

2.B SSI: History of Provisions

Table 2.B1—Federal benefit rates, by living arrangement, 1974–2005

| Act | Effective date | Amount ^a (dollars) | |
|--|------------------------------|-------------------------------|--------|
| | | Individual | Couple |
| Own household ^b | | | |
| 1972 | January 1, 1974 ^c | 130.00 | 195.00 |
| 1973 | January 1, 1974 | 140.00 | 210.00 |
| 1973 | July 1, 1974 | 146.00 | 219.00 |
| 1974 ^d | July 1, 1975 | 157.70 | 236.60 |
| | July 1, 1976 | 167.80 | 251.80 |
| | July 1, 1977 | 177.70 | 266.70 |
| | July 1, 1978 | 189.40 | 284.10 |
| | July 1, 1979 | 208.20 | 312.30 |
| | July 1, 1980 | 238.00 | 357.00 |
| | July 1, 1981 | 264.70 | 397.00 |
| 1983 | July 1, 1982 | 284.30 | 426.40 |
| | July 1, 1983 ^e | 304.30 | 456.40 |
| | January 1, 1984 | 314.00 | 472.00 |
| | January 1, 1985 | 325.00 | 488.00 |
| | January 1, 1986 | 336.00 | 504.00 |
| | January 1, 1987 | 340.00 | 510.00 |
| | January 1, 1988 | 354.00 | 532.00 |
| | January 1, 1989 | 368.00 | 553.00 |
| | January 1, 1990 | 386.00 | 579.00 |
| | January 1, 1991 | 407.00 | 610.00 |
| | January 1, 1992 | 422.00 | 633.00 |
| | January 1, 1993 | 434.00 | 652.00 |
| | January 1, 1994 | 446.00 | 669.00 |
| | January 1, 1995 | 458.00 | 687.00 |
| | January 1, 1996 | 470.00 | 705.00 |
| | January 1, 1997 | 484.00 | 726.00 |
| | January 1, 1998 | 494.00 | 741.00 |
| January 1, 1999 | 500.00 | 751.00 | |
| January 1, 2000 | ^f 513.00 | 769.00 | |
| January 1, 2001 | ^f 531.00 | 796.00 | |
| January 1, 2002 | 545.00 | 817.00 | |
| January 1, 2003 | 552.00 | 829.00 | |
| January 1, 2004 | 564.00 | 846.00 | |
| January 1, 2005 | 579.00 | 869.00 | |
| Receiving institutional care covered by Medicaid ^g | | | |
| 1972 | January 1, 1974 | 25.00 | 50.00 |
| 1987 | July 1, 1988 | 30.00 | 60.00 |

SOURCES: Social Security Act of 1935 (the Act), as amended through December 31, 2004; regulations issued under the Act; and precedential case decisions (rulings). Specific laws, regulations, rulings, legislation, and a link to the *Federal Register* can be found at <http://www.socialsecurity.gov/regulations/index.htm>. Social Security Administration, Office of the Chief Actuary, "SSI Federal Payment Amounts," <http://www.socialsecurity.gov/OACT/COLA/SSlams.html>.

NOTE: For those in another person's household receiving support and maintenance there, the federal benefit rate is reduced by one-third.

- For those without countable income. These payments are reduced by the amount of countable income of the individual or couple.
- Includes persons in private institutions whose care is not provided by Medicaid.
- Superseded by the provision of 1973.
- Mechanism established for providing cost-of-living adjustments.
- General benefit increase.
- Benefits originally paid in 2000 and through July 2001 were based on federal benefit rates of \$512.00 and \$530.00, respectively. Pursuant to Public Law 106-554, monthly payments beginning in August 2001 were effectively based on the higher \$531 amount. Lump-sum compensation payments were made on the basis of an adjusted benefit rate for months prior to August 2001.
- Must be receiving more than 50 percent of the cost of the care from Medicaid (Title XIX of the Social Security Act).

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Table 2.C1—Medicare cost sharing and premium amounts, 1966–2006

| Effective date ^a | Hospital Insurance (Medicare Part A) | | | | Supplementary Medical Insurance (Medicare Parts B and D) | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|------------------------------------|---|---------------------------|--------|--|--|---|--|-----------------------|
| | All expenses in "benefit period" covered except— | | | | Monthly premium ^b (dollars) | Annual deductible ^c (dollars) | Coinsurance ^c (percent) | Part B | | | | Part D | | | |
| | Inpatient hospital deductible (IHD) covers first 60 days (dollars) | Inpatient hospital daily coinsurance | | Skilled nursing facility daily coinsurance after 20 days (1/8 x IHD) (dollars) | | | | For enrollee ^{g,h} (aged and disabled) | Monthly premium (dollars) | | Annual deductible ^{d,e} (dollars) | Initial benefit limit ^{d,e} (dollars) | Catastrophic threshold ^{d,e} (dollars) | Average monthly premium ^{d,f} (dollars) | |
| | | Days 61 through 90 (1/4 x IHD) (dollars) | Lifetime reserve days after 90 (1/2 x IHD) (dollars) | | | | | | Government amounts for— | Aged | | | | | Disabled ^h |
| 1966 | 40 | 10 | i | i | ... | 50 | 20 | 3.00 | 3.00 | ... | ... | ... | ... | ... | |
| 1967 | 40 | 10 | i | 5.00 | ... | 50 | 20 | 3.00 | 3.00 | ... | ... | ... | ... | ... | |
| 1968 | 40 | 10 | 20 | 5.00 | ... | j 50 | i 20 | k 4.00 | k 4.00 | ... | ... | ... | ... | ... | |
| 1969 | 44 | 11 | 22 | 5.50 | ... | 50 | 20 | 4.00 | 4.00 | ... | ... | ... | ... | ... | |
| 1970 | 52 | 13 | 26 | 6.50 | ... | 50 | 20 | 5.30 | 5.30 | ... | ... | ... | ... | ... | |
| 1971 | 60 | 15 | 30 | 7.50 | ... | 50 | 20 | 5.60 | 5.60 | ... | ... | ... | ... | ... | |
| 1972 | 68 | 17 | 34 | 8.50 | ... | 50 | l 20 | 5.80 | 5.80 | ... | ... | ... | ... | ... | |
| 1973 | 72 | 18 | 36 | 9.00 | 33 | 60 | 20 | m 6.30 | 6.30 | 22.70 | ... | ... | ... | ... | |
| 1974 | 84 | 21 | 42 | 10.50 | 36 | 60 | 20 | 6.70 | 6.70 | 29.30 | ... | ... | ... | ... | |
| 1975 | 92 | 23 | 46 | 11.50 | 40 | 60 | 20 | 6.70 | 8.30 | 30.30 | ... | ... | ... | ... | |
| 1976 | 104 | 26 | 52 | 13.00 | 45 | 60 | 20 | 7.20 | 14.20 | 30.80 | ... | ... | ... | ... | |
| 1977 | 124 | 31 | 62 | 15.50 | 54 | 60 | 20 | 7.70 | 16.90 | 42.30 | ... | ... | ... | ... | |
| 1978 | 144 | 36 | 72 | 18.00 | 63 | 60 | 20 | 8.20 | 18.60 | 41.80 | ... | ... | ... | ... | |
| 1979 | 160 | 40 | 80 | 20.00 | 69 | 60 | 20 | 8.70 | 18.10 | 41.30 | ... | ... | ... | ... | |
| 1980 | 180 | 45 | 90 | 22.50 | 78 | 60 | 20 | 9.60 | 23.00 | 41.40 | ... | ... | ... | ... | |
| 1981 | 204 | 51 | 102 | 25.50 | 89 | n,o 60 | o 20 | 11.00 | 34.20 | 62.20 | ... | ... | ... | ... | |
| 1982 | 260 | 65 | 130 | 32.50 | 113 | p 75 | p 20 | 12.20 | 37.00 | 72.00 | ... | ... | ... | ... | |
| 1983 | 304 | 76 | 152 | 38.00 | 113 | 75 | 20 | 12.20 | 41.80 | 80.00 | ... | ... | ... | ... | |
| 1984 | 356 | 89 | 178 | 44.50 | 155 | 75 | 20 | 14.60 | 43.80 | 94.00 | ... | ... | ... | ... | |
| 1985 | 400 | 100 | 200 | 50.00 | 174 | 75 | 20 | 15.50 | 46.50 | 89.90 | ... | ... | ... | ... | |
| 1986 | 492 | 123 | 246 | 61.50 | 214 | 75 | 20 | 15.50 | 46.50 | 66.10 | ... | ... | ... | ... | |
| 1987 | 520 | 130 | 260 | 65.00 | 226 | 75 | 20 | 17.90 | 53.70 | 88.10 | ... | ... | ... | ... | |
| 1988 | 540 | 135 | 270 | 67.50 | 234 | 75 | 20 | 24.80 | 74.40 | 72.40 | ... | ... | ... | ... | |
| 1989 | q 560 | q | q | r 25.50 | 156 | 75 | 20 | s 31.90 | 83.70 | 40.70 | ... | ... | ... | ... | |
| 1990 | 592 | 148 | 296 | 74.00 | 175 | 75 | 20 | 28.60 | 85.80 | 59.60 | ... | ... | ... | ... | |
| 1991 | 628 | 157 | 314 | 78.50 | 177 | 100 | 20 | 29.90 | 95.30 | 82.10 | ... | ... | ... | ... | |
| 1992 | 652 | 163 | 326 | 81.50 | 192 | 100 | 20 | 31.80 | 89.80 | 129.80 | ... | ... | ... | ... | |
| 1993 | 676 | 169 | 338 | 84.50 | 221 | 100 | 20 | 36.60 | 104.40 | 129.20 | ... | ... | ... | ... | |
| 1994 | 696 | 174 | 348 | 87.00 | t 245 | 100 | 20 | 41.10 | 82.50 | 111.10 | ... | ... | ... | ... | |
| 1995 | 716 | 179 | 358 | 89.50 | t 261 | 100 | 20 | 46.10 | 100.10 | 165.50 | ... | ... | ... | ... | |
| 1996 | 736 | 184 | 368 | 92.00 | t 289 | 100 | 20 | 42.50 | 127.30 | 167.70 | ... | ... | ... | ... | |
| 1997 | 760 | 190 | 380 | 95.00 | t 311 | 100 | 20 | 43.80 | 131.40 | 177.00 | ... | ... | ... | ... | |
| 1998 | 764 | 191 | 382 | 95.50 | t 309 | 100 | 20 | 43.80 | 132.00 | 150.40 | ... | ... | ... | ... | |
| 1999 | 768 | 192 | 384 | 96.00 | t 309 | 100 | 20 | 45.50 | 139.10 | 160.50 | ... | ... | ... | ... | |
| 2000 | 776 | 194 | 388 | 97.00 | t 301 | 100 | 20 | 45.50 | 138.30 | 196.70 | ... | ... | ... | ... | |
| 2001 | 792 | 198 | 396 | 99.00 | t 300 | 100 | 20 | 50.00 | 152.00 | 214.40 | ... | ... | ... | ... | |
| 2002 | 812 | 203 | 406 | 101.50 | t 319 | 100 | 20 | 54.00 | 164.60 | 192.20 | ... | ... | ... | ... | |
| 2003 | 840 | 210 | 420 | 105.00 | t 316 | 100 | 20 | 58.70 | 178.70 | 223.30 | ... | ... | ... | ... | |
| 2004 | 876 | 219 | 438 | 109.50 | t 343 | 100 | 20 | 66.60 | 199.80 | 284.40 | ... | ... | ... | ... | |
| 2005 | 912 | 228 | 456 | 114.00 | t 375 | 110 | 20 | 78.20 | 234.60 | 305.40 | ... | ... | ... | ... | |
| 2006 | 952 | 238 | 476 | 119.00 | t 393 | 124 | 20 | 88.50 | 265.30 | 318.90 | 250 | 2,250 | 3,600 | v 32.20 | |

SOURCE: Centers for Medicare & Medicaid Services.

NOTES: The structure of Medicare has become increasingly complex over the years. This table provides a summary of Medicare cost sharing and premium provisions. It should be used as an overview and general guide. It is not intended to explain fully all of the provisions or exclusions of the applicable Medicare laws, regulations, and rulings. Original sources of authority should be researched and utilized.

... = not applicable.

- a. The deductible and coinsurance amounts begin in January unless otherwise noted. The monthly premium amounts were effective in July through 1983 and in January for 1984 and succeeding years.
- b. Standard premium rate paid for voluntary enrollment by certain aged and disabled individuals not otherwise entitled to Hospital Insurance (HI). (Most individuals aged 65 and older and many disabled individuals under age 65 are insured for HI benefits without payment of any premium.) In certain cases, a surcharge applies for those beneficiaries who enroll after their initial enrollment period.

2.C Medicare: History of Provisions

Table 2.C1—Medicare cost sharing and premium amounts, 1966–2006—Continued

- c. Most (but not all) services under Part B are subject to the annual deductible amounts and coinsurance percentages shown. (Original sources of authority, such as the laws, regulations, and rulings for Part B, should be consulted if specific details are required.)
- d. There are premium and cost-sharing subsidies for those beneficiaries with incomes less than 150 percent of the federal poverty level and with assets less than \$10,000 for an individual and \$20,000 for a couple. Subsidy levels vary on the basis of dual-eligibility status (that is, coverage by both Medicaid and Medicare), income level, and asset level. (Original sources of authority, such as the laws, regulations, and rulings for Part D, should be consulted if specific details are required.)
- e. Under Part D, there is an initial deductible. After meeting the deductible, the beneficiary pays 25 percent of the remaining costs until the initial benefit limit is reached. (The initial benefit limit includes the deductible, the 25 percent of costs that is paid by the beneficiary after the deductible is met, and the 75 percent of costs that is paid by the Part D plan after the deductible is met.) Beyond this limit, the beneficiary pays all costs until the beneficiary's total out-of-pocket expenditures reach the catastrophic threshold. (Included in the total out-of-pocket expenditures are the deductible, the 25 percent coinsurance payments made for expenses up to the initial benefit limit, and the 100 percent the beneficiary pays for costs above the initial benefit limit.) Thereafter, the beneficiary pays the greatest of (1) 5 percent of the cost or (2) \$2 for generic or preferred multiple-source drugs or \$5 for preferred single-source drugs. Covered drugs may vary by plan. (Original sources of authority, such as the laws, regulations, and rulings for Part D, should be consulted if more specific details are required.)
- f. Estimated national weighted average standard monthly premium rates are displayed. The actual premium a beneficiary pays will vary according to the plan in which the beneficiary has enrolled. (Some beneficiaries will pay lower premiums than those displayed, and others will pay more.) In certain cases, there is a late enrollment penalty for those beneficiaries who enroll after their initial enrollment period. Enrollment in Part D is voluntary.
- g. Standard premium rate paid by most Part B enrollees. However, two provisions alter the premium rate for certain Part B enrollees. First, in most cases, there is a premium surcharge for those beneficiaries who enroll after their initial enrollment period. Second, a "hold-harmless" provision lowers the premium rate for certain individuals who have their premium deducted from their Social Security check. On an individual basis, this provision limits the dollar increase in the Part B premium to the dollar increase in the individual's Social Security check. As a result, the person affected pays a lower Part B premium, and the net amount of the individual's Social Security check does not decrease, despite the greater increase in the premium. (A third premium-altering provision is scheduled to take effect in 2007.) Enrollment in Part B is voluntary.
- h. Beginning in July 1973 for the disabled.
- i. Benefit not provided.
- j. Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968.
- k. Beginning in April 1968.
- l. Home health services not subject to coinsurance, beginning in January 1973.
- m. Standard monthly premiums for July and August 1973 were reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.
- n. Home health services not subject to deductible.
- o. Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968, but only when physician accepts assignment.
- p. Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to deductible and coinsurance.
- q. Unlike all other years, the 1989 deductible was applied on an annual, rather than a benefit period, basis. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital services, regardless of the number of days of hospitalization (except for psychiatric hospital care, which was still limited by the 190-day lifetime maximum).
- r. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered skilled nursing facility care, rather than 1/8 of the inpatient hospital deductible. The beneficiary paid the coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 in a benefit period as in all other years. Skilled nursing facility benefits were available for up to 150 days of care per year in 1989, rather than for up to 100 days of care per benefit period as in all other years.
- s. Includes the standard monthly Part B premium and a supplemental monthly flat premium under the Medicare Catastrophic Coverage Act of 1988. Amount shown is for most Part B enrollees. Residents of Puerto Rico and other territories and commonwealths, as well as persons enrolled in Part B only, paid different supplemental flat premiums, resulting in a smaller premium than that shown.
- t. A reduced premium is available to individuals aged 65 and older who are not otherwise entitled to HI but who have (or who were married to, widowed, or divorced from a spouse for certain periods of time who has or had) at least 30 quarters of Medicare-covered employment. The reduced premium is \$184, \$183, \$188, \$187, \$170, \$170, \$166, \$165, \$175, \$174, \$189, \$206, and \$216 for 1994 to 2006, respectively.
- u. A temporary Medicare-endorsed prescription drug discount card program is offered. For beneficiaries voluntarily enrolling and paying up to \$30 annually, discounts on certain prescription drugs are available, as specified by card sponsors. Under a Transitional Assistance (TA) provision, beneficiaries whose incomes do not exceed 135 percent of the federal poverty level and who do not have third-party prescription drug coverage are eligible for (1) financial assistance of up to \$600 per year for purchasing prescription drugs and (2) a subsidized enrollment fee for the discount card. Enrollment begins May 2004, discount availability begins June 2004, and program phases out as full Part D becomes available in January 2006.
- v. As estimated in August 2005, based on bids received from Part D drug plan applicants.

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Table 2.C2—Federal medical assistance percentage and enhanced federal medical assistance percentage, by state or other area, 2004–2006

| State or area | Federal medical assistance percentage ^a | | | Enhanced federal medical assistance percentage ^b | | |
|----------------------|--|-------------------|-------------------|---|-------------------|-------------------|
| | 2004 ^c | 2005 ^d | 2006 ^e | 2004 ^c | 2005 ^d | 2006 ^e |
| Alabama | 70.75 | 70.83 | 69.51 | 79.53 | 79.58 | 78.66 |
| Alaska | 58.39 | 57.58 | 50.16 | 70.87 | 70.31 | 65.11 |
| Arizona | 67.62 | 67.45 | 66.98 | 77.08 | 77.22 | 76.89 |
| Arkansas | 74.67 | 74.75 | 73.77 | 82.27 | 82.33 | 81.64 |
| California | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Colorado | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Connecticut | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Delaware | 50.00 | 50.38 | 50.09 | 65.00 | 65.27 | 65.06 |
| District of Columbia | 70.00 | 70.00 | 70.00 | 79.00 | 79.00 | 79.00 |
| Florida | 58.93 | 58.90 | 58.89 | 71.25 | 71.23 | 71.22 |
| Georgia | 59.58 | 60.44 | 60.60 | 71.71 | 72.31 | 72.42 |
| Hawaii | 58.90 | 58.47 | 58.81 | 71.23 | 70.93 | 71.17 |
| Idaho | 70.46 | 70.62 | 69.91 | 79.32 | 79.43 | 78.94 |
| Illinois | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Indiana | 62.32 | 62.78 | 62.98 | 73.62 | 73.95 | 74.09 |
| Iowa | 63.93 | 63.55 | 63.61 | 74.75 | 74.49 | 74.53 |
| Kansas | 60.82 | 61.01 | 60.41 | 72.57 | 72.71 | 72.29 |
| Kentucky | 70.09 | 69.60 | 69.26 | 79.06 | 78.72 | 78.48 |
| Louisiana | 71.63 | 71.04 | 69.79 | 80.14 | 79.73 | 78.85 |
| Maine | 66.01 | 64.89 | 62.90 | 76.21 | 75.42 | 74.03 |
| Maryland | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Massachusetts | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Michigan | 55.89 | 56.71 | 56.59 | 69.12 | 69.70 | 69.61 |
| Minnesota | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Mississippi | 77.08 | 77.08 | 76.00 | 83.96 | 83.96 | 83.20 |
| Missouri | 61.47 | 61.15 | 61.93 | 73.03 | 72.81 | 73.35 |
| Montana | 72.85 | 71.90 | 70.54 | 81.00 | 80.33 | 79.38 |
| Nebraska | 59.89 | 59.64 | 59.68 | 71.92 | 71.75 | 71.78 |
| Nevada | 54.93 | 55.90 | 54.76 | 68.45 | 69.13 | 68.33 |
| New Hampshire | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| New Jersey | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| New Mexico | 74.85 | 74.30 | 71.15 | 82.40 | 82.01 | 79.81 |
| New York | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| North Carolina | 62.85 | 63.63 | 63.49 | 74.00 | 74.54 | 74.44 |
| North Dakota | 68.31 | 67.49 | 65.85 | 77.82 | 77.24 | 76.10 |
| Ohio | 59.23 | 59.68 | 59.88 | 71.46 | 71.78 | 71.92 |
| Oklahoma | 70.24 | 70.18 | 67.91 | 79.17 | 79.13 | 77.54 |
| Oregon | 60.81 | 61.12 | 61.57 | 72.57 | 72.78 | 73.10 |
| Pennsylvania | 54.76 | 53.84 | 55.05 | 68.33 | 67.69 | 68.54 |
| Rhode Island | 56.03 | 55.38 | 54.45 | 69.22 | 68.77 | 68.12 |
| South Carolina | 69.86 | 69.89 | 69.32 | 78.90 | 78.92 | 78.52 |
| South Dakota | 65.67 | 66.03 | 65.07 | 75.97 | 76.22 | 75.55 |
| Tennessee | 64.40 | 64.81 | 63.99 | 75.08 | 75.37 | 74.79 |
| Texas | 60.22 | 60.87 | 60.66 | 72.15 | 72.61 | 72.46 |
| Utah | 71.72 | 72.14 | 70.76 | 80.20 | 80.50 | 79.53 |
| Vermont | 61.34 | 60.11 | 58.49 | 72.94 | 72.08 | 70.94 |
| Virginia | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| Washington | 50.00 | 50.00 | 50.00 | 65.00 | 65.00 | 65.00 |
| West Virginia | 75.19 | 74.65 | 72.99 | 82.63 | 82.26 | 81.09 |
| Wisconsin | 58.41 | 58.31 | 57.65 | 70.89 | 70.82 | 70.36 |
| Wyoming | 59.77 | 57.90 | 54.23 | 71.84 | 70.53 | 67.96 |

(Continued)

2.C Medicaid: History of Provisions

Table 2.C2—Federal medical assistance percentage and enhanced federal medical assistance percentage, by state or other area, 2004–2006—Continued

| State or area | Federal medical assistance percentage ^a | | | Enhanced federal medical assistance percentage ^b | | |
|--------------------------|--|-------------------|-------------------|---|-------------------|-------------------|
| | 2004 ^c | 2005 ^d | 2006 ^e | 2004 ^c | 2005 ^d | 2006 ^e |
| Outlying areas | | | | | | |
| American Samoa | f 50.00 | f 50.00 | f 50.00 | f 65.00 | f 65.00 | f 65.00 |
| Guam | f 50.00 | f 50.00 | f 50.00 | f 65.00 | f 65.00 | f 65.00 |
| Northern Mariana Islands | f 50.00 | f 50.00 | f 50.00 | f 65.00 | f 65.00 | f 65.00 |
| Puerto Rico | f 50.00 | f 50.00 | f 50.00 | f 65.00 | f 65.00 | f 65.00 |
| Virgin Islands | f 50.00 | f 50.00 | f 50.00 | f 65.00 | f 65.00 | f 65.00 |

SOURCE: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

- Section 1905(b) of the Social Security Act (the Act) specifies the method to be used to compute the federal medical assistance percentage. From this section the following formula is derived: $N = 3\text{-year average national per capita personal income}$; $S = 3\text{-year average state per capita personal income}$. Federal medical assistance percentage: State share = $(S^2/N^2) \times 45$ or $(45/N^2) \times S^2$; Federal share = $100 - \text{state share}$ with 50–83 percent limits.
- This is the Title XXI enhanced federal medical assistance percentage rate specified in section 2105(b) of the Act. The enhanced federal medical assistance percentage is limited to no more than 85 percent.
- Effective October 1, 2003, through September 30, 2004.
- Effective October 1, 2004, through September 30, 2005.
- Effective October 1, 2005, through September 30, 2006.
- For purposes of section 1118 of the Social Security Act, the federal medical assistance percentage used under titles I, X, XIV, and XVI, and part A of title IV will be 75 percent.

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