

Table 4.4

**Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:  
Calendar Year 2005**

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Supplementary Medical Insurance (SMI)						
		Hospital Insurance (HI)						
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	Balance
		Number of Persons Served <sup>1</sup>			Billing			
Total	33,506,940	7,699,800	7,602,460	1,098,380	32,758,920	32,245,060	32,110,700	2,122,760
\$1 - \$499	14,744,340	920	60	860	14,131,600	13,758,320	13,494,120	651,900
\$500 - \$999	5,899,820	123,920	121,160	2,800	5,789,920	5,748,460	5,788,580	460,260
\$1,000 - \$1,999	5,984,100	2,315,960	2,306,360	28,420	5,968,840	5,911,760	5,959,760	460,160
\$2,000 - \$4,999	5,073,640	3,737,320	3,708,360	319,500	5,068,180	5,038,260	5,067,980	424,200
\$5,000 - \$9,999	1,210,940	991,760	961,940	399,320	1,208,140	1,200,240	1,208,060	91,320
\$10,000 - \$14,999	428,600	382,240	369,980	249,420	427,200	423,500	427,180	25,920
\$15,000 or More	165,500	147,680	134,600	98,060	165,040	164,520	165,020	9,000
Liability in Thousands								
Total	\$48,858,015	\$13,509,401	\$8,298,938	\$5,210,463	\$35,348,614	\$3,499,556	\$31,788,697	\$60,361
\$1 - \$499	3,514,513	184	10	174	3,514,329	1,475,797	2,028,690	9,843
\$500 - \$999	4,225,869	111,291	110,196	1,094	4,114,578	629,419	3,474,131	11,028
\$1,000 - \$1,999	8,708,947	2,131,997	2,118,332	13,665	6,576,951	646,855	5,916,523	13,573
\$2,000 - \$4,999	15,328,666	4,519,046	4,104,756	414,291	10,809,620	551,740	10,240,177	17,703
\$5,000 - \$9,999	8,300,232	2,798,236	1,314,735	1,483,501	5,501,996	131,384	5,365,015	5,598
\$10,000 - \$14,999	5,142,374	2,420,505	463,940	1,956,565	2,721,869	46,345	2,673,681	1,843
\$15,000 or More	3,637,414	1,528,143	186,970	1,341,173	2,109,271	18,018	2,090,481	772
Average Liability per Person Served <sup>1</sup>								
Total	\$1,458	\$1,755	\$1,092	\$4,744	\$1,079	\$109	\$990	\$28
\$1 - \$499	238	200	158	203	249	107	150	15
\$500 - \$999	716	898	910	391	711	109	600	24
\$1,000 - \$1,999	1,455	921	918	481	1,102	109	993	29
\$2,000 - \$4,999	3,021	1,209	1,107	1,297	2,133	110	2,021	42
\$5,000 - \$9,999	6,854	2,821	1,367	3,715	4,554	109	4,441	61
\$10,000 - \$14,999	11,998	6,332	1,254	7,844	6,371	109	6,259	71
\$15,000 or More	21,978	10,348	1,389	13,677	12,780	110	12,668	86

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

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

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