

CBO's March 2008 Baseline: MEDICARE

By fiscal year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MEDICARE TOTALS (in billions of dollars):												
Mandatory Outlays /1	\$436.0	\$454.3	\$486.4	\$514.3	\$566.5	\$568.4	\$636.0	\$680.5	\$728.9	\$813.5	\$849.8	\$886.8
Discretionary Outlays	<u>4.6</u>	<u>5.0</u>	<u>5.1</u>	<u>5.3</u>	<u>5.5</u>	<u>5.8</u>	<u>6.1</u>	<u>6.4</u>	<u>6.7</u>	<u>7.0</u>	<u>7.4</u>	<u>7.8</u>
Total Outlays	\$440.6	\$459.4	\$491.5	\$519.6	\$572.0	\$574.2	\$642.0	\$686.8	\$735.6	\$820.6	\$857.2	\$894.6
Total Offsetting Receipts /2	<u>-66.2</u>	<u>-69.4</u>	<u>-72.2</u>	<u>-74.9</u>	<u>-78.6</u>	<u>-83.8</u>	<u>-90.3</u>	<u>-95.4</u>	<u>-101.6</u>	<u>-109.1</u>	<u>-117.8</u>	<u>-128.0</u>
Net Outlays (Total Outlays - Receipts)	\$374.4	\$389.9	\$419.3	\$444.7	\$493.5	\$490.4	\$551.7	\$591.4	\$634.0	\$711.4	\$739.5	\$766.6
Net Mandatory Outlays (Mandatory Outlays - Receipts) /3	\$369.7	\$384.9	\$414.2	\$439.4	\$488.0	\$484.6	\$545.7	\$585.0	\$627.3	\$704.4	\$732.1	\$758.8
COMPONENTS OF MANDATORY OUTLAYS (in billions of dollars):												
Benefits												
Part A	\$204.4	\$225.3	\$240.3	\$253.1	\$274.9	\$279.9	\$307.1	\$327.6	\$349.7	\$383.8	\$401.9	\$420.3
Part B	180.9	181.9	190.2	199.6	217.8	217.4	243.3	257.2	272.1	300.4	312.4	326.3
Part D	<u>49.1</u>	<u>45.5</u>	<u>54.3</u>	<u>60.0</u>	<u>72.2</u>	<u>69.5</u>	<u>83.9</u>	<u>94.0</u>	<u>105.4</u>	<u>127.7</u>	<u>133.9</u>	<u>138.4</u>
Total	\$434.1	\$452.5	\$484.7	\$512.6	\$564.9	\$566.7	\$634.3	\$678.8	\$727.2	\$811.9	\$848.2	\$885.1
Administration /4	<u>2.3</u>	<u>2.1</u>	<u>1.8</u>	<u>1.6</u>	<u>1.6</u>	<u>1.7</u>	<u>1.7</u>	<u>1.6</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>
Total Mandatory Outlays	\$436.3	\$454.6	\$486.4	\$514.3	\$566.5	\$568.4	\$636.0	\$680.5	\$728.9	\$813.5	\$849.8	\$886.8
Annual Growth Rates:												
Mandatory Outlays	13.0%	4.2%	7.1%	5.7%	10.2%	0.3%	11.9%	7.0%	7.1%	11.6%	4.5%	4.3%
Discretionary Outlays	<u>-6.5%</u>	<u>8.0%</u>	<u>1.9%</u>	<u>3.6%</u>	<u>4.1%</u>	<u>4.6%</u>	<u>5.1%</u>	<u>5.1%</u>	<u>5.1%</u>	<u>5.1%</u>	<u>5.2%</u>	<u>5.3%</u>
Total Outlays	12.7%	4.3%	7.0%	5.7%	10.1%	0.4%	11.8%	7.0%	7.1%	11.6%	4.5%	4.4%
Total Offsetting Receipts	27.6%	4.8%	3.9%	3.8%	4.9%	6.7%	7.7%	5.7%	6.5%	7.4%	7.9%	8.7%
Net Outlays (Total Outlays - Receipts)	10.5%	4.2%	7.5%	6.0%	11.0%	-0.6%	12.5%	7.2%	7.2%	12.2%	3.9%	3.7%
Net Mandatory Outlays (Mandatory Outlays - Receipts)	10.7%	4.1%	7.6%	6.1%	11.1%	-0.7%	12.6%	7.2%	7.2%	12.3%	3.9%	3.6%
Memorandum:												
Number of Capitation Payments /5	12	12	12	12	13	11	12	12	12	13	12	11
Mandatory Outlays, adjusted for timing shifts /6	\$431.3	\$454.3	\$486.4	\$514.3	\$547.6	\$587.3	\$636.0	\$680.5	\$728.9	\$785.0	\$847.2	\$918.0
Annual growth rate:	9.3%	5.4%	7.1%	5.7%	6.5%	7.2%	8.3%	7.0%	7.1%	7.7%	7.9%	8.4%

Notes:

- 1/ Average annual rate of growth of mandatory outlays from fiscal year 2008 through 2018 is 6.9 percent.
- 2/ Offsetting receipts include premiums, amounts paid to providers and later recovered, "clawback" payments from the states, and receipts of amounts transferred from the General Fund for administrative spending for Part D (see page 5 for more detail).
- 3/ Average annual rate of growth of net mandatory outlays from fiscal year 2008 through 2018 is 7.0 percent.
- 4/ Mandatory outlays for administration in all years support quality improvement organizations and certain activities against fraud and abuse. Those outlays include payment of Part B premiums for qualified individuals in 2007 through 2009, and spending in 2007 through 2009 for implementation of provisions of the Tax Relief and Health Care Act of 2006 (P.L. 109-432). The amounts shown also include funds transferred from the General Fund to pay for Part D administration (the receipt by Part D of the transferred funds is classified as an offsetting receipt--see page 5).
- 5/ Capitation payments to group health plans and prescription drug plans for the month of October are accelerated into the preceding fiscal year when October 1st falls on a weekend.
- 6/ The adjustment includes 12 capitation payments a year and removes the effect of the payment holiday enacted in the Deficit Reduction Act of 2005 (claims payable during September 22-30, 2006, were paid in October 2006).

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By fiscal year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
COMPONENTS OF BENEFITS PAYMENTS (in billions of dollars):												
Part A: Hospital Insurance (HI)												
Hospital Inpatient Care	\$129.5	\$132.2	\$135.9	\$137.7	\$142.6	\$151.6	\$160.9	\$171.7	\$183.6	\$196.5	\$210.4	\$224.6
Skilled Nursing Facilities	22.2	22.9	23.5	24.3	25.3	26.7	28.3	30.2	32.3	34.5	37.0	39.7
Hospice	10.1	11.1	11.9	12.7	13.5	14.4	15.4	16.5	17.5	18.7	20.0	21.3
Part B: Supplementary Medical Insurance (SMI)												
Physician Fee Schedule	\$58.6	\$56.4	\$52.6	\$50.3	\$49.8	\$50.3	\$54.7	\$54.8	\$54.7	\$56.5	\$58.5	\$62.2
Other Professional & Outpatient Ancillary Services /1	28.3	28.9	30.0	30.9	32.4	34.7	37.2	40.2	43.6	47.1	51.1	55.6
Other Facilities /2	17.0	16.6	16.6	17.0	17.5	18.2	19.1	20.1	21.2	22.4	23.7	25.1
Hospital Outpatient PPS Services	18.7	20.2	21.5	22.6	24.0	25.7	28.0	30.4	33.0	36.0	39.3	42.9
Parts A & B												
Group Plans	\$77.0	\$94.1	\$112.8	\$130.6	\$159.7	\$145.8	\$174.1	\$185.0	\$196.3	\$228.5	\$225.9	\$221.2
Home Health Agencies	15.5	16.4	17.3	18.1	19.2	20.9	23.2	25.9	28.9	32.3	36.0	40.3
Part D: Prescription Drug Benefits												
Payments to Prescription Drug Plans	\$29.1	\$25.1	\$32.2	\$35.6	\$43.2	\$41.1	\$50.0	\$56.1	\$63.0	\$77.0	\$80.4	\$82.7
Retiree Drug Subsidy	3.5	3.2	3.3	3.7	4.0	4.4	4.8	5.2	5.7	6.2	6.8	7.4
Low-Income Subsidy	16.5	17.1	18.8	20.8	25.0	24.0	29.1	32.7	36.7	44.5	46.7	48.3
Subtotal, Medicare Benefits, Net of Recoveries	\$426.0	\$444.2	\$476.5	\$504.2	\$556.3	\$557.8	\$624.7	\$668.7	\$716.5	\$800.4	\$835.9	\$871.2
Recoveries:												
Amounts Paid to Providers and Recovered /3	<u>8.1</u>	<u>8.3</u>	<u>8.2</u>	<u>8.4</u>	<u>8.6</u>	<u>8.9</u>	<u>9.7</u>	<u>10.1</u>	<u>10.7</u>	<u>11.5</u>	<u>12.3</u>	<u>13.8</u>
Total, Mandatory Medicare Benefit Outlays	\$434.1	\$452.5	\$484.7	\$512.6	\$564.9	\$566.7	\$634.3	\$678.8	\$727.2	\$811.9	\$848.2	\$885.1

Notes:

PPS = prospective payment system.

1/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.

2/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries. Also includes payments to skilled nursing facilities for services covered under Part B.

3/ Amounts that are paid to providers and later recovered are included in the total for mandatory Medicare spending, but the amounts are not broken out by type of provider. CBO counts the initial payment of such amounts as outlays (mandatory spending) and the subsequent recovery as offsetting receipts to conform to the reporting in the Monthly Treasury Statement. In the past, the Medicare Trustees have reported benefits net of recoveries, so they have not treated the recoveries as offsetting receipts.

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By fiscal year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
ANNUAL GROWTH RATES FOR COMPONENTS OF BENEFITS PAYMENTS: /1												
Hospital Inpatient Care /2		2.0%	2.8%	1.3%	3.5%	6.3%	6.1%	6.7%	6.9%	7.1%	7.1%	6.7%
Skilled Nursing Facilities (Part A only) /2		3.1%	2.7%	3.4%	4.3%	5.3%	6.2%	6.6%	6.8%	7.0%	7.1%	7.3%
Hospice /2		9.1%	7.7%	6.3%	6.6%	7.0%	6.7%	6.7%	6.6%	6.6%	6.7%	6.9%
Physician Fee Schedule	1.0%	-3.7%	-6.7%	-4.5%	-0.9%	0.9%	8.7%	0.2%	-0.2%	3.4%	3.5%	6.2%
Other Professional & Outpatient Ancillary Services /3	3.4%	2.0%	3.8%	3.1%	4.8%	6.9%	7.1%	8.2%	8.4%	8.2%	8.4%	8.9%
Other Facilities /2, 4		-2.3%	0.3%	2.0%	3.1%	4.1%	4.9%	5.3%	5.5%	5.6%	5.6%	5.9%
Hospital Outpatient PPS Services /2		8.2%	6.1%	5.3%	6.2%	7.1%	8.7%	8.6%	8.8%	9.0%	9.2%	9.2%
Group Plans	37.7%	22.2%	20.0%	15.8%	22.2%	-8.7%	19.4%	6.3%	6.1%	16.4%	-1.1%	-2.1%
Home Health Agencies	18.8%	6.3%	5.1%	5.0%	6.0%	8.8%	10.9%	11.4%	11.6%	11.7%	11.7%	11.7%
Subtotal, Medicare Part A and Part B Benefits	10.9%	5.8%	5.9%	5.2%	9.0%	0.9%	10.7%	6.3%	6.3%	10.1%	4.4%	4.4%
Prescription Drug Plans and Retiree Drug Subsidy	2.8%	-13.0%	25.1%	10.5%	20.3%	-3.7%	20.5%	12.0%	12.0%	21.1%	4.8%	3.3%
Low-Income Subsidy /5	47.7%	3.8%	9.7%	10.6%	20.3%	-3.9%	21.0%	12.3%	12.3%	21.4%	4.9%	3.4%
Subtotal, Part D Benefits	14.5%	-7.4%	19.3%	10.5%	20.3%	-3.8%	20.7%	12.1%	12.1%	21.2%	4.8%	3.4%
Total, Medicare Benefits Net of Recoveries	11.3%	4.3%	7.3%	5.8%	10.3%	0.3%	12.0%	7.1%	7.1%	11.7%	4.4%	4.2%
Memorandum:												
Medicare Benefits Net of Recoveries, adjusted to remove effect of timing shifts /6												
Part A and Part B Benefits	7.8%	7.1%	5.9%	5.2%	5.9%	6.7%	7.7%	6.3%	6.3%	7.0%	7.2%	7.5%
Part D Benefits	53.8%	-7.4%	19.3%	10.5%	11.5%	11.9%	12.1%	12.1%	12.1%	12.2%	12.3%	12.3%
Total Medicare Benefits	11.7%	5.4%	7.3%	5.8%	6.6%	7.3%	8.3%	7.1%	7.1%	7.7%	7.9%	8.3%

Notes:

PPS = prospective payment system.

- 1/ The growth rates are calculated using benefits net of amounts paid to providers and later recovered.
- 2/ The 2007 growth rates for certain services are unreliable due to an accounting error that paid Part A claims out of Part B during 2005 through 2007.
- 3/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.
- 4/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries. Also includes payments to skilled nursing facilities for services covered under Part B.
- 5/ The growth rate for 2007 is calculated based on spending in 2006 that includes \$0.2 billion in spending for transitional assistance.
- 6/ The adjustment includes 12 capitation payments per year and removes the effect of the payment holiday enacted in the Deficit Reduction Act of 2005 (claims payable during September 22-30, 2006, were paid in October 2006).

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By fiscal year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
COMPARISON OF MEDICARE SPENDING AND DEDICATED FUNDING (in billions of dollars)												
Total Medicare Outlays Included in Calculating the Funding Warning /1	\$430.0	\$453.7	\$486.2	\$514.5	\$548.3	\$588.4	\$637.1	\$682.0	\$730.8	\$787.2	\$849.8	\$920.4
Dedicated Medicare Financing Sources /2												
Part A (HI)	\$200.4	\$212.5	\$222.5	\$236.1	\$248.9	\$262.3	\$275.4	\$288.6	\$302.4	\$316.6	\$331.5	\$347.3
Part B (SMI)	41.5	44.0	45.3	46.3	48.4	51.6	55.5	58.3	61.6	65.9	70.7	76.1
Part D	<u>10.8</u>	<u>11.8</u>	<u>12.8</u>	<u>14.0</u>	<u>15.5</u>	<u>17.1</u>	<u>18.8</u>	<u>20.7</u>	<u>22.7</u>	<u>25.2</u>	<u>28.1</u>	<u>31.5</u>
Subtotal, Dedicated Medicare Financing Sources	\$252.7	\$268.3	\$280.6	\$296.5	\$312.8	\$330.9	\$349.7	\$367.5	\$386.8	\$407.7	\$430.4	\$454.9
General Revenue Medicare Funding	\$177.3	\$185.3	\$205.6	\$218.0	\$235.5	\$257.4	\$287.4	\$314.5	\$344.0	\$379.5	\$419.4	\$465.6
General Revenue Medicare Funding (percent of total outlays)	41%	41%	42%	42%	43%	44%	45%	46%	47%	48%	49%	51%
Excess General Revenue Medicare Funding (in percent)	0%	0%	0%	0%	0%	0%	0%	1%	2%	3%	4%	6%
STATUS OF HOSPITAL INSURANCE TRUST FUND (in billions of dollars):												
HI Trust Fund Income												
Receipts (mostly payroll taxes)	\$207.8	\$220.3	\$230.2	\$243.9	\$257.3	\$271.0	\$284.9	\$298.7	\$313.2	\$328.5	\$344.3	\$355.9
Interest	<u>16.1</u>	<u>16.3</u>	<u>16.4</u>	<u>16.5</u>	<u>16.6</u>	<u>16.4</u>	<u>16.3</u>	<u>15.8</u>	<u>14.8</u>	<u>13.3</u>	<u>10.9</u>	<u>7.8</u>
Total Income	\$223.9	\$236.6	\$246.6	\$260.4	\$274.0	\$287.4	\$301.2	\$314.5	\$328.0	\$341.8	\$355.2	\$363.8
HI Trust Fund Outlays	\$207.6	\$228.7	\$243.8	\$256.7	\$278.6	\$283.7	\$311.0	\$331.6	\$353.9	\$388.1	\$406.3	\$424.9
HI Trust Fund Surplus or Deficit(-) /3	7.8	0.4	2.8	3.7	-4.6	3.7	-9.9	-17.1	-25.9	-46.3	-51.1	-61.2
HI Trust Fund Balance (end of year)	311.0	311.3	314.1	317.8	313.2	316.9	307.1	289.9	264.1	217.8	166.7	105.6

Notes:

HI = Hospital Insurance (Part A of Medicare), SMI = Supplementary Medical Insurance (Part B of Medicare).

- 1/ Total Medicare Outlays Included in Calculating the Funding Warning differ from Total Outlays (in the "Medicare Totals" block on page 1) because they exclude amounts paid to providers that are later recovered (see footnote 3 on page 5), adjust for differences in numbers of capitated payments each year, and exclude the amount transferred from the general fund to pay for administrative costs of the Part D program (see footnote 4 on page 5).
- 2/ Dedicated sources of revenue include Medicare payroll taxes, the Medicare share of taxes on certain Social Security benefits, Part D "clawback" payments by states, and beneficiary premiums paid from nonfederal sources. However, dedicated revenues do not include offsetting receipts paid with federal funds or amounts recovered from providers.
- 3/ Surplus or deficit is equal to income minus outlays. For 2007 and 2008 it includes transfers to the SMI trust fund to correct for accounting errors (\$8.5 billion in 2007 and \$7.5 billion in 2008).

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By fiscal year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
OFFSETTING RECEIPTS (in billions of dollars):												
Part A Premiums	-\$2.8	-\$2.9	-\$3.4	-\$3.7	-\$3.8	-\$4.0	-\$4.2	-\$4.4	-\$4.7	-\$4.8	-\$4.9	-\$5.0
Part B Premiums /1	-45.7	-48.5	-50.1	-51.5	-53.8	-57.4	-61.7	-64.9	-68.7	-73.5	-79.1	-85.3
Part D Premiums /2	-1.6	-1.9	-2.1	-2.4	-2.7	-3.1	-3.5	-3.9	-4.4	-4.9	-5.6	-6.3
Part D Payments by States	-7.0	-7.3	-7.8	-8.4	-9.0	-9.8	-10.6	-11.5	-12.4	-13.6	-15.1	-16.7
Amounts Paid to Providers and Recovered /3	-8.1	-8.3	-8.2	-8.4	-8.6	-8.9	-9.7	-10.1	-10.7	-11.5	-12.3	-13.8
Part D Receipt of Transfers from General Fund for Administration /4	<u>-1.0</u>	<u>-0.5</u>	<u>-0.6</u>	<u>-0.6</u>	<u>-0.6</u>	<u>-0.6</u>	<u>-0.7</u>	<u>-0.7</u>	<u>-0.7</u>	<u>-0.8</u>	<u>-0.8</u>	<u>-0.8</u>
Subtotal, Offsetting Receipts	-\$66.2	-\$69.4	-\$72.2	-\$74.9	-\$78.6	-\$83.8	-\$90.3	-\$95.4	-\$101.6	-\$109.1	-\$117.8	-\$128.0
Offsetting Receipts Paid With Federal Funds												
Federal Share of Medicaid Payments of Part A Premiums	\$1.3	\$1.5	\$1.6	\$1.8	\$1.9	\$2.1	\$2.2	\$2.4	\$2.6	\$2.7	\$3.0	\$3.3
Federal Share of Medicaid Payments of Part B Premiums	3.9	4.2	4.5	4.8	5.1	5.4	5.8	6.2	6.6	7.1	7.7	8.4
Transfers from General Fund for Part D Administration /3	<u>1.0</u>	<u>0.5</u>	<u>0.6</u>	<u>0.6</u>	<u>0.6</u>	<u>0.6</u>	<u>0.7</u>	<u>0.7</u>	<u>0.7</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>
Subtotal, Offsetting Receipts Paid With Federal Funds	\$6.3	\$6.2	\$6.7	\$7.2	\$7.6	\$8.1	\$8.6	\$9.2	\$9.9	\$10.6	\$11.5	\$12.5
Total, Offsetting Receipts from Nonfederal Sources	-\$59.9	-\$63.2	-\$65.5	-\$67.7	-\$70.9	-\$75.7	-\$81.7	-\$86.2	-\$91.8	-\$98.6	-\$106.3	-\$115.5
COMPONENTS OF HOSPITAL INPATIENT PAYMENTS (in billions of dollars):												
Inpatient Operating and Capital-related Payments	\$129.5	\$132.2	\$135.8	\$137.6	\$142.4	\$151.3	\$160.5	\$171.3	\$183.1	\$196.0	\$209.9	\$224.6
Disproportionate Share /5	9.4	9.6	9.8	10.1	10.5	11.0	11.7	12.5	13.4	14.4	15.4	16.5
Indirect Medical Education /5,6	5.7	5.9	6.0	6.2	6.5	6.8	7.2	7.7	8.3	8.9	9.5	10.2
Graduate Medical Education /5,6	2.8	2.8	2.9	2.9	3.0	3.0	3.1	3.2	3.2	3.3	3.4	3.4
PAYMENT UPDATES AND CHANGES IN PRICE INDEXES:												
Part A: (fiscal year)												
PPS Market Basket Increase	3.4%	3.3%	2.5%	2.5%	2.8%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%
PPS Update Factor	3.4%	3.3%	2.5%	2.5%	2.8%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%
Part B: (calendar year)												
Physician Medicare Economic Index (MEI)	1.8%	1.8%	1.8%	1.7%	1.5%	1.8%	1.8%	1.9%	2.1%	2.2%	2.3%	2.3%
CPI-U	2.9%	2.8%	1.9%	1.9%	2.1%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%

Notes:

PPS = prospective payment system, CPI-U = consumer price index for urban consumers.

- 1/ Part B premium receipts include the income-related premium.
- 2/ Does not include premiums that enrollees pay directly to their plans or premiums paid by the low-income subsidy.
- 3/ The Administration classifies the recovery of amounts paid to providers as offsetting receipts. Previously they had reported benefits net of those recoveries. CBO has adopted the new classification.
- 4/ Most transfers from the general fund to the Medicare trust funds are recorded as mandatory outlays of positive amounts (for the transfer from the general fund) and as equal and offsetting mandatory outlays of negative amounts (for the receipt of the transfer by the trust fund). The transfer to pay for administration of the Part D program is different, because that administrative spending is subject to appropriation. The transfer from the general fund for Part D administration is classified as a mandatory outlay, but the receipt of those funds by the Part D account is classified as an offsetting receipt.
- 5/ Included in inpatient operating and capital-related payments.
- 6/ Includes subsidies for medical education that are paid to hospitals that treat patients enrolled in Medicare Advantage plans.

CBO's March 2008 Baseline: MEDICARE

<i>By fiscal year</i>	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BENEFICIARY COST SHARING:												
Deductible (calendar year, in dollars)												
Part A (per hospital admission)	\$992	\$1,024	\$1,060	\$1,096	\$1,136	\$1,180	\$1,228	\$1,280	\$1,332	\$1,388	\$1,444	\$1,504
Part B (per year)	131	135	139	144	155	151	164	169	174	187	189	192
Part D (per year)	265	275	295	320	345	375	405	440	475	515	560	605
Monthly Premium (calendar year, in dollars)												
Part A (for voluntary enrollees) /1	\$410	\$423	\$513	\$548	\$544	\$583	\$604	\$626	\$667	\$680	\$691	\$703
Part B /2	93.50	96.40	96.40	97.30	100.70	105.00	109.90	111.70	115.60	120.60	126.30	132.50
Part D (on average) /3	23.50	26.70	28.00	30.30	32.90	35.60	38.60	41.90	45.40	49.20	53.30	57.80
ENROLLMENT: <i>(average monthly enrollment during fiscal year, in millions)</i>												
Part A	43.2	44.0	44.9	45.7	46.7	48.0	49.4	50.8	52.3	53.9	55.5	57.2
Part B	40.6	41.2	41.8	42.5	43.2	44.3	45.5	46.8	48.0	49.3	50.7	52.1
Part D /4	30.6	31.9	33.0	34.2	35.5	36.7	38.0	39.2	40.5	41.9	43.3	44.9
Part D Low-Income Subsidy	9.0	9.5	9.8	10.1	10.4	10.8	11.2	11.6	12.0	12.4	12.9	13.3
Part A Fee-for-service Enrollment	35.1	34.5	33.9	33.5	33.5	34.0	34.9	35.9	37.0	38.2	39.4	40.6
Group Plan Enrollment /5	8.1	9.5	11.0	12.3	13.2	13.9	14.5	14.9	15.3	15.7	16.1	16.6
Memo: Medicare Advantage Enrollment	7.6	9.1	10.6	11.9	12.9	13.6	14.2	14.6	15.0	15.4	15.8	16.3
Share of Medicare Part A Enrollment:												
Fee-for-service	81%	78%	75%	73%	72%	71%	71%	71%	71%	71%	71%	71%
Group Plans /5	19%	22%	25%	27%	28%	29%	29%	29%	29%	29%	29%	29%
Growth in Enrollment:												
Total Medicare Enrollment (Part A)	1.8%	1.8%	1.9%	1.9%	2.1%	2.7%	3.0%	3.0%	2.9%	2.9%	3.0%	3.1%
Fee-for-service (Part A)	-1.9%	-1.7%	-1.8%	-1.2%	0.1%	1.6%	2.6%	3.0%	3.0%	3.1%	3.1%	3.0%
Group plans (Part A)	21.5%	17.3%	15.4%	11.6%	7.8%	5.4%	3.9%	3.0%	2.6%	2.5%	2.8%	3.1%

Notes:

- 1/ Persons 65 and older are entitled to Part A coverage (they do not pay a monthly Part A premium) if they are eligible for Social Security or Railroad Retirement monthly cash benefits. Persons 65 and older who are not entitled may obtain Part A coverage by paying a monthly premium equal to the full actuarial cost of that coverage.
- 2/ Monthly premium for beneficiaries not subject to the income-related surcharge.
- 3/ Part D premiums may vary from plan to plan depending on the relationship between each plan's bid and the national average of all plan bids.
- 4/ Includes individuals enrolled in stand-alone prescription drug plans, Medicare Advantage plans with prescription drug coverage, and the retiree drug subsidy.
- 5/ Includes Medicare Advantage, cost contracts, and demonstration contracts covering Medicare Parts A and B. Does not include Health Care Prepayment Plans (HCPPs), which cover Part B services only. Does not reflect the effect on enrollment in regional preferred provider organizations of spending the stabilization funds.