5.8 (0.4)	7.5 (0.7)	15.7 (1.8)	2.1 (0.6)
Dental Services						
All beneficiaries	17,743 (618)	2.6 (0.1)	1.0 (0.2)	16.7 (0.8)	78.7 (0.9)	1.0 (0.2)
Beneficiaries 65 years and older	15,960 (603)	2.5 (0.1)	0.5 (0.2)	17.0 (1.0)	79.3 (1.0)	*
Beneficiaries 64 years and younger	1,783 (216)	3.6 (0.5)	5.4 (1.5)	13.8 (2.3)	74.0 (2.9)	*
Prescription Medicines						
All beneficiaries	149,861 (2,635)	61.4 (0.8)	0.3 (0.0)	15.3 (0.6)	17.4 (0.3)	5.5 (0.3)
Beneficiaries 65 years and older	107,269 (1,800)	56.3 (0.8)	0.2 (0.0)	18.1 (0.8)	20.3 (0.3)	5.1 (0.3)
Beneficiaries 64 years and younger	42,592 (2,138)	74.4 (1.5)	0.5 (0.1)	8.3 (1.0)	10.0 (0.7)	6.7 (0.6)
Medicare Hospice Services						
All beneficiaries	12,413 (1,034)	100.0 (0.0)	*	*	*	*
Beneficiaries 65 years and older	12,180 (1,004)	100.0 (0.0)	*	*	*	*
Beneficiaries 64 years and younger	*	100.0 (0.0)	*	*	*	*

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2011

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Medicare Home Health Services</b>						
All beneficiaries	\$26,619 (1,654)	83.0 (3.5)	*	*	13.6 (3.4)	*
Beneficiaries 65 years and older	23,802 (1,505)	81.8 (3.8)	*	*	15.2 (3.7)	*
Beneficiaries 64 years and younger	2,817 (441)	93.5 (3.0)	*	*	*	*
<b>Skilled Nursing Facility Care<sup>1</sup></b>						
All beneficiaries	46,117 (2,599)	75.3 (1.8)	9.6 (1.6)	5.8 (0.5)	9.3 (1.2)	*
Beneficiaries 65 years and older	42,183 (2,485)	74.4 (2.0)	9.8 (1.8)	6.0 (0.5)	9.7 (1.3)	*
Beneficiaries 64 years and younger	3,933 (581)	84.6 (3.1)	7.4 (1.7)	*	*	*
<b>Long-Term Nursing Home Care<sup>2</sup></b>						
All beneficiaries	95,854 (3,814)	*	47.0 (1.9)	1.4 (0.3)	41.3 (1.7)	9.8 (1.2)
Beneficiaries 65 years and older	79,477 (3,331)	*	42.9 (2.0)	1.6 (0.4)	46.0 (1.9)	8.8 (1.3)
Beneficiaries 64 years and younger	16,378 (1,788)	*	67.2 (4.6)	*	18.2 (2.4)	14.4 (3.6)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.

2: Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$166,874 (5,686)	89.9 (0.9)	0.8 (0.1)	6.3 (0.8)	2.4 (0.3)	*	\$3,521 (120)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	61,754 (3,396)	86.9 (1.8)	0.4 (0.1)	8.9 (1.6)	2.6 (0.6)	*	2,767 (151)
75 - 84 years	54,182 (3,164)	94.1 (0.5)	0.6 (0.1)	3.2 (0.3)	1.9 (0.4)	*	4,429 (247)
85 years and older	20,192 (1,263)	91.5 (0.9)	*	4.5 (0.5)	3.1 (0.8)	*	4,133 (238)
<b>Disabled</b>							
Under 45 years	6,729 (1,423)	90.0 (2.3)	3.4 (0.5)	*	*	*	3,784 (782)
45 - 64 years	24,017 (2,271)	86.5 (3.4)	1.7 (0.3)	*	2.2 (0.3)	*	3,892 (364)
<b>Gender</b>							
Male	82,655 (3,798)	88.7 (1.4)	0.6 (0.1)	7.1 (1.2)	2.3 (0.3)	*	3,820 (171)
Female	84,219 (4,289)	91.0 (1.1)	0.9 (0.1)	5.6 (1.0)	2.4 (0.5)	*	3,271 (165)
<b>Living Arrangement</b>							
Alone	49,615 (2,979)	93.1 (0.7)	1.0 (0.1)	3.0 (0.4)	2.4 (0.5)	*	3,551 (215)
With spouse	78,620 (3,637)	87.8 (1.6)	0.2 (0.0)	9.6 (1.5)	2.1 (0.3)	*	3,261 (147)
With children	21,797 (2,082)	92.4 (1.6)	1.8 (0.2)	2.8 (0.8)	*	*	4,374 (414)
With others	16,711 (1,842)	86.5 (3.9)	1.4 (0.2)	*	*	*	3,904 (402)
<b>Race/Ethnicity</b>							
White non-Hispanic	122,827 (4,889)	88.7 (1.1)	0.5 (0.1)	7.3 (1.0)	2.7 (0.3)	*	3,411 (132)
Black non-Hispanic	20,973 (2,351)	93.8 (1.2)	1.7 (0.2)	*	1.0 (0.2)	*	4,672 (521)
Hispanic	14,934 (1,249)	94.8 (1.1)	1.2 (0.3)	*	1.6 (0.5)	*	3,430 (278)
Other	7,721 (955)	87.8 (4.3)	1.6 (0.3)	*	*	*	3,187 (392)
<b>Income</b>							
Less than \$10,000	22,063 (2,577)	93.5 (1.0)	3.0 (0.3)	*	*	*	4,271 (504)
\$10,000 - \$19,999	41,164 (1,759)	93.1 (0.6)	1.3 (0.1)	1.8 (0.2)	3.2 (0.5)	*	3,590 (145)
\$20,000 - \$29,999	32,393 (2,332)	90.8 (1.9)	*	4.0 (0.6)	3.1 (0.9)	*	3,824 (256)
\$30,000 - \$49,999	35,520 (2,739)	87.2 (2.7)	*	10.7 (2.6)	1.7 (0.4)	*	3,428 (257)
\$50,000 or more	35,735 (3,105)	85.7 (2.3)	*	12.2 (2.1)	*	*	2,997 (250)

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$166,874 (5,686)	89.9 (0.9)	0.8 (0.1)	6.3 (0.8)	2.4 (0.3)	*	\$3,521 (120)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	30,147 (2,763)	93.8 (0.8)	3.0 (0.2)	*	1.8 (0.4)	*	4,094 (375)
100% - 199% FPL	52,622 (2,803)	92.7 (0.7)	0.7 (0.1)	2.9 (0.5)	3.2 (0.5)	*	3,732 (193)
200% - 399% FPL	54,401 (3,293)	86.8 (2.1)	*	9.6 (1.9)	2.2 (0.6)	*	3,447 (210)
Over 400% FPL	29,544 (2,483)	86.4 (2.1)	*	11.6 (2.0)	1.7 (0.4)	*	2,933 (234)
<b>Health Status</b>							
Excellent	12,395 (844)	93.6 (1.2)	*	4.1 (1.0)	2.2 (0.6)	*	1,636 (105)
Very good	32,218 (2,053)	89.3 (2.3)	0.3 (0.1)	6.5 (1.7)	2.0 (0.5)	*	2,346 (146)
Good	51,031 (3,131)	88.0 (2.0)	0.5 (0.1)	7.7 (1.8)	3.4 (0.7)	*	3,646 (222)
Fair	44,656 (2,911)	90.8 (1.6)	1.2 (0.1)	5.8 (1.5)	1.8 (0.3)	*	5,368 (307)
Poor	24,605 (2,675)	90.3 (2.1)	1.6 (0.2)	*	1.9 (0.5)	*	6,915 (741)
<b>Functional Limitation</b>							
None	56,375 (2,138)	88.9 (1.8)	0.4 (0.1)	8.2 (1.7)	2.3 (0.4)	*	2,245 (88)
IADL only <sup>5</sup>	26,544 (2,911)	88.1 (2.6)	0.8 (0.2)	5.8 (1.2)	2.7 (0.6)	*	3,885 (406)
One to two ADLs <sup>6</sup>	48,928 (2,908)	90.4 (1.4)	0.9 (0.1)	5.7 (1.1)	2.7 (0.7)	*	4,685 (267)
Three or more ADLs	33,250 (2,634)	91.7 (1.4)	1.2 (0.1)	4.8 (1.4)	1.8 (0.4)	*	6,837 (472)
<b>Metropolitan Area Resident</b>							
Yes	130,006 (5,071)	90.0 (1.0)	0.7 (0.1)	6.2 (0.9)	2.3 (0.3)	*	3,577 (140)
No	36,868 (2,483)	89.5 (2.1)	1.0 (0.1)	6.7 (1.8)	2.5 (0.5)	*	3,337 (236)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$85,404 (3,020)	78.0 (0.9)	1.8 (0.1)	11.5 (0.7)	7.6 (0.5)	1.2 (0.2)	\$1,802 (63)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	34,245 (2,326)	76.9 (1.6)	0.8 (0.1)	14.2 (1.4)	6.9 (0.7)	1.2 (0.3)	1,534 (100)
75 - 84 years	23,275 (1,006)	80.5 (1.1)	1.2 (0.2)	11.5 (0.9)	5.8 (0.5)	*	1,903 (82)
85 years and older	8,544 (601)	79.4 (2.0)	0.8 (0.2)	9.3 (0.8)	10.0 (2.5)	*	1,749 (116)
<b>Disabled</b>							
Under 45 years	4,100 (576)	81.5 (1.6)	7.5 (0.6)	5.1 (1.4)	5.3 (1.0)	*	2,306 (318)
45 - 64 years	15,240 (1,632)	74.9 (1.9)	3.7 (0.5)	8.2 (1.3)	10.9 (1.5)	*	2,470 (253)
<b>Gender</b>							
Male	41,293 (2,042)	75.7 (1.4)	1.5 (0.2)	12.8 (1.2)	7.8 (0.7)	2.2 (0.4)	1,908 (92)
Female	44,110 (1,747)	80.1 (0.8)	2.0 (0.2)	10.2 (0.6)	7.3 (0.7)	*	1,713 (67)
<b>Living Arrangement</b>							
Alone	24,967 (1,300)	79.3 (1.0)	2.1 (0.2)	8.8 (0.8)	8.5 (0.9)	1.4 (0.4)	1,787 (90)
With spouse	40,375 (1,987)	75.4 (1.3)	0.7 (0.1)	15.4 (1.2)	7.3 (0.6)	1.2 (0.3)	1,675 (78)
With children	11,006 (888)	81.3 (1.6)	3.6 (0.6)	7.7 (1.1)	7.0 (1.4)	*	2,209 (171)
With others	9,031 (1,275)	82.5 (3.0)	3.4 (0.6)	5.8 (1.5)	6.7 (1.9)	*	2,110 (290)
<b>Race/Ethnicity</b>							
White non-Hispanic	61,799 (2,494)	76.2 (1.1)	1.0 (0.1)	13.9 (0.9)	7.8 (0.5)	1.1 (0.2)	1,716 (70)
Black non-Hispanic	12,675 (1,224)	83.2 (1.7)	3.7 (0.5)	5.1 (1.0)	7.1 (1.7)	*	2,823 (273)
Hispanic	7,070 (688)	84.5 (2.2)	3.8 (0.6)	*	5.5 (1.1)	*	1,624 (144)
Other	3,663 (359)	77.4 (3.3)	3.6 (0.6)	5.5 (1.0)	*	*	1,512 (118)
<b>Income</b>							
Less than \$10,000	10,223 (769)	81.3 (2.1)	7.1 (0.6)	3.0 (0.6)	7.9 (2.2)	*	1,979 (147)
\$10,000 - \$19,999	22,833 (1,450)	82.0 (1.3)	3.1 (0.3)	6.3 (0.8)	7.5 (0.9)	*	1,991 (117)
\$20,000 - \$29,999	15,397 (1,043)	80.0 (1.2)	0.4 (0.1)	10.6 (0.9)	7.0 (0.9)	*	1,818 (117)
\$30,000 - \$49,999	17,801 (1,128)	74.7 (2.1)	*	16.1 (2.1)	8.1 (0.8)	*	1,718 (99)
\$50,000 or more	19,149 (1,823)	73.0 (2.4)	*	18.5 (2.1)	7.4 (1.2)	*	1,606 (146)

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$85,404 (3,020)	78.0 (0.9)	1.8 (0.1)	11.5 (0.7)	7.6 (0.5)	1.2 (0.2)	\$1,802 (63)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	14,955 (950)	82.7 (1.5)	6.9 (0.5)	2.8 (0.5)	6.8 (1.5)	*	2,031 (124)
100% - 199% FPL	27,273 (1,629)	80.7 (1.3)	1.7 (0.2)	8.1 (0.8)	8.1 (0.8)	1.5 (0.4)	1,934 (111)
200% - 399% FPL	26,869 (1,253)	76.0 (1.5)	0.1 (0.0)	15.5 (1.5)	7.2 (0.5)	*	1,702 (78)
Over 400% FPL	16,272 (1,780)	72.6 (2.9)	*	18.4 (2.3)	8.0 (1.4)	*	1,616 (166)
<b>Health Status</b>							
Excellent	7,524 (461)	79.2 (1.5)	*	12.2 (1.2)	7.0 (0.8)	*	993 (60)
Very good	17,020 (1,060)	79.4 (1.2)	0.5 (0.1)	10.5 (0.7)	7.9 (1.0)	*	1,239 (74)
Good	25,878 (1,246)	76.3 (1.7)	1.2 (0.1)	13.6 (1.4)	7.8 (0.8)	1.2 (0.3)	1,849 (89)
Fair	23,538 (1,766)	79.3 (1.8)	2.6 (0.3)	10.2 (1.5)	7.0 (1.1)	*	2,829 (204)
Poor	10,968 (1,155)	76.3 (2.3)	3.9 (0.6)	10.2 (2.0)	8.2 (1.7)	*	3,082 (289)
<b>Functional Limitation</b>							
None	33,675 (1,414)	77.5 (1.1)	1.0 (0.2)	12.8 (0.9)	7.3 (0.7)	1.5 (0.4)	1,341 (55)
IADL only <sup>5</sup>	14,266 (1,454)	83.0 (1.7)	1.9 (0.3)	8.2 (1.1)	6.4 (0.9)	*	2,088 (205)
One to two ADLs <sup>6</sup>	24,328 (1,800)	77.0 (1.9)	2.1 (0.3)	12.3 (1.8)	7.3 (0.8)	1.3 (0.4)	2,330 (158)
Three or more ADLs	12,836 (1,003)	75.6 (2.2)	2.8 (0.3)	10.2 (1.7)	10.2 (2.3)	*	2,639 (186)
<b>Metropolitan Area Resident</b>							
Yes	63,889 (2,820)	80.6 (0.8)	1.7 (0.2)	9.3 (0.6)	7.3 (0.6)	1.2 (0.2)	1,758 (76)
No	21,515 (1,042)	70.5 (2.3)	2.0 (0.2)	17.8 (2.1)	8.3 (0.6)	1.4 (0.3)	1,947 (99)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$181,638 (3,245)	70.2 (0.6)	1.9 (0.1)	12.0 (0.3)	15.0 (0.5)	0.9 (0.1)	\$3,833 (68)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	72,963 (2,182)	69.4 (0.7)	1.0 (0.1)	14.2 (0.6)	14.5 (0.6)	0.9 (0.2)	3,269 (83)
75 - 84 years	56,374 (1,742)	71.8 (0.6)	1.2 (0.1)	11.6 (0.3)	14.9 (0.6)	0.5 (0.1)	4,608 (134)
85 years and older	21,194 (760)	71.3 (0.9)	1.1 (0.2)	11.5 (0.5)	15.8 (0.8)	0.3 (0.1)	4,338 (135)
<b>Disabled</b>							
Under 45 years	6,193 (681)	70.8 (2.1)	9.0 (0.9)	6.1 (1.1)	13.0 (1.6)	*	3,483 (367)
45 - 64 years	24,914 (1,586)	67.9 (2.6)	4.9 (0.4)	8.2 (1.0)	16.5 (2.3)	*	4,038 (212)
<b>Gender</b>							
Male	83,253 (2,377)	69.6 (0.9)	1.6 (0.1)	12.3 (0.4)	14.9 (0.8)	1.6 (0.3)	3,847 (100)
Female	98,385 (2,218)	70.7 (0.6)	2.1 (0.1)	11.7 (0.4)	15.2 (0.5)	0.3 (0.1)	3,821 (82)
<b>Living Arrangement</b>							
Alone	53,641 (1,563)	71.6 (0.7)	2.3 (0.2)	10.4 (0.4)	14.8 (0.7)	1.0 (0.2)	3,840 (101)
With spouse	92,176 (2,419)	67.8 (1.0)	0.7 (0.1)	14.6 (0.5)	15.9 (0.8)	0.9 (0.2)	3,824 (96)
With children	20,249 (1,037)	73.7 (1.0)	4.0 (0.4)	8.2 (0.6)	13.7 (0.8)	*	4,063 (174)
With others	15,457 (936)	75.1 (1.0)	4.9 (0.4)	6.6 (0.6)	12.2 (0.8)	*	3,611 (183)
<b>Race/Ethnicity</b>							
White non-Hispanic	138,483 (2,539)	68.7 (0.6)	1.2 (0.1)	13.5 (0.4)	15.7 (0.5)	0.9 (0.2)	3,846 (70)
Black non-Hispanic	18,185 (924)	75.0 (1.2)	4.7 (0.5)	7.3 (0.8)	12.0 (1.3)	*	4,050 (194)
Hispanic	15,921 (1,370)	75.3 (3.9)	3.7 (0.5)	5.9 (0.9)	14.3 (3.4)	*	3,657 (290)
Other	8,564 (592)	74.7 (1.6)	3.9 (0.4)	7.7 (0.9)	13.1 (1.1)	*	3,535 (203)
<b>Income</b>							
Less than \$10,000	19,230 (1,129)	77.3 (1.0)	8.6 (0.5)	3.7 (0.6)	10.0 (1.0)	0.3 (0.1)	3,722 (203)
\$10,000 - \$19,999	42,197 (1,288)	74.4 (0.7)	3.5 (0.3)	6.7 (0.4)	14.3 (0.7)	1.1 (0.2)	3,680 (94)
\$20,000 - \$29,999	33,840 (1,322)	70.2 (1.8)	*	11.7 (0.6)	16.2 (1.7)	1.4 (0.3)	3,995 (161)
\$30,000 - \$49,999	40,644 (1,653)	69.7 (0.9)	*	14.2 (0.6)	15.2 (0.7)	0.7 (0.2)	3,922 (138)
\$50,000 or more	45,727 (1,606)	63.8 (1.2)	*	18.5 (0.9)	16.8 (0.8)	*	3,836 (109)

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$181,638 (3,245)	70.2 (0.6)	1.9 (0.1)	12.0 (0.3)	15.0 (0.5)	0.9 (0.1)	\$3,833 (68)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	26,634 (1,251)	77.4 (0.8)	8.3 (0.4)	3.5 (0.5)	10.2 (0.8)	*	3,617 (159)
100% - 199% FPL	54,373 (1,946)	72.4 (1.1)	2.0 (0.2)	8.7 (0.4)	15.6 (1.1)	1.3 (0.2)	3,856 (122)
200% - 399% FPL	61,354 (1,749)	69.5 (0.7)	*	14.0 (0.5)	15.6 (0.6)	0.8 (0.2)	3,887 (107)
Over 400% FPL	39,126 (1,467)	63.4 (1.3)	*	19.1 (1.0)	16.6 (0.9)	*	3,885 (120)
<b>Health Status</b>							
Excellent	18,220 (728)	67.8 (1.1)	0.4 (0.1)	13.6 (0.9)	17.3 (0.9)	*	2,404 (84)
Very good	41,903 (1,404)	68.7 (0.8)	0.7 (0.1)	13.2 (0.6)	16.5 (0.7)	1.0 (0.2)	3,051 (90)
Good	55,428 (1,529)	70.9 (0.8)	1.5 (0.1)	12.6 (0.5)	14.3 (0.7)	0.7 (0.2)	3,960 (99)
Fair	44,004 (2,303)	71.5 (1.4)	3.0 (0.2)	10.4 (0.6)	14.0 (1.3)	*	5,289 (222)
Poor	20,730 (1,461)	70.1 (1.3)	4.3 (0.4)	9.8 (0.8)	14.8 (1.2)	*	5,826 (354)
<b>Functional Limitation</b>							
None	72,280 (1,623)	70.4 (0.7)	0.9 (0.1)	13.2 (0.5)	14.7 (0.5)	0.9 (0.2)	2,878 (59)
IADL only <sup>5</sup>	28,654 (1,426)	70.9 (1.3)	1.9 (0.2)	11.6 (0.7)	15.0 (1.0)	0.6 (0.1)	4,194 (188)
One to two ADLs <sup>6</sup>	49,969 (1,951)	71.1 (0.8)	2.2 (0.2)	11.8 (0.6)	14.0 (0.7)	0.9 (0.2)	4,785 (138)
Three or more ADLs	29,472 (1,891)	67.2 (2.0)	3.6 (0.3)	9.6 (0.6)	18.1 (2.0)	*	6,060 (315)
<b>Metropolitan Area Resident</b>							
Yes	142,670 (3,132)	70.6 (0.7)	1.7 (0.1)	11.6 (0.3)	15.0 (0.6)	1.0 (0.2)	3,926 (84)
No	38,968 (1,135)	68.6 (1.1)	2.4 (0.1)	13.4 (0.8)	15.1 (0.6)	0.5 (0.1)	3,527 (106)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,657 (615)	2.5 (0.1)	1.0 (0.2)	16.8 (0.8)	78.8 (0.9)	1.0 (0.2)	\$373 (13)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	9,205 (492)	2.1 (0.1)	*	20.8 (1.4)	75.7 (1.4)	0.9 (0.3)	412 (22)
75 - 84 years	5,186 (344)	2.5 (0.2)	*	12.4 (1.1)	84.3 (1.3)	*	424 (27)
85 years and older	1,493 (115)	3.5 (0.3)	*	10.3 (1.3)	84.3 (1.8)	*	306 (22)
<b>Disabled</b>							
Under 45 years	355 (44)	2.1 (0.3)	7.3 (2.2)	5.4 (1.3)	81.5 (3.5)	*	200 (24)
45 - 64 years	1,418 (204)	3.9 (0.7)	*	16.0 (2.8)	72.1 (3.8)	*	230 (34)
<b>Gender</b>							
Male	7,968 (398)	2.4 (0.1)	1.0 (0.3)	18.5 (1.3)	76.8 (1.4)	1.4 (0.4)	368 (18)
Female	9,690 (493)	2.5 (0.1)	1.1 (0.3)	15.4 (1.2)	80.4 (1.1)	*	376 (18)
<b>Living Arrangement</b>							
Alone	4,750 (330)	2.7 (0.2)	2.5 (0.7)	14.6 (2.0)	78.6 (2.1)	*	340 (23)
With spouse	10,894 (486)	2.0 (0.1)	*	18.5 (1.0)	78.7 (1.1)	0.6 (0.2)	452 (19)
With children	993 (119)	5.0 (0.7)	*	12.3 (2.8)	79.3 (3.2)	*	199 (23)
With others	1,018 (117)	3.8 (0.5)	*	12.8 (2.9)	79.8 (3.0)	*	238 (27)
<b>Race/Ethnicity</b>							
White non-Hispanic	14,679 (514)	2.0 (0.1)	*	17.2 (0.9)	79.6 (0.9)	*	408 (14)
Black non-Hispanic	869 (108)	6.3 (0.9)	*	19.3 (5.5)	63.4 (5.1)	*	194 (22)
Hispanic	1,145 (207)	5.7 (1.0)	*	12.1 (2.9)	78.2 (3.8)	*	263 (44)
Other	854 (181)	2.5 (0.6)	*	12.9 (3.5)	80.4 (4.4)	*	352 (68)
<b>Income</b>							
Less than \$10,000	908 (137)	4.8 (0.8)	*	*	64.4 (5.0)	*	176 (27)
\$10,000 - \$19,999	2,222 (170)	5.2 (0.4)	*	6.0 (1.2)	85.7 (1.6)	*	194 (14)
\$20,000 - \$29,999	2,323 (209)	4.1 (0.4)	*	11.4 (1.6)	82.6 (1.9)	*	274 (25)
\$30,000 - \$49,999	3,915 (264)	2.6 (0.2)	*	16.5 (1.4)	80.0 (1.5)	*	378 (25)
\$50,000 or more	8,289 (487)	1.0 (0.1)	*	21.2 (1.4)	76.8 (1.4)	*	695 (38)

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,657 (615)	2.5 (0.1)	1.0 (0.2)	16.8 (0.8)	78.8 (0.9)	1.0 (0.2)	\$373 (13)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	1,330 (156)	4.8 (0.7)	10.7 (3.0)	*	70.8 (4.6)	*	181 (21)
100% - 199% FPL	3,040 (215)	5.1 (0.4)	*	9.0 (1.4)	83.3 (1.7)	*	216 (15)
200% - 399% FPL	6,247 (331)	2.5 (0.2)	*	16.1 (1.2)	80.6 (1.2)	*	396 (21)
Over 400% FPL	7,037 (422)	0.9 (0.1)	*	21.4 (1.6)	76.7 (1.6)	*	699 (40)
<b>Health Status</b>							
Excellent	3,402 (294)	1.6 (0.2)	*	14.4 (1.5)	83.3 (1.6)	*	449 (36)
Very good	6,043 (351)	1.9 (0.1)	*	19.1 (1.6)	77.9 (1.6)	*	440 (24)
Good	4,806 (332)	2.9 (0.2)	*	19.6 (1.8)	74.9 (1.8)	1.8 (0.5)	343 (24)
Fair	2,259 (297)	4.2 (0.6)	*	10.1 (2.0)	82.2 (2.8)	*	272 (34)
Poor	920 (170)	3.6 (0.8)	*	16.0 (3.5)	75.5 (3.9)	*	259 (46)
<b>Functional Limitation</b>							
None	11,103 (517)	1.9 (0.1)	*	18.1 (1.2)	78.5 (1.2)	*	442 (19)
IADL only <sup>5</sup>	1,853 (152)	3.2 (0.3)	*	14.0 (1.7)	79.8 (2.1)	*	271 (22)
One to two ADLs <sup>6</sup>	3,233 (224)	3.4 (0.3)	*	16.7 (1.8)	77.0 (1.9)	0.9 (0.2)	310 (21)
Three or more ADLs	1,399 (222)	4.2 (0.7)	*	10.4 (2.3)	82.7 (2.9)	*	288 (45)
<b>Metropolitan Area Resident</b>							
Yes	14,901 (590)	2.5 (0.1)	1.0 (0.2)	16.5 (0.9)	78.9 (0.9)	1.1 (0.3)	410 (16)
No	2,757 (219)	2.1 (0.2)	*	18.1 (2.5)	78.1 (2.2)	*	250 (20)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$148,060 (2,658)	61.3 (0.8)	0.3 (0.0)	14.7 (0.6)	17.4 (0.3)	5.6 (0.3)	\$3,124 (55)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	56,677 (1,550)	55.2 (1.2)	0.2 (0.0)	18.2 (1.0)	20.4 (0.4)	5.2 (0.4)	2,539 (65)
75 - 84 years	35,514 (944)	56.9 (1.0)	0.3 (0.1)	18.5 (1.0)	20.7 (0.4)	4.4 (0.4)	2,903 (72)
85 years and older	13,602 (535)	57.5 (1.9)	*	17.9 (1.2)	19.8 (0.9)	6.2 (0.6)	2,784 (99)
<b>Disabled</b>							
Under 45 years	8,748 (620)	83.9 (1.8)	*	4.3 (0.9)	5.7 (0.5)	3.5 (0.5)	4,920 (313)
45 - 64 years	33,520 (2,040)	71.8 (1.9)	0.5 (0.1)	6.1 (1.0)	11.2 (0.8)	7.6 (0.8)	5,432 (309)
<b>Gender</b>							
Male	63,711 (1,941)	56.8 (1.3)	0.2 (0.0)	16.1 (0.9)	17.7 (0.4)	8.0 (0.5)	2,944 (84)
Female	84,350 (2,058)	64.7 (1.0)	0.4 (0.1)	13.6 (0.7)	17.3 (0.5)	3.7 (0.2)	3,276 (76)
<b>Living Arrangement</b>							
Alone	46,567 (1,733)	68.7 (1.1)	0.3 (0.0)	12.0 (0.7)	15.5 (0.5)	5.5 (0.4)	3,333 (113)
With spouse	66,019 (1,700)	48.2 (1.0)	0.2 (0.0)	20.4 (1.0)	22.0 (0.4)	5.6 (0.4)	2,739 (62)
With children	18,220 (1,013)	73.8 (1.3)	*	9.1 (0.8)	12.7 (0.7)	4.9 (0.5)	3,656 (180)
With others	17,169 (1,427)	78.0 (1.6)	*	5.9 (0.7)	10.3 (0.8)	6.5 (1.0)	4,011 (300)
<b>Race/Ethnicity</b>							
White non-Hispanic	108,770 (2,392)	56.3 (0.8)	0.1 (0.0)	17.2 (0.7)	19.4 (0.4)	5.9 (0.4)	3,021 (58)
Black non-Hispanic	16,596 (1,121)	76.4 (1.5)	*	8.0 (1.2)	11.1 (0.6)	4.5 (0.7)	3,697 (228)
Hispanic	14,850 (1,233)	76.0 (1.9)	1.1 (0.2)	6.3 (1.5)	11.9 (0.8)	5.6 (0.8)	3,411 (237)
Other	7,592 (641)	70.7 (2.3)	*	8.7 (1.2)	14.7 (1.4)	3.9 (1.0)	3,134 (176)
<b>Income</b>							
Less than \$10,000	22,833 (1,187)	86.7 (0.9)	1.1 (0.2)	3.1 (0.6)	6.0 (0.4)	3.8 (0.4)	4,420 (232)
\$10,000 - \$19,999	43,661 (2,043)	78.1 (1.0)	0.4 (0.1)	6.5 (0.5)	11.7 (0.6)	5.7 (0.4)	3,807 (163)
\$20,000 - \$29,999	23,340 (1,019)	58.3 (1.3)	*	16.9 (1.4)	21.0 (0.6)	6.5 (0.6)	2,755 (106)
\$30,000 - \$49,999	27,610 (1,133)	46.0 (1.6)	*	21.0 (1.4)	24.6 (0.7)	6.1 (0.8)	2,664 (93)
\$50,000 or more	30,617 (1,090)	34.4 (1.5)	*	27.6 (1.6)	25.1 (0.6)	5.5 (0.7)	2,568 (76)

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$148,060 (2,658)	61.3 (0.8)	0.3 (0.0)	14.7 (0.6)	17.4 (0.3)	5.6 (0.3)	\$3,124 (55)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	33,293 (1,567)	87.0 (0.8)	1.0 (0.1)	2.8 (0.4)	5.8 (0.3)	4.1 (0.4)	4,521 (201)
100% - 199% FPL	47,337 (1,851)	71.6 (0.8)	0.3 (0.1)	10.0 (0.7)	15.3 (0.6)	6.3 (0.4)	3,357 (113)
200% - 399% FPL	41,995 (1,260)	45.6 (1.3)	*	20.4 (1.1)	24.4 (0.5)	5.9 (0.6)	2,661 (69)
Over 400% FPL	25,341 (966)	34.1 (1.6)	*	29.6 (2.0)	25.3 (0.7)	5.4 (0.8)	2,516 (79)
<b>Health Status</b>							
Excellent	11,583 (655)	47.4 (2.4)	*	21.5 (1.8)	23.0 (0.9)	5.4 (0.9)	1,528 (75)
Very good	29,653 (1,066)	52.1 (1.7)	*	18.7 (1.1)	22.3 (0.7)	3.8 (0.4)	2,159 (71)
Good	46,531 (1,694)	59.4 (1.5)	0.3 (0.1)	15.0 (0.9)	18.0 (0.5)	6.2 (0.5)	3,325 (108)
Fair	40,557 (1,895)	69.1 (1.3)	0.4 (0.1)	11.3 (0.9)	14.3 (0.7)	5.8 (0.6)	4,875 (193)
Poor	19,073 (1,434)	71.1 (1.7)	0.4 (0.1)	10.6 (1.3)	12.0 (0.7)	6.5 (0.9)	5,360 (318)
<b>Functional Limitation</b>							
None	53,825 (1,450)	54.4 (1.1)	0.2 (0.0)	17.7 (1.0)	20.9 (0.5)	5.4 (0.4)	2,143 (50)
IADL only <sup>5</sup>	26,486 (1,535)	63.8 (1.6)	0.3 (0.1)	12.6 (1.2)	16.3 (0.9)	5.5 (0.6)	3,877 (192)
One to two ADLs <sup>6</sup>	42,251 (1,754)	63.0 (1.5)	0.3 (0.1)	14.0 (0.9)	16.2 (0.5)	5.9 (0.5)	4,046 (151)
Three or more ADLs	24,410 (1,511)	69.4 (2.1)	0.6 (0.1)	11.6 (1.3)	13.9 (0.8)	5.7 (0.8)	5,019 (222)
<b>Metropolitan Area Resident</b>							
Yes	113,591 (2,464)	61.2 (0.9)	0.4 (0.0)	14.6 (0.7)	17.4 (0.4)	5.5 (0.3)	3,126 (67)
No	34,469 (1,219)	61.6 (1.3)	0.1 (0.0)	15.1 (1.4)	17.5 (0.5)	5.7 (0.6)	3,120 (96)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Skilled Nursing Facility Users

Beneficiary Characteristic <sup>1</sup>	Total Expenditures (millions of \$) <sup>2</sup>	Source of Payment (as a percentage of row total)					Expenditures Per SNF User
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$39,955 (2,613)	71.5 (2.1)	11.1 (1.8)	6.7 (0.6)	10.7 (1.4)	*	\$16,037 (749)
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	8,406 (1,496)	66.4 (5.9)	18.9 (5.6)	*	10.0 (2.2)	*	14,386 (2,023)
75 - 84 years	12,830 (1,216)	78.2 (2.4)	*	6.2 (1.0)	9.5 (2.2)	*	14,456 (1,079)
85 years and older	15,671 (1,634)	67.0 (3.5)	11.4 (2.6)	8.6 (0.9)	12.9 (2.7)	*	20,404 (1,362)
<b>Disabled</b>							
Under 45 years	*	*	*	*	*	*	*
45 - 64 years	*	*	*	*	*	*	*
<b>Gender</b>							
Male	14,646 (1,680)	76.2 (2.7)	7.9 (2.2)	6.9 (0.9)	8.9 (1.7)	*	15,344 (1,104)
Female	25,309 (2,162)	68.7 (2.8)	12.9 (2.3)	6.5 (0.6)	11.8 (2.0)	*	16,468 (958)
<b>Race/Ethnicity</b>							
White non-Hispanic	33,321 (2,352)	70.1 (2.4)	10.9 (2.1)	7.3 (0.7)	11.7 (1.6)	*	16,044 (783)
Black non-Hispanic	3,722 (799)	78.2 (4.6)	*	*	*	*	17,847 (3,410)
Hispanic	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*
<b>Income</b>							
Less than \$10,000	8,653 (1,333)	64.6 (6.0)	24.7 (5.4)	*	7.6 (1.7)	*	20,499 (2,287)
\$10,000 - \$19,999	13,134 (1,587)	71.6 (3.7)	13.0 (3.0)	5.4 (0.9)	10.0 (2.3)	*	17,335 (1,520)
\$20,000 - \$29,999	9,045 (1,132)	73.6 (3.5)	*	9.1 (1.1)	12.8 (3.2)	*	15,646 (1,409)
\$30,000 - \$49,999	4,821 (670)	81.1 (3.7)	*	7.4 (1.8)	*	*	11,479 (1,378)
\$50,000 or more	4,302 (703)	69.9 (5.7)	*	11.5 (2.3)	*	*	13,721 (1,588)
<b>Poverty<sup>4</sup></b>							
Under 100% FPL	9,598 (1,382)	65.0 (5.7)	23.6 (5.0)	3.3 (1.0)	8.1 (1.8)	*	19,239 (2,079)
100% - 199% FPL	15,178 (1,661)	70.7 (3.7)	11.9 (2.7)	6.2 (0.9)	11.2 (2.2)	*	16,454 (1,323)
200% - 399% FPL	10,486 (1,043)	79.3 (2.5)	*	7.9 (1.1)	10.2 (2.4)	*	14,031 (1,052)
Over 400% FPL	4,335 (721)	68.6 (5.5)	*	12.2 (2.4)	*	*	14,361 (1,643)

**Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Skilled Nursing Facility Users

Beneficiary Characteristic <sup>1</sup>	Total Expenditures (millions of \$) <sup>2</sup>	Source of Payment (as a percentage of row total)					Expenditures Per SNF User
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$39,955 (2,613)	71.5 (2.1)	11.1 (1.8)	6.7 (0.6)	10.7 (1.4)	*	\$16,037 (749)
<b>Health Status</b>							
Excellent	*	*	*	*	*	*	*
Very good	3,725 (623)	81.7 (5.7)	*	5.0 (1.2)	*	*	11,975 (1,578)
Good	8,757 (1,218)	72.6 (4.6)	*	5.3 (0.7)	*	*	12,816 (1,292)
Fair	16,575 (1,594)	70.8 (3.0)	10.0 (2.4)	6.9 (0.9)	12.2 (2.1)	*	20,907 (1,530)
Poor	8,797 (1,223)	66.2 (5.2)	18.2 (5.3)	6.8 (1.5)	8.9 (2.3)	*	17,464 (1,658)
<b>Functional Limitation</b>							
None	1,771 (338)	84.7 (4.4)	*	*	*	*	4,678 (678)
IADL only <sup>5</sup>	2,809 (656)	86.2 (2.0)	*	7.4 (2.2)	*	*	11,813 (1,910)
One to two ADLs <sup>6</sup>	9,377 (1,051)	80.8 (2.5)	*	6.4 (1.1)	9.7 (2.6)	*	12,572 (1,123)
Three or more ADLs	25,493 (2,110)	65.2 (3.1)	15.9 (2.7)	6.5 (0.7)	12.3 (2.0)	*	23,124 (1,271)
<b>Metropolitan Area Resident</b>							
Yes	29,819 (2,136)	72.8 (2.2)	9.7 (2.0)	7.0 (0.6)	10.5 (1.6)	*	16,672 (816)
No	10,136 (1,580)	67.5 (4.8)	15.1 (4.2)	5.8 (1.2)	11.5 (2.4)	*	14,420 (1,664)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

2: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$95,854 (3,814)	*	47.0 (1.9)	1.4 (0.3)	41.3 (1.7)	9.8 (1.2)	\$36,832 (1,063)
<b>Medicare Status<sup>4</sup></b>							
<b>Aged</b>							
65 - 74 years	15,450 (2,251)	*	49.1 (6.7)	*	34.2 (6.7)	14.0 (4.1)	35,385 (3,018)
75 - 84 years	22,796 (1,686)	*	48.1 (3.2)	*	40.3 (3.1)	9.9 (2.5)	35,930 (1,861)
85 years and older	41,231 (2,201)	*	37.6 (2.5)	1.8 (0.5)	53.6 (2.4)	6.2 (1.1)	36,569 (1,383)
<b>Disabled</b>							
Under 45 years	3,265 (594)	*	60.6 (6.3)	*	21.4 (3.5)	*	41,591 (4,702)
45 - 64 years	13,113 (1,755)	*	68.8 (5.6)	*	17.5 (2.8)	*	40,294 (4,072)
<b>Gender</b>							
Male	36,609 (2,478)	*	41.4 (3.6)	*	44.7 (3.3)	12.8 (2.4)	36,604 (1,821)
Female	59,245 (3,228)	*	50.5 (2.0)	1.7 (0.4)	39.1 (2.1)	7.9 (1.3)	36,975 (1,272)
<b>Race/Ethnicity</b>							
White non-Hispanic	76,377 (3,589)	0.5 (0.2)	40.8 (1.9)	1.4 (0.3)	47.0 (1.9)	10.3 (1.4)	35,469 (1,116)
Black non-Hispanic	10,088 (1,592)	*	74.0 (4.5)	*	14.7 (2.8)	*	46,777 (5,196)
Hispanic	6,808 (1,271)	*	77.3 (5.1)	*	19.5 (4.8)	*	40,014 (4,602)
Other	*	*	*	*	*	*	*
<b>Income</b>							
Less than \$10,000	29,353 (2,241)	*	68.5 (2.8)	*	18.5 (1.9)	12.3 (2.0)	38,290 (1,955)
\$10,000 - \$19,999	34,547 (2,531)	*	52.0 (2.8)	*	39.3 (2.2)	7.1 (1.4)	36,466 (1,628)
\$20,000 - \$29,999	16,653 (1,962)	*	25.9 (4.5)	*	59.4 (4.7)	*	37,757 (2,836)
\$30,000 - \$49,999	8,554 (1,023)	*	20.3 (6.1)	*	63.5 (7.3)	*	30,999 (2,985)
\$50,000 or more	6,747 (1,160)	*	*	*	77.5 (5.9)	*	39,340 (4,701)
<b>Poverty<sup>5</sup></b>							
Under 100% FPL	33,299 (2,453)	*	68.1 (2.7)	*	19.5 (1.9)	11.4 (1.8)	37,741 (1,914)
100% - 199% FPL	37,769 (2,474)	*	45.4 (2.8)	*	44.4 (2.8)	8.5 (1.7)	37,988 (1,670)
200% - 399% FPL	17,553 (1,434)	*	24.5 (4.1)	*	61.5 (3.8)	*	34,062 (2,114)
Over 400% FPL	6,409 (1,136)	*	*	*	83.3 (4.6)	*	35,169 (4,033)

**Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$95,854 (3,814)	*	47.0 (1.9)	1.4 (0.3)	41.3 (1.7)	9.8 (1.2)	\$36,832 (1,063)
<b>Health Status</b>							
Excellent	*	*	*	*	*	*	*
Very good	8,747 (1,106)	*	45.5 (6.3)	*	38.6 (5.5)	*	29,746 (2,869)
Good	24,607 (2,069)	*	41.6 (3.7)	*	47.9 (4.2)	9.4 (2.5)	39,012 (1,958)
Fair	37,977 (2,512)	*	51.1 (3.6)	*	37.5 (3.1)	9.7 (2.2)	39,121 (1,920)
Poor	19,030 (2,084)	*	49.8 (4.9)	*	40.2 (5.4)	7.3 (1.4)	36,027 (2,332)
<b>Functional Limitation</b>							
None	*	*	*	*	*	*	*
IADL only <sup>6</sup>	3,198 (628)	*	*	*	58.3 (8.6)	*	17,461 (2,361)
One to two ADLs <sup>7</sup>	13,281 (1,560)	*	30.1 (4.5)	*	50.8 (4.7)	16.4 (4.0)	28,798 (1,839)
Three or more ADLs	75,598 (3,567)	*	52.8 (2.3)	1.2 (0.3)	38.6 (2.2)	6.9 (1.2)	42,115 (1,389)
<b>Metropolitan Area Resident</b>							
Yes	74,443 (3,470)	*	45.8 (2.4)	1.4 (0.4)	42.3 (2.2)	9.9 (1.5)	38,249 (1,225)
No	21,412 (1,549)	*	51.3 (2.5)	*	37.8 (2.4)	9.4 (2.1)	32,630 (2,203)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term long-term care facility residents includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.

2: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3: Expenditures for long-term nursing home care include facility room and board expenses and charges for ancillary services for full-year and part-year nursing home residents.

4: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

5: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

6: *IADL* stands for Instrumental Activity of Daily Living.

7: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



**Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$13,719 (220)	\$7,553 (510)	\$18,198 (658)	\$14,525 (608)	\$12,618 (445)	\$13,492 (951)
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	11,067 (273)	4,982 (690)	14,973 (878)	12,936 (859)	10,569 (589)	9,189 (1,353)
75 - 84 years	15,932 (442)	10,372 (1,725)	22,368 (1,626)	16,012 (988)	14,381 (811)	16,628 (1,665)
85 years and older	16,000 (510)	12,012 (1,996)	16,529 (1,151)	15,679 (1,208)	15,862 (1,139)	18,567 (2,219)
<b>Disabled</b>						
Under 45 years	15,115 (1,261)	7,601 (1,549)	16,597 (1,682)	*	14,201 (2,262)	*
45 - 64 years	16,715 (768)	9,557 (1,087)	20,206 (1,281)	*	15,711 (1,882)	*
<b>Gender</b>						
Male	13,814 (328)	7,821 (707)	17,944 (1,069)	15,708 (1,093)	13,168 (628)	14,301 (1,682)
Female	13,639 (293)	7,171 (743)	18,365 (797)	13,698 (715)	12,082 (580)	12,768 (1,048)
<b>Living Arrangement</b>						
Alone	14,151 (407)	9,090 (947)	18,959 (1,222)	14,182 (1,006)	11,937 (842)	14,004 (1,524)
With spouse	12,741 (268)	6,505 (757)	16,836 (1,199)	14,095 (846)	12,766 (572)	12,299 (1,007)
With children	16,253 (716)	10,646 (1,397)	18,942 (1,369)	17,633 (1,253)	13,681 (1,080)	*
With others	14,908 (894)	4,502 (757)	17,608 (1,424)	15,756 (3,565)	12,607 (1,706)	*
<b>Race/Ethnicity</b>						
White non-Hispanic	13,456 (235)	7,684 (596)	18,588 (912)	14,536 (625)	12,724 (462)	14,063 (1,079)
Black non-Hispanic	16,621 (869)	7,048 (1,145)	21,105 (1,681)	*	12,332 (1,416)	*
Hispanic	13,526 (653)	7,249 (1,862)	15,520 (1,172)	*	12,930 (2,803)	*
Other	12,596 (666)	*	15,681 (1,249)	*	10,697 (1,570)	*
<b>Income</b>						
Less than \$10,000	15,781 (922)	6,465 (1,402)	17,881 (1,290)	12,566 (2,141)	*	*
\$10,000 - \$19,999	14,657 (383)	8,496 (670)	17,974 (715)	15,939 (1,045)	12,144 (1,255)	*
\$20,000 - \$29,999	13,830 (474)	6,979 (1,267)	22,000 (2,462)	14,631 (1,135)	13,312 (1,081)	*
\$30,000 - \$49,999	13,014 (438)	7,356 (1,253)	16,651 (2,718)	15,117 (1,269)	13,399 (952)	13,600 (2,035)
\$50,000 or more	12,456 (430)	6,193 (1,686)	*	13,191 (1,154)	12,123 (650)	11,392 (1,018)

**Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$13,719 (220)	\$7,553 (510)	\$18,198 (658)	\$14,525 (608)	\$12,618 (445)	\$13,492 (951)
<b>Poverty<sup>4</sup></b>						
Under 100% FPL	15,601 (685)	6,236 (1,025)	17,850 (938)	11,774 (1,791)	11,747 (1,972)	*
100% - 199% FPL	14,371 (399)	8,859 (796)	18,792 (956)	15,786 (964)	12,560 (1,100)	*
200% - 399% FPL	13,083 (355)	5,793 (796)	18,032 (2,214)	14,184 (880)	13,575 (767)	15,933 (1,608)
Over 400% FPL	12,463 (434)	8,245 (2,298)	*	14,140 (1,464)	11,717 (540)	10,986 (1,042)
<b>Health Status</b>						
Excellent	7,367 (232)	3,271 (527)	7,832 (716)	8,698 (994)	6,072 (454)	*
Very good	9,817 (299)	4,037 (494)	12,326 (1,303)	10,981 (809)	9,281 (564)	9,203 (980)
Good	14,166 (346)	8,115 (1,120)	15,149 (639)	16,493 (1,210)	13,645 (792)	19,381 (2,211)
Fair	20,412 (691)	11,938 (1,519)	21,949 (1,430)	22,213 (1,883)	23,450 (1,605)	*
Poor	24,222 (1,303)	11,926 (1,645)	25,523 (1,933)	32,485 (3,730)	27,617 (3,158)	*
<b>Functional Limitation</b>						
None	9,391 (158)	3,645 (331)	11,890 (741)	10,639 (705)	8,539 (329)	8,628 (1,029)
IADL only <sup>5</sup>	14,999 (665)	10,934 (1,235)	16,273 (1,395)	14,774 (1,624)	13,460 (920)	*
One to two ADLs <sup>6</sup>	17,633 (477)	10,192 (1,243)	20,668 (1,324)	18,391 (1,289)	17,691 (997)	20,815 (2,286)
Three or more ADLs	25,228 (911)	16,546 (2,709)	24,980 (1,620)	29,494 (2,407)	31,210 (2,809)	*
<b>Metropolitan Area Resident</b>						
Yes	13,893 (261)	7,698 (647)	18,604 (764)	15,343 (643)	12,439 (497)	13,695 (1,041)
No	13,146 (416)	7,213 (762)	16,979 (1,109)	12,912 (1,184)	13,247 (1,022)	12,928 (1,914)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Expenditures for beneficiaries enrolled in Medicare Advantage plans are not shown separately in the table, but are included in the total. See entry for personal health care expenditures in Appendix B for additional information.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Inpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$15,727 (586)	\$14,971 (1,682)	\$18,489 (1,357)	\$15,979 (892)	\$17,561 (1,018)	*
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	15,700 (1,080)	*	16,942 (2,403)	18,307 (1,760)	18,326 (1,877)	*
75 - 84 years	16,115 (1,010)	*	20,831 (2,942)	14,673 (1,396)	17,709 (1,820)	*
85 years and older	13,218 (820)	*	*	14,863 (1,575)	14,429 (1,658)	*
<b>Disabled</b>						
Under 45 years	22,338 (4,817)	*	24,741 (6,262)	*	*	*
45 - 64 years	15,880 (1,705)	*	16,748 (2,065)	*	*	*
<b>Gender</b>						
Male	16,484 (839)	17,194 (2,601)	21,151 (2,900)	16,062 (1,451)	17,679 (1,196)	*
Female	14,974 (854)	*	16,814 (1,248)	15,901 (1,186)	17,416 (1,841)	*
<b>Living Arrangement</b>						
Alone	15,451 (959)	*	20,437 (2,488)	17,046 (1,924)	15,378 (1,539)	*
With spouse	15,299 (733)	*	13,609 (1,706)	15,698 (1,303)	18,967 (1,496)	*
With children	16,931 (1,800)	*	21,256 (2,734)	*	*	*
With others	17,033 (2,127)	*	17,787 (3,313)	*	*	*
<b>Race/Ethnicity</b>						
White non-Hispanic	15,488 (599)	15,104 (1,950)	18,229 (1,580)	15,893 (973)	17,799 (1,232)	*
Black non-Hispanic	19,197 (2,432)	*	20,826 (3,119)	*	*	*
Hispanic	13,454 (1,543)	*	15,418 (2,853)	*	*	*
Other	15,769 (2,472)	*	*	*	*	*
<b>Income</b>						
Less than \$10,000	19,145 (2,285)	*	21,710 (2,773)	*	*	
\$10,000 - \$19,999	13,786 (686)	12,173 (1,611)	17,272 (1,575)	13,591 (1,261)	12,149 (1,283)	*
\$20,000 - \$29,999	14,741 (1,273)	*	*	15,448 (1,772)	16,418 (1,929)	*
\$30,000 - \$49,999	16,124 (1,194)	*	*	18,022 (2,247)	18,543 (1,929)	*
\$50,000 or more	16,949 (1,550)	*	*	18,106 (2,781)	18,770 (2,136)	*

**Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Inpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$15,727 (586)	\$14,971 (1,682)	\$18,489 (1,357)	\$15,979 (892)	\$17,561 (1,018)	*
<b>Poverty<sup>4</sup></b>						
Under 100% FPL	18,246 (1,746)	*	20,707 (2,146)	*	*	
100% - 199% FPL	13,793 (775)	14,390 (2,044)	16,292 (1,687)	13,385 (1,141)	14,886 (1,619)	*
200% - 399% FPL	16,096 (1,061)	*	*	16,846 (1,681)	20,063 (2,056)	*
Over 400% FPL	16,473 (1,407)	*	*	20,221 (3,183)	15,960 (1,190)	*
<b>Health Status</b>						
Excellent	11,553 (1,132)	*	*	*	*	*
Very good	13,580 (1,134)	*	*	18,274 (2,760)	15,807 (2,641)	*
Good	14,448 (938)	*	12,945 (1,028)	14,749 (1,521)	16,976 (1,997)	*
Fair	16,776 (945)	*	18,987 (2,091)	15,494 (1,580)	21,008 (1,950)	*
Poor	21,119 (2,273)	*	25,197 (3,936)	*	*	*
<b>Functional Limitation</b>						
None	12,824 (687)	*	15,012 (2,978)	16,003 (1,868)	14,480 (1,234)	*
IADL only <sup>5</sup>	17,264 (1,994)	*	14,996 (2,048)	*	16,650 (1,814)	*
One to two ADLs <sup>6</sup>	16,005 (1,021)	*	18,537 (2,055)	14,531 (1,283)	19,287 (2,254)	*
Three or more ADLs	18,564 (1,342)	*	21,456 (2,933)	18,621 (2,604)	23,546 (3,840)	*
<b>Metropolitan Area Resident</b>						
Yes	15,783 (726)	14,821 (2,449)	19,104 (1,685)	16,411 (1,216)	17,192 (1,082)	*
No	15,562 (869)	*	16,719 (2,074)	15,089 (1,023)	18,705 (2,507)	*

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Expenditures for beneficiaries enrolled in Medicare Advantage plans are not shown separately in the table, but are included in the total. See entry for personal health care expenditures in Appendix B for additional information.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011

Community-Only Residents with at Least One Outpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$2,336 (86)	\$1,890 (248)	\$2,878 (181)	\$2,458 (251)	\$2,182 (145)	\$2,700 (452)
Medicare Status <sup>3</sup>						
Aged						
65 - 74 years	2,097 (152)	1,292 (230)	2,168 (179)	2,583 (444)	2,179 (252)	*
75 - 84 years	2,323 (107)	1,985 (491)	3,027 (417)	2,392 (205)	2,208 (165)	2,246 (427)
85 years and older	2,101 (157)	*	2,474 (365)	1,911 (203)	1,839 (410)	*
Disabled						
Under 45 years	3,112 (433)	1,573 (291)	3,280 (554)	*	*	*
45 - 64 years	3,069 (319)	2,790 (630)	3,371 (453)	*	2,388 (588)	*
Gender						
Male	2,612 (136)	1,802 (239)	2,910 (273)	2,807 (382)	2,752 (253)	3,392 (881)
Female	2,123 (89)	2,008 (455)	2,858 (227)	2,235 (245)	1,693 (146)	2,154 (476)
Living Arrangement						
Alone	2,235 (120)	2,428 (490)	2,733 (266)	2,323 (348)	1,753 (212)	*
With spouse	2,218 (108)	1,518 (228)	3,023 (540)	2,344 (374)	2,288 (198)	2,636 (566)
With children	2,755 (215)	*	3,093 (435)	3,155 (580)	3,134 (337)	*
With others	2,826 (418)	*	2,786 (309)	*	1,478 (237)	*
Race/Ethnicity						
White non-Hispanic	2,210 (94)	1,613 (218)	2,509 (178)	2,417 (264)	2,186 (152)	2,905 (501)
Black non-Hispanic	3,750 (388)	*	4,534 (648)	*	*	*
Hispanic	2,116 (210)	*	2,519 (281)	*	1,266 (251)	*
Other	1,976 (173)	*	2,025 (279)	*	1,311 (243)	*
Income						
Less than \$10,000	2,459 (187)	*	2,626 (263)	2,515 (720)	*	*
\$10,000 - \$19,999	2,567 (158)	1,955 (386)	3,007 (232)	2,772 (451)	2,651 (720)	*
\$20,000 - \$29,999	2,321 (165)	1,828 (461)	*	2,719 (463)	2,008 (199)	*
\$30,000 - \$49,999	2,210 (132)	*	*	2,366 (417)	2,326 (291)	*
\$50,000 or more	2,173 (208)	*	*	2,096 (361)	2,092 (206)	2,308 (498)

**Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Outpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$2,336 (86)	\$1,890 (248)	\$2,878 (181)	\$2,458 (251)	\$2,182 (145)	\$2,700 (452)
<b>Poverty<sup>4</sup></b>						
Under 100% FPL	\$2,564 (160)	1,790 (470)	2,743 (202)	2,174 (527)	*	*
100% - 199% FPL	2,477 (150)	2,133 (400)	3,188 (358)	2,785 (394)	2,020 (314)	*
200% - 399% FPL	2,200 (109)	*	2,130 (311)	2,513 (328)	2,204 (215)	3,256 (842)
Over 400% FPL	2,177 (237)	*	*	2,009 (418)	2,181 (245)	2,110 (468)
<b>Health Status</b>						
Excellent	1,379 (99)	943 (207)	1,585 (326)	1,705 (314)	1,200 (168)	*
Very good	1,602 (97)	1,170 (264)	*	1,510 (170)	1,459 (113)	*
Good	2,331 (126)	1,684 (505)	2,186 (176)	3,191 (635)	2,207 (271)	3,683 (974)
Fair	3,425 (261)	2,132 (386)	3,363 (290)	3,847 (529)	3,986 (640)	*
Poor	3,748 (358)	3,847 (941)	3,756 (490)	3,399 (865)	4,709 (1,221)	*
<b>Functional Limitation</b>						
None	1,791 (80)	1,054 (157)	2,236 (194)	2,218 (376)	1,690 (163)	2,146 (537)
IADL only <sup>5</sup>	2,615 (273)	2,838 (835)	2,736 (337)	2,230 (276)	2,157 (318)	*
One to two ADLs <sup>6</sup>	2,891 (207)	2,573 (588)	3,366 (509)	3,107 (512)	2,712 (334)	3,345 (936)
Three or more ADLs	3,145 (237)	*	3,096 (321)	2,801 (550)	4,353 (878)	*
<b>Metropolitan Area Resident</b>						
Yes	2,324 (107)	1,990 (348)	3,045 (239)	2,437 (261)	2,033 (169)	2,388 (510)
No	2,370 (125)	1,678 (216)	2,441 (186)	2,496 (496)	2,625 (292)	3,493 (927)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Expenditures for beneficiaries enrolled in Medicare Advantage plans are not shown separately in the table, but are included in the total. See entry for personal health care expenditures in Appendix B for additional information.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Physician/Supplier Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,958 (71)	\$2,215 (128)	\$4,292 (145)	\$4,933 (218)	\$4,098 (172)	\$4,645 (326)
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	3,397 (86)	1,494 (133)	3,644 (199)	4,370 (266)	3,707 (201)	3,386 (503)
75 - 84 years	4,686 (135)	3,106 (418)	5,138 (290)	5,786 (423)	4,558 (251)	5,574 (582)
85 years and older	4,394 (138)	2,607 (375)	3,898 (283)	4,601 (365)	4,523 (279)	6,643 (822)
<b>Disabled</b>						
Under 45 years	3,751 (393)	2,174 (422)	4,064 (520)	*	3,533 (680)	*
45 - 64 years	4,209 (223)	2,815 (283)	4,659 (322)	*	4,556 (973)	*
<b>Gender</b>						
Male	4,012 (105)	2,178 (177)	4,343 (300)	5,331 (383)	4,163 (256)	4,150 (478)
Female	3,914 (84)	2,266 (218)	4,260 (160)	4,656 (276)	4,035 (184)	5,094 (485)
<b>Living Arrangement</b>						
Alone	3,968 (104)	2,633 (287)	4,168 (210)	4,868 (432)	3,933 (290)	5,077 (541)
With spouse	3,946 (98)	2,183 (183)	4,490 (402)	4,962 (302)	4,158 (216)	4,446 (443)
With children	4,170 (176)	2,239 (299)	4,414 (322)	5,127 (315)	4,446 (525)	*
With others	3,746 (193)	1,198 (195)	4,212 (320)	4,460 (861)	3,566 (398)	*
<b>Race/Ethnicity</b>						
White non-Hispanic	3,952 (72)	2,172 (133)	4,255 (162)	4,954 (227)	4,052 (144)	4,782 (365)
Black non-Hispanic	4,224 (204)	1,855 (292)	4,912 (391)	*	3,983 (479)	*
Hispanic	3,864 (312)	2,877 (679)	3,845 (297)	*	*	*
Other	3,706 (210)	*	4,108 (372)	*	3,852 (465)	*
<b>Income</b>						
Less than \$10,000	3,878 (212)	2,046 (383)	4,093 (245)	*	*	*
\$10,000 - \$19,999	3,830 (100)	2,343 (220)	4,209 (159)	5,068 (432)	3,547 (449)	*
\$20,000 - \$29,999	4,131 (167)	1,924 (197)	5,710 (934)	4,991 (357)	4,464 (534)	*
\$30,000 - \$49,999	4,053 (144)	2,518 (401)	4,577 (773)	5,070 (412)	4,469 (387)	4,504 (664)
\$50,000 or more	3,909 (111)	1,928 (330)	*	4,664 (393)	3,871 (164)	4,260 (515)

**Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Physician/Supplier Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,958 (71)	\$2,215 (128)	\$4,292 (145)	\$4,933 (218)	\$4,098 (172)	\$4,645 (326)
<b>Poverty<sup>4</sup></b>						
Under 100% FPL	3,773 (168)	2,080 (314)	4,020 (187)	*	3,789 (708)	*
100% - 199% FPL	4,004 (132)	2,335 (196)	4,672 (282)	5,127 (399)	4,208 (566)	*
200% - 399% FPL	4,003 (110)	2,088 (259)	4,289 (508)	4,853 (283)	4,265 (258)	5,134 (559)
Over 400% FPL	3,962 (123)	2,241 (449)	*	4,911 (462)	3,909 (174)	4,128 (512)
<b>Health Status</b>						
Excellent	2,534 (88)	1,086 (143)	2,208 (240)	3,485 (343)	2,290 (159)	*
Very good	3,143 (92)	1,771 (232)	3,082 (255)	3,716 (269)	3,272 (171)	3,866 (569)
Good	4,069 (101)	2,161 (244)	3,696 (187)	5,411 (398)	4,414 (217)	5,653 (582)
Fair	5,407 (224)	2,918 (315)	4,945 (282)	7,508 (966)	7,228 (755)	*
Poor	5,986 (367)	3,264 (464)	5,863 (459)	9,262 (1,833)	6,806 (1,086)	*
<b>Functional Limitation</b>						
None	2,989 (61)	1,349 (104)	2,937 (155)	3,822 (254)	3,016 (118)	2,973 (393)
IADL only <sup>5</sup>	4,279 (194)	2,764 (330)	3,924 (372)	5,072 (726)	4,844 (486)	*
One to two ADLs <sup>6</sup>	4,920 (137)	2,839 (285)	4,809 (328)	6,542 (568)	5,466 (319)	7,367 (719)
Three or more ADLs	6,157 (326)	3,859 (624)	5,698 (336)	7,583 (790)	7,921 (1,199)	*
<b>Metropolitan Area Resident</b>						
Yes	4,048 (87)	2,256 (164)	4,347 (160)	5,385 (296)	4,197 (211)	5,064 (391)
No	3,660 (107)	2,118 (180)	4,125 (301)	4,043 (285)	3,754 (211)	3,488 (414)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Expenditures for beneficiaries enrolled in Medicare Advantage plans are not shown separately in the table, but are included in the total. See entry for personal health care expenditures in Appendix B for additional information.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011

Community-Only Residents with at Least One Prescribed Medicine in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,294 (57)	\$2,377 (182)	\$5,541 (216)	\$2,818 (132)	\$2,640 (74)	\$2,981 (205)
Medicare Status <sup>3</sup>						
Aged						
65 - 74 years	2,718 (69)	1,956 (263)	4,622 (285)	2,797 (213)	2,361 (108)	2,835 (373)
75 - 84 years	2,998 (73)	1,817 (198)	4,459 (230)	2,793 (187)	2,569 (91)	2,954 (226)
85 years and older	2,855 (102)	*	4,639 (478)	2,651 (167)	2,335 (112)	2,681 (295)
Disabled						
Under 45 years	5,418 (343)	3,925 (654)	5,760 (451)	*	5,187 (892)	*
45 - 64 years	5,699 (321)	3,015 (382)	7,449 (630)	*	4,864 (475)	*
Gender						
Male	3,150 (88)	2,335 (227)	5,418 (325)	2,874 (173)	2,663 (117)	3,088 (305)
Female	3,411 (81)	2,435 (332)	5,620 (278)	2,781 (189)	2,617 (102)	2,884 (279)
Living Arrangement						
Alone	3,493 (118)	2,658 (361)	5,941 (309)	2,830 (225)	2,335 (147)	2,937 (351)
With spouse	2,888 (64)	1,951 (192)	4,460 (261)	2,766 (210)	2,744 (104)	3,021 (261)
With children	3,825 (184)	2,989 (655)	5,198 (409)	3,350 (399)	2,633 (222)	*
With others	4,342 (317)	2,510 (604)	6,305 (604)	2,417 (367)	2,763 (418)	*
Race/Ethnicity						
White non-Hispanic	3,177 (59)	2,318 (199)	6,248 (327)	2,816 (139)	2,734 (82)	3,016 (220)
Black non-Hispanic	3,912 (233)	2,895 (697)	5,208 (343)	*	2,158 (205)	*
Hispanic	3,641 (251)	2,557 (574)	4,546 (523)	*	2,078 (246)	*
Other	3,323 (182)	*	4,758 (333)	*	2,056 (329)	*
Income						
Less than \$10,000	4,779 (243)	2,084 (387)	5,459 (294)	3,127 (428)	*	*
\$10,000 - \$19,999	3,995 (174)	2,529 (329)	5,599 (349)	3,353 (307)	2,738 (325)	*
\$20,000 - \$29,999	2,898 (103)	2,203 (427)	6,356 (906)	2,328 (169)	2,374 (126)	*
\$30,000 - \$49,999	2,786 (96)	2,686 (377)	3,756 (784)	2,859 (281)	2,664 (131)	2,951 (341)
\$50,000 or more	2,713 (78)	1,765 (233)	*	2,694 (280)	2,708 (116)	3,129 (312)

**Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Prescribed Medicine in 2011<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,294 (57)	\$2,377 (182)	\$5,541 (216)	\$2,818 (132)	\$2,640 (74)	\$2,981 (205)
<b>Poverty<sup>4</sup></b>						
Under 100% FPL	4,829 (204)	1,941 (281)	5,674 (268)	2,818 (351)	2,660 (299)	*
100% - 199% FPL	3,544 (119)	2,661 (328)	5,490 (361)	3,061 (247)	2,594 (200)	*
200% - 399% FPL	2,778 (72)	2,186 (296)	4,686 (1,109)	2,650 (189)	2,661 (102)	3,425 (348)
Over 400% FPL	2,659 (81)	2,101 (295)	*	2,810 (343)	2,641 (126)	2,746 (278)
<b>Health Status</b>						
Excellent	1,711 (81)	1,257 (232)	2,696 (313)	1,513 (143)	1,655 (164)	*
Very good	2,286 (71)	1,379 (162)	3,989 (624)	2,238 (140)	2,198 (99)	2,162 (175)
Good	3,435 (108)	2,784 (404)	5,017 (336)	3,200 (250)	2,823 (128)	3,628 (314)
Fair	5,053 (200)	3,232 (553)	6,802 (461)	4,483 (492)	4,028 (284)	*
Poor	5,491 (326)	3,075 (472)	6,624 (437)	5,135 (1,345)	4,751 (555)	*
<b>Functional Limitation</b>						
None	2,302 (51)	1,538 (131)	4,065 (307)	2,096 (109)	2,117 (71)	2,130 (222)
IADL only <sup>5</sup>	4,003 (202)	3,562 (613)	5,973 (610)	3,517 (464)	3,080 (165)	*
One to two ADLs <sup>6</sup>	4,179 (156)	3,065 (465)	5,924 (374)	3,582 (292)	3,395 (215)	4,000 (561)
Three or more ADLs	5,148 (221)	2,910 (530)	6,486 (438)	4,347 (914)	3,931 (327)	*
<b>Metropolitan Area Resident</b>						
Yes	3,293 (69)	2,597 (229)	5,449 (265)	3,043 (183)	2,537 (77)	3,092 (250)
No	3,298 (97)	1,892 (278)	5,827 (391)	2,375 (134)	3,001 (220)	2,676 (272)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Expenditures for beneficiaries enrolled in Medicare Advantage plans are not shown separately in the table, but are included in the total. See entry for personal health care expenditures in Appendix B for additional information.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Inpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$15,727 (586)	\$13,567 (603)	\$165 (12)	\$1,350 (162)	\$501 (58)	*
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	15,700 (1,080)	12,664 (1,015)	97 (16)	2,066 (367)	592 (133)	*
75 - 84 years	16,115 (1,010)	14,866 (961)	120 (15)	684 (79)	405 (77)	*
85 years and older	13,218 (820)	11,726 (800)	*	793 (92)	551 (144)	*
<b>Disabled</b>						
Under 45 years	22,338 (4,817)	19,827 (4,783)	851 (115)	*	*	*
45 - 64 years	15,880 (1,705)	13,164 (1,822)	347 (52)	*	444 (61)	*
<b>Gender</b>						
Male	16,484 (839)	14,093 (877)	128 (15)	1,505 (248)	486 (58)	*
Female	14,974 (854)	13,045 (827)	202 (19)	1,195 (212)	516 (96)	*
<b>Marital Status</b>						
Married	15,370 (732)	12,799 (809)	70 (13)	2,019 (297)	436 (57)	*
Widowed	14,665 (955)	13,224 (949)	177 (20)	647 (88)	574 (153)	*
Divorced/separated	17,224 (1,842)	15,191 (1,740)	279 (45)	*	537 (116)	*
Never married	19,298 (2,761)	16,707 (2,497)	538 (75)	*	*	*
<b>Race/Ethnicity</b>						
White non-Hispanic	15,488 (599)	13,174 (609)	106 (10)	1,500 (198)	543 (70)	*
Black non-Hispanic	19,197 (2,432)	17,623 (2,452)	424 (58)	855 (231)	251 (45)	*
Hispanic	13,454 (1,543)	12,256 (1,502)	277 (67)	*	376 (106)	*
Other	15,769 (2,472)	13,030 (2,380)	370 (85)	*	*	*
<b>Income</b>						
Less than \$10,000	19,145 (2,285)	17,584 (2,261)	722 (56)	*	*	*
\$10,000 - \$19,999	13,786 (686)	12,469 (682)	242 (25)	349 (40)	605 (84)	*
\$20,000 - \$29,999	14,741 (1,273)	12,853 (1,187)	48 (14)	810 (113)	633 (187)	*
\$30,000 - \$49,999	16,124 (1,194)	13,176 (1,099)	*	2,481 (641)	382 (81)	*
\$50,000 or more	16,949 (1,550)	13,823 (1,619)	*	2,667 (413)	399 (118)	*

**Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Inpatient Hospital Stay in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$15,727 (586)	\$13,567 (603)	\$165 (12)	\$1,350 (162)	\$501 (58)	*
<b>Poverty<sup>3</sup></b>						
Under 100% FPL	18,246 (1,746)	16,813 (1,732)	685 (48)	*	415 (99)	*
100% - 199% FPL	13,793 (775)	12,381 (781)	126 (15)	564 (100)	625 (86)	*
200% - 399% FPL	16,096 (1,061)	13,117 (971)	*	2,166 (445)	491 (141)	*
Over 400% FPL	16,473 (1,407)	13,591 (1,490)	*	2,463 (377)	357 (78)	*
<b>Health Status</b>						
Excellent	11,553 (1,132)	10,072 (1,065)	*	958 (237)	503 (135)	*
Very good	13,580 (1,134)	11,210 (1,100)	60 (15)	1,439 (380)	444 (101)	*
Good	14,448 (938)	12,055 (919)	104 (14)	1,533 (360)	676 (149)	*
Fair	16,776 (945)	14,897 (999)	237 (27)	1,187 (289)	369 (58)	*
Poor	21,119 (2,273)	18,805 (2,391)	387 (50)	1,374 (382)	454 (108)	*
<b>Functional Limitation</b>						
None	12,824 (687)	10,477 (650)	86 (14)	1,734 (387)	475 (93)	*
IADL only <sup>4</sup>	17,264 (1,994)	14,585 (1,968)	189 (33)	1,308 (242)	601 (105)	*
One to two ADLs <sup>5</sup>	16,005 (1,021)	14,066 (1,038)	177 (26)	1,157 (221)	552 (137)	*
Three or more ADLs	18,564 (1,342)	16,755 (1,312)	257 (32)	1,045 (303)	396 (80)	*
<b>Metropolitan Area Resident</b>						
Yes	15,783 (726)	13,551 (747)	159 (15)	1,385 (188)	514 (73)	*
No	15,562 (869)	13,615 (891)	183 (15)	1,246 (345)	463 (82)	*

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Outpatient Hospital Visit in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$2,336 (86)	\$1,778 (71)	\$45 (3)	\$291 (22)	\$192 (13)	\$31 (5)
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	2,097 (152)	1,563 (130)	19 (3)	327 (40)	159 (14)	28 (7)
75 - 84 years	2,323 (107)	1,828 (85)	32 (6)	292 (28)	148 (14)	*
85 years and older	2,101 (157)	1,611 (102)	18 (5)	222 (21)	237 (69)	*
<b>Disabled</b>						
Under 45 years	3,112 (433)	2,522 (381)	238 (45)	164 (41)	170 (25)	*
45 - 64 years	3,069 (319)	2,272 (234)	117 (18)	260 (54)	348 (63)	*
<b>Gender</b>						
Male	2,612 (136)	1,928 (111)	42 (5)	361 (39)	220 (22)	62 (11)
Female	2,123 (89)	1,663 (73)	47 (5)	237 (19)	170 (15)	*
<b>Marital Status</b>						
Married	2,224 (106)	1,631 (77)	18 (2)	371 (38)	176 (16)	28 (6)
Widowed	2,241 (96)	1,763 (83)	39 (6)	233 (20)	188 (25)	*
Divorced/separated	2,745 (278)	2,160 (253)	97 (13)	197 (40)	233 (34)	*
Never married	2,543 (317)	2,027 (260)	136 (27)	*	*	*
<b>Race/Ethnicity</b>						
White non-Hispanic	2,210 (94)	1,642 (78)	24 (2)	331 (27)	187 (13)	26 (6)
Black non-Hispanic	3,750 (388)	3,076 (325)	148 (25)	203 (47)	284 (72)	*
Hispanic	2,116 (210)	1,736 (165)	94 (19)	*	134 (32)	*
Other	1,976 (173)	1,470 (144)	80 (17)	124 (22)	*	*
<b>Income</b>						
Less than \$10,000	2,459 (187)	1,968 (172)	185 (21)	79 (18)	206 (55)	*
\$10,000 - \$19,999	2,567 (158)	2,062 (125)	86 (11)	176 (27)	209 (29)	*
\$20,000 - \$29,999	2,321 (165)	1,807 (142)	11 (3)	274 (31)	181 (20)	*
\$30,000 - \$49,999	2,210 (132)	1,599 (94)	*	387 (61)	194 (21)	*
\$50,000 or more	2,173 (208)	1,545 (182)	*	431 (49)	173 (30)	*

**Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Outpatient Hospital Visit in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$2,336 (86)	\$1,778 (71)	\$45 (3)	\$291 (22)	\$192 (13)	\$31 (5)
<b>Poverty<sup>3</sup></b>						
Under 100% FPL	2,564 (160)	2,093 (146)	187 (18)	77 (15)	184 (39)	*
100% - 199% FPL	2,477 (150)	1,947 (120)	46 (7)	222 (27)	221 (26)	41 (12)
200% - 399% FPL	2,200 (109)	1,624 (83)	1 (0)	372 (42)	173 (15)	*
Over 400% FPL	2,177 (237)	1,541 (206)	*	428 (55)	187 (36)	*
<b>Health Status</b>						
Excellent	1,379 (99)	1,038 (79)	*	200 (24)	115 (14)	*
Very good	1,602 (97)	1,227 (77)	10 (2)	191 (19)	143 (18)	*
Good	2,331 (126)	1,729 (93)	30 (4)	344 (45)	198 (24)	30 (6)
Fair	3,425 (261)	2,679 (226)	94 (11)	368 (57)	254 (45)	30 (9)
Poor	3,748 (358)	2,840 (309)	150 (29)	393 (81)	314 (64)	*
<b>Functional Limitation</b>						
None	1,791 (80)	1,335 (65)	20 (3)	260 (24)	147 (14)	30 (7)
IADL only <sup>4</sup>	2,615 (273)	2,142 (257)	54 (8)	227 (30)	178 (22)	*
One to two ADLs <sup>5</sup>	2,891 (207)	2,187 (166)	64 (11)	376 (62)	224 (26)	40 (11)
Three or more ADLs	3,145 (237)	2,336 (178)	94 (13)	338 (61)	339 (82)	*
<b>Metropolitan Area Resident</b>						
Yes	2,324 (107)	1,824 (89)	43 (4)	239 (20)	187 (16)	30 (6)
No	2,370 (125)	1,648 (102)	49 (5)	436 (60)	204 (13)	35 (8)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Physician/Supplier Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$3,958 (71)	\$2,771 (50)	\$75 (3)	\$476 (17)	\$598 (23)	\$37 (5)
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	3,397 (86)	2,349 (64)	35 (4)	485 (25)	498 (21)	30 (6)
75 - 84 years	4,686 (135)	3,359 (91)	57 (5)	546 (25)	702 (38)	22 (5)
85 years and older	4,394 (138)	3,123 (106)	47 (11)	508 (30)	701 (43)	15 (4)
<b>Disabled</b>						
Under 45 years	3,751 (393)	2,654 (334)	340 (38)	230 (47)	488 (51)	*
45 - 64 years	4,209 (223)	2,851 (148)	207 (18)	348 (49)	696 (118)	*
<b>Gender</b>						
Male	4,012 (105)	2,785 (74)	65 (6)	497 (23)	600 (40)	65 (11)
Female	3,914 (84)	2,760 (62)	84 (5)	459 (21)	597 (22)	13 (3)
<b>Marital Status</b>						
Married	3,945 (97)	2,682 (64)	30 (4)	574 (27)	623 (38)	36 (8)
Widowed	4,223 (108)	3,026 (85)	77 (7)	456 (20)	644 (29)	20 (6)
Divorced/separated	3,799 (159)	2,758 (121)	146 (13)	297 (29)	543 (45)	55 (12)
Never married	3,532 (268)	2,618 (229)	241 (30)	228 (36)	385 (30)	*
<b>Race/Ethnicity</b>						
White non-Hispanic	3,952 (72)	2,707 (52)	48 (3)	538 (18)	622 (22)	38 (6)
Black non-Hispanic	4,224 (204)	3,165 (164)	198 (23)	310 (39)	507 (56)	*
Hispanic	3,864 (312)	2,905 (160)	143 (19)	229 (49)	*	*
Other	3,706 (210)	2,759 (166)	146 (15)	288 (38)	490 (52)	*
<b>Income</b>						
Less than \$10,000	3,878 (212)	2,995 (176)	335 (26)	145 (26)	391 (40)	11 (3)
\$10,000 - \$19,999	3,830 (100)	2,841 (83)	137 (10)	258 (17)	550 (29)	44 (9)
\$20,000 - \$29,999	4,131 (167)	2,890 (99)	*	485 (37)	675 (85)	57 (14)
\$30,000 - \$49,999	4,053 (144)	2,820 (108)	*	581 (32)	619 (38)	27 (8)
\$50,000 or more	3,909 (111)	2,488 (81)	*	726 (41)	659 (37)	*

**Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Physician/Supplier Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$3,958 (71)	\$2,771 (50)	\$75 (3)	\$476 (17)	\$598 (23)	\$37 (5)
<b>Poverty<sup>3</sup></b>						
Under 100% FPL	3,773 (168)	2,917 (136)	315 (19)	134 (19)	387 (32)	*
100% - 199% FPL	4,004 (132)	2,889 (93)	83 (9)	350 (24)	631 (53)	51 (9)
200% - 399% FPL	4,003 (110)	2,775 (73)	*	562 (28)	627 (31)	34 (8)
Over 400% FPL	3,962 (123)	2,505 (89)	*	762 (47)	660 (40)	*
<b>Health Status</b>						
Excellent	2,534 (88)	1,706 (62)	11 (3)	351 (28)	446 (26)	*
Very good	3,143 (92)	2,152 (63)	21 (3)	418 (24)	521 (29)	31 (7)
Good	4,069 (101)	2,879 (73)	60 (6)	514 (26)	586 (32)	30 (6)
Fair	5,407 (224)	3,862 (154)	161 (12)	566 (42)	757 (86)	*
Poor	5,986 (367)	4,191 (282)	257 (25)	585 (62)	889 (81)	*
<b>Functional Limitation</b>						
None	2,989 (61)	2,094 (48)	27 (3)	398 (18)	443 (17)	27 (5)
IADL only <sup>4</sup>	4,279 (194)	3,027 (143)	80 (8)	501 (42)	646 (51)	24 (6)
One to two ADLs <sup>5</sup>	4,920 (137)	3,493 (113)	109 (11)	584 (29)	689 (38)	44 (7)
Three or more ADLs	6,157 (326)	4,132 (191)	224 (23)	595 (56)	1,117 (160)	*
<b>Metropolitan Area Resident</b>						
Yes	4,048 (87)	2,853 (59)	71 (4)	472 (19)	610 (29)	42 (7)
No	3,660 (107)	2,502 (90)	88 (6)	492 (34)	558 (22)	20 (4)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



**Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Dental Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$817 (27)	\$9 (0)	\$8 (2)	\$139 (8)	\$653 (24)	\$8 (2)
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	831 (42)	8 (0)	*	175 (15)	636 (35)	7 (2)
75 - 84 years	878 (54)	10 (0)	*	111 (10)	751 (52)	*
85 years and older	713 (52)	9 (1)	*	75 (9)	615 (51)	*
<b>Disabled</b>						
Under 45 years	575 (60)	6 (1)	*	31 (7)	474 (55)	*
45 - 64 years	739 (101)	10 (2)	*	121 (27)	547 (88)	*
<b>Gender</b>						
Male	849 (39)	9 (0)	8 (2)	159 (12)	661 (36)	12 (3)
Female	793 (36)	9 (0)	8 (2)	124 (11)	647 (31)	*
<b>Marital Status</b>						
Married	850 (33)	9 (0)	*	158 (9)	677 (31)	*
Widowed	759 (56)	9 (1)	*	110 (16)	629 (52)	*
Divorced/separated	781 (65)	10 (1)	*	79 (15)	647 (63)	*
Never married	771 (112)	7 (1)	*	*	514 (67)	*
<b>Race/Ethnicity</b>						
White non-Hispanic	817 (26)	8 (0)	*	142 (8)	657 (24)	*
Black non-Hispanic	666 (69)	11 (2)	*	*	443 (52)	*
Hispanic	771 (130)	17 (1)	*	97 (23)	626 (123)	*
Other	1,091 (208)	9 (1)	*	143 (36)	892 (199)	*
<b>Income</b>						
Less than \$10,000	659 (97)	8 (1)	91 (24)	*	440 (58)	*
\$10,000 - \$19,999	701 (52)	12 (1)	*	43 (9)	623 (52)	*
\$20,000 - \$29,999	663 (59)	11 (1)	*	77 (12)	562 (56)	*
\$30,000 - \$49,999	753 (48)	9 (1)	*	126 (13)	611 (42)	*
\$50,000 or more	986 (51)	7 (0)	*	210 (14)	760 (47)	*

**Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Dental Service in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$817 (27)	\$9 (0)	\$8 (2)	\$139 (8)	\$653 (24)	\$8 (2)
<b>Poverty<sup>3</sup></b>						
Under 100% FPL	708 (82)	8 (1)	79 (18)	*	521 (66)	*
100% - 199% FPL	665 (48)	12 (1)	*	62 (10)	573 (46)	*
200% - 399% FPL	774 (37)	9 (0)	*	126 (11)	631 (33)	*
Over 400% FPL	989 (54)	6 (0)	*	213 (17)	761 (50)	*
<b>Health Status</b>						
Excellent	796 (61)	7 (1)	*	116 (12)	669 (58)	*
Very good	808 (43)	8 (0)	*	155 (16)	635 (35)	*
Good	799 (51)	10 (1)	*	159 (17)	608 (44)	15 (4)
Fair	829 (102)	12 (1)	*	86 (14)	702 (102)	*
Poor	900 (156)	8 (1)	*	148 (39)	698 (134)	*
<b>Functional Limitation</b>						
None	839 (36)	8 (0)	*	154 (11)	664 (32)	*
IADL only <sup>4</sup>	642 (44)	8 (1)	*	92 (13)	523 (37)	*
One to two ADLs <sup>5</sup>	809 (53)	9 (1)	*	139 (16)	638 (48)	7 (2)
Three or more ADLs	965 (147)	15 (2)	*	103 (25)	820 (138)	*
<b>Metropolitan Area Resident</b>						
Yes	847 (31)	10 (0)	8 (2)	142 (8)	678 (28)	9 (2)
No	685 (57)	6 (0)	*	126 (22)	542 (46)	*

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

**Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Prescribed Medicine in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$3,294 (57)	\$2,016 (51)	\$10 (1)	\$478 (17)	\$576 (9)	\$184 (9)
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	2,718 (69)	1,497 (53)	5 (1)	489 (26)	555 (14)	143 (11)
75 - 84 years	2,998 (73)	1,706 (56)	8 (2)	548 (26)	620 (19)	133 (12)
85 years and older	2,855 (102)	1,640 (102)	9 (3)	505 (30)	565 (21)	178 (16)
<b>Disabled</b>						
Under 45 years	5,418 (343)	4,546 (346)	*	233 (48)	311 (21)	191 (25)
45 - 64 years	5,699 (321)	4,090 (298)	28 (6)	347 (49)	640 (41)	435 (52)
<b>Gender</b>						
Male	3,150 (88)	1,786 (75)	6 (1)	500 (24)	559 (15)	253 (17)
Female	3,411 (81)	2,205 (73)	14 (2)	461 (21)	589 (14)	127 (9)
<b>Marital Status</b>						
Married	2,882 (62)	1,401 (43)	5 (1)	576 (28)	629 (14)	167 (14)
Widowed	3,178 (91)	2,013 (80)	13 (3)	455 (20)	562 (17)	165 (13)
Divorced/separated	4,312 (206)	3,339 (192)	13 (3)	300 (30)	514 (31)	240 (22)
Never married	4,499 (345)	3,652 (326)	36 (11)	230 (37)	372 (30)	248 (41)
<b>Race/Ethnicity</b>						
White non-Hispanic	3,177 (59)	1,786 (50)	4 (1)	542 (19)	616 (10)	187 (12)
Black non-Hispanic	3,912 (233)	2,989 (221)	*	303 (40)	436 (31)	176 (26)
Hispanic	3,641 (251)	2,767 (239)	42 (5)	228 (49)	435 (25)	205 (25)
Other	3,323 (182)	2,348 (154)	*	284 (39)	491 (53)	131 (33)
<b>Income</b>						
Less than \$10,000	4,779 (243)	4,141 (232)	54 (9)	147 (27)	287 (22)	181 (19)
\$10,000 - \$19,999	3,995 (174)	3,120 (167)	16 (3)	256 (17)	467 (18)	230 (18)
\$20,000 - \$29,999	2,898 (103)	1,687 (82)	*	488 (37)	610 (22)	188 (20)
\$30,000 - \$49,999	2,786 (96)	1,279 (72)	*	578 (32)	686 (23)	171 (23)
\$50,000 or more	2,713 (78)	930 (43)	*	740 (43)	681 (21)	150 (20)

**Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2011**

Community-Only Residents with at Least One Prescribed Medicine in 2011<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$3,294 (57)	\$2,016 (51)	\$10 (1)	\$478 (17)	\$576 (9)	\$184 (9)
<b>Poverty<sup>3</sup></b>						
Under 100% FPL	4,829 (204)	4,198 (203)	47 (6)	135 (20)	280 (18)	201 (17)
100% - 199% FPL	3,544 (119)	2,535 (107)	10 (2)	349 (24)	544 (18)	225 (15)
200% - 399% FPL	2,778 (72)	1,266 (56)	*	563 (28)	678 (17)	165 (17)
Over 400% FPL	2,659 (81)	905 (45)	*	774 (48)	674 (24)	144 (22)
<b>Health Status</b>						
Excellent	1,711 (81)	807 (44)	*	359 (28)	396 (19)	94 (16)
Very good	2,286 (71)	1,189 (65)	*	420 (24)	511 (16)	88 (10)
Good	3,435 (108)	2,040 (93)	10 (3)	510 (26)	620 (19)	214 (17)
Fair	5,053 (200)	3,490 (186)	22 (4)	568 (43)	725 (30)	291 (29)
Poor	5,491 (326)	3,904 (263)	24 (4)	581 (62)	658 (42)	356 (57)
<b>Functional Limitation</b>						
None	2,302 (51)	1,249 (44)	4 (1)	401 (19)	483 (9)	125 (11)
IADL only <sup>4</sup>	4,003 (202)	2,553 (171)	11 (2)	502 (43)	654 (28)	220 (29)
One to two ADLs <sup>5</sup>	4,179 (156)	2,632 (147)	14 (3)	582 (29)	676 (25)	247 (20)
Three or more ADLs	5,148 (221)	3,571 (204)	31 (7)	594 (56)	714 (45)	292 (39)
<b>Metropolitan Area Resident</b>						
Yes	3,293 (69)	2,013 (62)	12 (1)	474 (20)	575 (12)	183 (10)
No	3,298 (97)	2,028 (82)	4 (1)	494 (36)	578 (10)	188 (20)

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1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.