

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>MEDICARE TOTALS (in billions of dollars):</b>												
Mandatory Outlays /1	\$377.0	\$427.6	\$451.3	\$482.4	\$512.8	\$564.1	\$566.5	\$626.4	\$670.1	\$719.0	\$804.6	\$845.4
Discretionary Outlays	\$5.0	\$4.9	\$5.0	\$5.2	\$5.4	\$5.6	\$5.9	\$6.2	\$6.5	\$6.9	\$7.2	\$7.6
Total Outlays	\$381.9	\$432.4	\$456.3	\$487.5	\$518.2	\$569.8	\$572.4	\$632.6	\$676.6	\$725.9	\$811.8	\$853.0
Total Offsetting Receipts /2	-\$52.1	-\$62.2	-\$66.7	-\$71.2	-\$75.7	-\$80.7	-\$86.0	-\$91.9	-\$98.2	-\$105.1	-\$113.8	-\$123.9
Net Outlays (Total Outlays - Receipts)	\$329.9	\$370.2	\$389.7	\$416.4	\$442.6	\$489.1	\$486.4	\$540.7	\$578.4	\$620.8	\$698.0	\$729.2
Net Mandatory Outlays (Mandatory Outlays - Receipts) /3	\$324.9	\$365.3	\$384.7	\$411.2	\$437.2	\$483.5	\$480.5	\$534.5	\$571.9	\$613.9	\$690.8	\$721.5
<b>COMPONENTS OF MANDATORY OUTLAYS (in billions of dollars):</b>												
Benefits												
Part A	\$183.6	\$200.3	\$211.1	\$225.8	\$240.0	\$260.7	\$265.6	\$289.5	\$308.0	\$328.6	\$359.8	\$377.2
Part B	\$159.4	\$177.4	\$185.6	\$194.6	\$204.8	\$222.7	\$224.9	\$245.2	\$259.7	\$276.2	\$306.0	\$324.4
Part D /4	\$31.9	\$47.0	\$52.2	\$59.5	\$65.5	\$78.1	\$73.4	\$89.0	\$99.5	\$111.4	\$135.9	\$140.8
Total	\$374.9	\$424.7	\$448.8	\$479.9	\$510.3	\$561.5	\$563.9	\$623.7	\$667.3	\$716.2	\$801.7	\$842.4
Administration /5	\$2.1	\$2.9	\$2.5	\$2.5	\$2.6	\$2.6	\$2.7	\$2.7	\$2.8	\$2.8	\$2.9	\$3.0
Total Mandatory Outlays	\$377.0	\$427.6	\$451.3	\$482.4	\$512.8	\$564.1	\$566.5	\$626.4	\$670.1	\$719.0	\$804.6	\$845.4
<b>Annual Growth Rates:</b>												
Mandatory Outlays	12.2%	13.4%	5.6%	6.9%	6.3%	10.0%	0.4%	10.6%	7.0%	7.3%	11.9%	5.1%
Discretionary Outlays	32.7%	-1.9%	3.4%	2.6%	4.3%	4.5%	4.9%	5.3%	5.2%	5.2%	5.3%	5.2%
Total Outlays	12.4%	13.2%	5.5%	6.8%	6.3%	9.9%	0.5%	10.5%	7.0%	7.3%	11.8%	5.1%
Total Premium Receipts	27.8%	19.5%	7.1%	6.8%	6.3%	6.6%	6.6%	6.8%	6.8%	7.1%	8.3%	8.8%
Net Outlays (Total Outlays - Receipts)	10.5%	12.2%	5.3%	6.8%	6.3%	10.5%	-0.5%	11.2%	7.0%	7.3%	12.4%	4.5%
Net Mandatory Outlays (Mandatory Outlays - Receipts)	10.2%	12.4%	5.3%	6.9%	6.3%	10.6%	-0.6%	11.2%	7.0%	7.3%	12.5%	4.5%
<b>Memorandum:</b>												
Number of Capitation Payments /6	11	12	12	12	12	13	11	12	12	12	13	12
Mandatory Outlays, adjusted for timing shifts (in billions of dollars) /7	\$385.8	\$422.9	\$451.0	\$482.4	\$512.8	\$546.1	\$584.5	\$626.4	\$670.1	\$719.0	\$777.0	\$842.8
Annual growth rate:	16.3%	9.6%	6.7%	6.9%	6.3%	6.5%	7.0%	7.2%	7.0%	7.3%	8.1%	8.5%

### Notes:

- 1/ Average annual rate of growth of mandatory outlays from fiscal year 2007 through 2017 is 7.1 percent. (It also is 7.1 percent after adjusting for timing shifts; see note 7.)
- 2/ Offsetting receipts include premiums, recoveries of overpayments to providers, "clawback" payments from the states, and receipts of amounts transferred from the General Fund for administrative spending for Part D (see page 4 for more detail).
- 3/ Average annual rate of growth of net mandatory outlays from fiscal year 2007 through 2017 is 7.0 percent. (It is 7.1 percent after adjusting for timing shifts; see note 7.)
- 4/ The figure for 2006 includes \$0.2 billion in spending for transitional assistance.
- 5/ 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 2006 and 2007, 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 4).
- 6/ In general, 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. However, the Balanced Budget Act of 1997 required that the October payment in 2006 be made on October 2 instead of September 29.
- 7/ The adjustment 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) and includes 12 capitation payments a year.

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<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>COMPONENTS OF BENEFITS PAYMENTS (in billions of dollars):</b>												
<b>Part A: Hospital Insurance (HI)</b>												
Hospital Inpatient Care	\$120.7	\$125.7	\$126.9	\$131.5	\$137.3	\$144.0	\$152.0	\$161.5	\$172.2	\$183.9	\$196.6	\$210.0
Skilled Nursing Facilities	\$19.5	\$20.6	\$21.1	\$22.1	\$23.3	\$24.5	\$25.9	\$27.5	\$29.3	\$31.2	\$33.3	\$35.6
Hospice	\$8.6	\$9.6	\$10.3	\$11.0	\$11.8	\$12.5	\$13.4	\$14.2	\$15.1	\$16.1	\$17.1	\$18.3
<b>Part B: Supplementary Medical Insurance (SMI)</b>												
Physician Fee Schedule	\$58.5	\$59.5	\$57.0	\$54.0	\$52.8	\$52.5	\$52.7	\$53.3	\$54.0	\$54.9	\$58.7	\$64.9
Other Professional & Outpatient Ancillary Services /1	\$27.6	\$29.7	\$30.7	\$32.2	\$34.0	\$36.5	\$39.5	\$42.8	\$46.3	\$50.2	\$54.5	\$59.2
Other Facilities /2	\$18.8	\$21.2	\$21.5	\$22.5	\$23.7	\$25.0	\$26.4	\$28.0	\$29.6	\$31.4	\$33.5	\$35.7
Hospital Outpatient PPS Services	\$20.1	\$21.9	\$23.1	\$24.6	\$26.4	\$28.6	\$30.9	\$33.7	\$36.7	\$39.9	\$43.5	\$47.5
<b>Parts A &amp; B</b>												
Group Plans	\$55.9	\$75.4	\$90.8	\$105.8	\$117.5	\$139.9	\$127.9	\$149.6	\$157.8	\$167.4	\$195.5	\$193.8
Home Health Agencies	\$13.2	\$14.2	\$15.2	\$16.6	\$18.1	\$19.8	\$21.8	\$24.1	\$26.7	\$29.7	\$33.0	\$36.7
<b>Part D: Prescription Drug Benefits</b>												
Payments to Prescription Drug Plans	\$19.8	\$27.6	\$32.1	\$37.2	\$41.3	\$49.6	\$46.4	\$57.0	\$64.3	\$72.5	\$89.5	\$93.1
Retiree Drug Subsidy	\$1.0	\$4.1	\$4.2	\$4.4	\$4.2	\$4.3	\$4.3	\$4.4	\$4.5	\$4.5	\$4.4	\$4.4
Low-Income Subsidy /3	\$11.2	\$15.2	\$15.9	\$17.9	\$20.0	\$24.3	\$22.6	\$27.6	\$30.8	\$34.4	\$42.0	\$43.3
<b>Total, Medicare Benefits</b>	<b>\$374.9</b>	<b>\$424.7</b>	<b>\$448.8</b>	<b>\$479.9</b>	<b>\$510.3</b>	<b>\$561.5</b>	<b>\$563.9</b>	<b>\$623.7</b>	<b>\$667.3</b>	<b>\$716.2</b>	<b>\$801.7</b>	<b>\$842.4</b>
Memorandum:												
Medicare Benefits, adjusted to remove effect of timing shifts /4												
Part A and Part B Benefits	\$351.7	\$373.0	\$396.7	\$420.4	\$444.8	\$471.7	\$502.2	\$534.7	\$567.7	\$604.8	\$649.4	\$700.4
Part D Benefits	<u>31.9</u>	<u>47.0</u>	<u>51.9</u>	<u>59.5</u>	<u>65.5</u>	<u>71.8</u>	<u>79.7</u>	<u>89.0</u>	<u>99.5</u>	<u>111.4</u>	<u>124.7</u>	<u>139.4</u>
Total Medicare Benefits	383.7	420.0	448.6	479.9	510.3	543.5	581.9	623.7	667.3	716.2	774.1	839.9

### 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/ The figure for 2006 includes \$0.2 billion in spending for transitional assistance.

4/ The adjustment 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) and includes 12 capitation payments a year.

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<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>ANNUAL GROWTH RATES FOR COMPONENTS OF BENEFITS PAYMENTS:</b>												
Hospital Inpatient Care	-2.4%	4.1%	0.9%	3.6%	4.4%	4.9%	5.6%	6.3%	6.6%	6.8%	6.9%	6.8%
Skilled Nursing Facilities (Part A only)	9.0%	5.3%	2.7%	4.7%	5.2%	5.2%	5.8%	6.3%	6.4%	6.6%	6.7%	6.9%
Hospice	11.2%	11.2%	7.0%	7.4%	6.8%	6.5%	6.5%	6.4%	6.5%	6.4%	6.4%	6.5%
Physician Fee Schedule	1.2%	1.7%	-4.2%	-5.2%	-2.3%	-0.6%	0.4%	1.1%	1.2%	1.8%	7.0%	10.5%
Other Professional & Outpatient Ancillary Services /1	3.3%	7.4%	3.5%	4.9%	5.4%	7.4%	8.2%	8.3%	8.2%	8.5%	8.5%	8.6%
Other Facilities /2	11.7%	12.6%	1.4%	4.5%	5.5%	5.4%	5.6%	5.9%	6.0%	6.1%	6.4%	6.5%
Hospital Outpatient PPS Services	13.3%	9.0%	5.5%	6.8%	7.3%	8.2%	8.1%	9.1%	8.7%	8.9%	9.0%	9.3%
Group Plans	9.8%	35.0%	20.5%	16.4%	11.1%	19.1%	-8.6%	17.0%	5.5%	6.1%	16.8%	-0.9%
Home Health Agencies	5.0%	7.6%	7.4%	9.0%	9.2%	9.7%	10.0%	10.4%	10.8%	11.1%	11.2%	11.3%
<b>Subtotal, Medicare Part A and Part B Benefits</b>	<b>3.1%</b>	<b>10.1%</b>	<b>5.0%</b>	<b>6.0%</b>	<b>5.8%</b>	<b>8.7%</b>	<b>1.5%</b>	<b>9.0%</b>	<b>6.2%</b>	<b>6.5%</b>	<b>10.1%</b>	<b>5.4%</b>
Prescription Drug Plans and Retiree Drug Subsidy	n/a	52.8%	14.4%	14.5%	9.4%	18.4%	-5.7%	21.0%	11.9%	12.0%	22.0%	3.8%
Low-Income Subsidy /3	n/a	36.2%	4.3%	12.8%	11.6%	21.5%	-6.9%	21.9%	11.7%	11.7%	22.1%	3.2%
<b>Subtotal, Part D Benefits</b>	<b>n/a</b>	<b>47.0%</b>	<b>11.1%</b>	<b>14.0%</b>	<b>10.1%</b>	<b>19.3%</b>	<b>-6.0%</b>	<b>21.2%</b>	<b>11.9%</b>	<b>11.9%</b>	<b>22.0%</b>	<b>3.6%</b>
<b>Total, Medicare Benefits</b>	<b>12.4%</b>	<b>13.3%</b>	<b>5.7%</b>	<b>6.9%</b>	<b>6.3%</b>	<b>10.0%</b>	<b>0.4%</b>	<b>10.6%</b>	<b>7.0%</b>	<b>7.3%</b>	<b>11.9%</b>	<b>5.1%</b>
Memorandum:												
Medicare Benefits, adjusted to remove effect of timing shifts /4												
Part A and Part B Benefits	7.1%	6.1%	6.3%	6.0%	5.8%	6.0%	6.5%	6.5%	6.2%	6.5%	7.4%	7.9%
Part D Benefits	n/a	47.0%	10.5%	14.6%	10.1%	9.7%	10.9%	11.7%	11.9%	11.9%	12.0%	11.8%
Total Medicare Benefits	16.5%	9.5%	6.8%	7.0%	6.3%	6.5%	7.1%	7.2%	7.0%	7.3%	8.1%	8.5%

### Notes:

n/a = not applicable, 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/ The growth rate for 2007 is calculated based on spending in 2006 that includes \$0.2 billion in spending for transitional assistance.

4/ The adjustment 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) and includes 12 capitation payments a year.

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

By fiscal year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>COMPARISON OF MEDICARE SPENDING AND DEDICATED FUNDING (in billions of dollars)</b>												
Total Medicare Outlays /1	\$378.6	\$428.0	\$451.1	\$481.6	\$512.0	\$563.3	\$565.6	\$625.4	\$669.0	\$717.9	\$803.3	\$844.0
Dedicated Medicare Financing Sources /2												
Part A (HI)	192.0	200.2	210.9	222.5	234.6	246.9	259.3	271.9	284.8	298.3	312.3	326.9
Part B (SMI)	37.7	42.0	44.2	46.3	48.9	51.8	55.2	58.7	62.4	66.6	71.8	78.2
Part D	4.4	8.6	9.3	10.4	11.5	12.7	14.0	15.3	16.8	18.5	20.5	22.7
Subtotal, Dedicated Medicare Financing Sources	234.2	250.7	264.3	279.2	295.0	311.4	328.5	346.0	364.1	383.4	404.5	427.8
General Revenue Medicare Funding	144.4	177.3	186.8	202.4	217.0	251.9	237.1	279.5	304.9	334.5	398.8	416.2
General Revenue Medicare Funding (percent of total outlays)	38.1%	41.4%	41.4%	42.0%	42.4%	44.7%	41.9%	44.7%	45.6%	46.6%	49.6%	49.3%
Excess General Revenue Medicare Funding (in percent)	0%	0%	0%	0%	0%	0.0%	0%	0.0%	0.6%	1.6%	4.6%	4.3%
<b>STATUS OF HOSPITAL INSURANCE TRUST FUND (in billions of dollars):</b>												
HI Trust Fund Income												
Receipts (mostly payroll taxes)	\$197.0	\$205.8	\$217.4	\$229.6	\$242.0	\$254.7	\$267.4	\$280.5	\$293.9	\$307.9	\$322.4	\$337.7
Interest	15.4	16.7	16.9	17.8	18.7	19.6	20.2	20.9	21.3	21.4	21.0	19.9
Total Income	212.4	222.5	234.3	247.4	260.7	274.2	287.7	301.4	315.2	329.2	343.4	357.7
HI Trust Fund Outlays												
HI Trust Fund Surplus or Deficit(-) [income minus outlays]	25.5	18.8	19.9	18.2	17.2	9.8	18.3	8.1	3.2	-3.5	-20.6	-24.0
HI Trust Fund Balance (end of year)	303.1	321.9	341.8	360.0	377.2	387.1	405.4	413.4	416.6	413.1	392.5	368.5
<b>OFFSETTING RECEIPTS (in billions of dollars):</b>												
Part A Premiums	-\$2.6	-\$2.7	-\$3.0	-\$3.1	-\$3.3	-\$3.5	-\$3.6	-\$3.7	-\$3.9	-\$4.1	-\$4.3	-\$4.6
Part B Premiums /3	-41.6	-46.5	-49.2	-51.7	-54.7	-58.0	-61.7	-65.6	-69.8	-74.6	-80.5	-87.5
Part D Premiums /4	-0.8	-1.5	-1.8	-2.3	-2.7	-3.1	-3.5	-3.9	-4.4	-5.0	-5.6	-6.3
Part D Payments by States	-3.6	-7.1	-7.5	-8.1	-8.8	-9.6	-10.5	-11.4	-12.4	-13.5	-14.8	-16.3
Recoveries of Overpayments to Providers /5	-3.2	-3.7	-4.5	-5.2	-5.4	-5.6	-5.9	-6.3	-6.6	-7.0	-7.5	-8.0
Part D Receipt of Transfers from General Fund for Administration /6	-0.2	-0.7	-0.7	-0.8	-0.8	-0.8	-0.9	-0.9	-1.0	-1.0	-1.1	-1.1
<b>Subtotal, Offsetting Receipts</b>	<b>-52.1</b>	<b>-62.2</b>	<b>-66.7</b>	<b>-71.2</b>	<b>-75.7</b>	<b>-80.7</b>	<b>-86.0</b>	<b>-91.9</b>	<b>-98.2</b>	<b>-105.1</b>	<b>-113.8</b>	<b>-123.9</b>
<b>Offsetting Receipts Paid With Federal Funds</b>												
Federal Share of Medicaid Payments of Part A Premiums	\$1.3	\$1.5	\$1.7	\$1.8	\$1.9	\$2.1	\$2.2	\$2.4	\$2.6	\$2.8	\$3.0	\$3.3
Federal Share of Medicaid Payments of Part B Premiums	3.9	4.6	5.0	5.4	5.8	6.2	6.5	6.9	7.4	7.9	8.7	9.3
Transfers from General Fund for Part D Administration /6	0.2	0.7	0.7	0.8	0.8	0.8	0.9	0.9	1.0	1.0	1.1	1.1
<b>Subtotal, Offsetting Receipts Paid With Federal Funds</b>	<b>5.4</b>	<b>6.7</b>	<b>7.5</b>	<b>8.0</b>	<b>8.5</b>	<b>9.2</b>	<b>9.6</b>	<b>10.2</b>	<b>10.9</b>	<b>11.7</b>	<b>12.7</b>	<b>13.7</b>
<b>Total, Offsetting Receipts from Nonfederal Sources</b>	<b>-46.7</b>	<b>-55.5</b>	<b>-59.2</b>	<b>-63.2</b>	<b>-67.1</b>	<b>-71.5</b>	<b>-76.5</b>	<b>-81.6</b>	<b>-87.2</b>	<b>-93.4</b>	<b>-101.1</b>	<b>-110.2</b>

### Notes:

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

1/ Total Medicare Outlays differ from Total Outlays (in the "Medicare Totals" block on page 1), because Total Medicare Outlays:

- Include recoveries of overpayments to providers (see footnote 5), and
- Exclude the amount transferred from the General Fund to pay for administrative costs of the Part D program (see footnote 6).

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.

3/ Part B premium receipts include the income-related premium.

4/ Does not include premiums that enrollees pay directly to their plans or premiums paid by the low-income subsidy.

5/ The Administration now classifies recoveries of past overpayments as offsetting receipts. Previously they had reported benefits net of those recoveries. CBO has adopted the new classification.

6/ 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.

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<b>COMPONENTS OF HOSPITAL INPATIENT PAYMENTS (in billions of dollars):</b>												
Inpatient Operating and Capital-related Payments	\$120.7	\$125.7	\$126.9	\$131.5	\$137.3	\$144.0	\$152.0	\$161.5	\$172.2	\$183.9	\$196.6	\$210.0
Disproportionate Share /1	9.5	10.0	10.1	10.5	11.0	11.5	12.1	12.9	13.7	14.7	15.7	16.7
Indirect Medical Education /1,2	5.9	6.0	6.2	6.4	6.7	7.0	7.4	7.9	8.4	9.0	9.6	10.2
Graduate Medical Education /1,2	2.3	2.4	2.4	2.4	2.5	2.5	2.6	2.6	2.7	2.7	2.8	2.8
<b>PAYMENT UPDATES AND CHANGES IN PRICE INDEXES:</b>												
Part A: (fiscal year)												
PPS Market Basket Increase	3.7%	3.4%	3.1%	3.1%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
PPS Update Factor	3.7%	3.4%	3.1%	3.1%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
Part B: (calendar year)												
Physician Medicare Economic Index (MEI)	2.8%	2.1%	2.5%	2.5%	2.1%	2.0%	2.1%	2.0%	1.9%	1.9%	2.0%	2.0%
CPI-U	3.4%	1.9%	2.3%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%

**Notes:**

1/ Included in inpatient operating and capital-related payments.

2/ Includes subsidies for medical education that are paid to hospitals that treat patients enrolled in Medicare Advantage plans.

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

By fiscal year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>BENEFICIARY COST SHARING:</b>												
Deductible (calendar year, in dollars)												
Part A (per hospital admission)	\$952	\$992	\$1,032	\$1,076	\$1,120	\$1,164	\$1,212	\$1,264	\$1,316	\$1,372	\$1,428	\$1,488
Part B (per year)	124	131	135	140	145	155	153	162	167	173	186	192
Part D (per year)	250	265	285	315	345	375	405	440	475	515	560	605
Monthly Premium (calendar year, in dollars)												
Part A (for voluntary enrollees) /1	\$393	\$410	\$450	\$469	\$488	\$517	\$519	\$549	\$569	\$592	\$630	\$670
Part B /2	88.50	93.50	97.20	100.50	103.80	107.70	111.30	114.90	118.90	123.50	129.80	137.30
Part D (on average) /3	24.50	22.20	25.30	28.70	32.20	36.10	39.60	43.30	47.00	50.90	55.20	59.80
<b>ENROLLMENT:</b>												
Part A (average monthly enrollment during fiscal year, in millions)												
Part A	42.6	43.3	44.1	44.9	45.8	46.7	47.9	49.3	50.6	52.0	53.5	54.9
Part B	39.9	40.4	40.9	41.4	42.1	42.9	44.0	45.2	46.4	47.7	49.0	50.3
Part D /4,5	26.6	31.6	33.0	34.8	35.7	36.4	37.2	38.1	39.2	40.3	41.5	42.7
Part D Low-Income Subsidy /5	8.6	9.2	9.7	10.0	10.3	10.5	10.8	11.2	11.5	11.9	12.2	12.6
Part A Fee-for-service Enrollment												
Group Plan Enrollment /6	6.7	8.3	9.5	10.5	11.3	11.9	12.4	12.9	13.2	13.6	13.9	14.3
Memo: Medicare+Choice or Medicare Advantage Enrollment	6.1	7.8	9.0	10.3	11.2	11.8	12.4	12.8	13.2	13.5	13.9	14.2
Share of Medicare Part A Enrollment:												
Fee-for-service	84.3%	80.9%	78.6%	76.5%	75.3%	74.5%	74.1%	73.9%	73.9%	73.9%	73.9%	74.0%
Group Plans /6	15.7%	19.1%	21.4%	23.5%	24.7%	25.5%	25.9%	26.1%	26.1%	26.1%	26.1%	26.0%
Growth in Enrollment:												
Total Medicare Enrollment (Part A)	2.4%	1.8%	1.7%	1.8%	1.9%	2.1%	2.6%	2.8%	2.8%	2.7%	2.8%	2.7%
Fee-for-service (Part A)	-0.2%	-2.3%	-1.2%	-0.8%	0.3%	1.0%	1.9%	2.6%	2.7%	2.8%	2.8%	2.8%
Group plans (Part A)	19.4%	24.0%	14.0%	11.4%	7.3%	5.3%	4.4%	3.5%	2.9%	2.6%	2.6%	2.5%

### 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/ The figure for 2006 is for the January-September period only.
- 6/ 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.