



HOUSE BUDGET COMMITTEE

Democratic Caucus

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House Republican Proposal Leads to Inequities in Medicare Premiums

EXECUTIVE SUMMARY

Under Medicare, all seniors pay the same premium for Part B services, regardless of where they live. H.R. 1 includes a provision, commonly referred to as premium support, but now referred to by some Members as “comparative cost adjustment,” in which the cost of the traditional Medicare fee-for-service program has to compete against the price of private plans. This change would allow premiums for the traditional Medicare program to vary by region and relative to those charged by private plans beginning in 2010.

A recent analysis by the Department of Health and Human Services’ Office of the Actuary provides information on 545 counties, and shows that the premium support system in H.R. 1 would result in dramatic disparities in premiums for traditional Medicare within states and regions, and across the country.¹ Specifically, HHS’s analysis looks at premiums in 2013, and reveals that under premium support, the following would happen:

- **Traditional Medicare Would Cost Up to 88 Percent More for Many Seniors Under H.R. 1** — Some seniors would pay more under H.R. 1 for traditional Medicare than they would if premium support is not enacted. Based on HHS’s analysis, many seniors would see increases in their Medicare premiums, with some facing increases as high as 88 percent.
- **Medicare Premiums Would Vary Dramatically Across the Nation** — Among the counties presented in HHS’s analysis, the amount that seniors would have to pay to stay in the traditional fee-for-service Medicare program in 2013 would range from a low of \$675 annually (\$56 monthly) in Davidson County, North Carolina, and several counties in Oregon, to a high of \$2,400 annually (\$200 monthly) in Jefferson Parish, Louisiana. This means that some seniors would have to pay more than three times as much as, or \$1,725 more than, individuals in other parts of the country for the *exact same benefit*.

¹ *Comparison of Annual Beneficiary Premiums Under H.R. 1 for Medicare Advantage, Enhanced Fee-For-Service, and Traditional Fee-For-Service Plans*, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Office of the Actuary, August 9, 2003. Note: All estimates cited are for premiums in 2013 and are a best approximation of HHS’s graphs.

- **Medicare Premiums Could Vary Widely Within a State** — Even within a state, seniors may pay dramatically different premiums – sometimes twice as much – for the same Medicare benefit. For instance, a senior in Osceola County, Florida, would pay \$1,000 annually for traditional Medicare in 2013, while a senior in Palm Beach County would pay more than twice that, with premiums of \$2,100. In California, premiums would range from a low of \$775 in Yolo County to a high of \$1,700 in Los Angeles County.
- **Increases in Medicare Premiums Could Be More Widespread, and Could Get Even Worse** — Out of 3,066 counties nationwide, the HHS analysis provides specific information on only 545 counties in 36 states; other counties may also see premium increases if private plans enter those counties. Furthermore, under H.R. 1, the impact on premiums would not be fully phased in by 2013, the year analyzed by HHS. When premium support is fully in place, the effects may be worse.

The following report provides further explanation of the premium support provisions in H.R. 1, a discussion of why premium support causes disparities in Medicare premiums, and summaries of HHS's analysis of the effect of H.R. 1 on premiums, by county and region.

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House Republican Proposal Leads to Inequities in Medicare Premiums

Seniors Currently Pay the Same Premium Across the Nation

Seniors currently pay the same premium for Medicare Part B (physician and outpatient services) regardless of where they live. The premium is set so that it covers 25 percent of projected Part B costs. The remaining 75 percent of costs are financed by the Treasury via general revenue transfers to the Part B Trust Fund. For 2003, Part B premiums are \$704.40 annually (\$58.70 monthly). HHS recently announced premiums for 2004 of \$799.20 annually (\$66.60 monthly).²

“Premium Support” Creates Geographic Inequities

H.R. 1 includes a provision, commonly referred to as premium support, but now referred to by some Members as “comparative cost adjustment,” which would allow premiums for the traditional Medicare program to vary by county and region and relative to those charged by private plans beginning in 2010. A recent analysis by HHS’s Office of the Actuary (OACT) shows that this proposal would create dramatic geographic inequities in premiums for traditional Medicare, substantiating the predictions of many analysts. OACT’s analysis illustrates that premium support would result in widely disparate premium amounts across the country, depending on where a senior lives.

- ***Traditional Medicare Would Cost Up to 88 Percent More for Many Seniors Under H.R. 1*** — Some seniors would pay more under H.R. 1 for traditional Medicare than they would if premium support is not enacted. Based on the HHS analysis, which presents information on 545 counties, many seniors would see increases in their Medicare premiums, with some facing increases as high as 88 percent. Without the change to the system caused by premium support, HHS projects that seniors would pay an estimated \$1,280 in annual premiums (\$107 monthly) for traditional Medicare in 2013.³

Under H.R. 1, seniors in Jefferson Parish, Louisiana, would face premiums of \$2,400, an increase of \$1,120 (88 percent), while seniors in Baltimore City and Baltimore County would face premiums of \$2,300, an increase of \$1,020 (80 percent). In New York City, seniors would see an increase of 56 percent in Queens, Kings and Richmond Counties, with premium costs of \$2,000.

- ***Medicare Premiums Would Vary Dramatically Across the Nation*** — Among the counties presented in HHS’s analysis, the amount that seniors would have to pay to stay in the traditional fee-for-service Medicare program in 2013 would range from a low of \$675 annually (\$56 monthly) in Davidson County, North Carolina, and several counties in Oregon, to a high of \$2,400 annually (\$200 monthly) in Jefferson Parish, Louisiana. This means that some seniors would have to pay more than three times as much as, or \$1,725 more than, individuals in other parts of the country for the *exact same benefit*.

² *Federal Register*, October 24, 2003, 60997 – 61002.

³ HHS Office of the Actuary, Supplementary Medical Insurance Tables for FY 2004 Midsession Review, June 16, 2003.

- ***Medicare Premiums Could Vary Widely Within a State*** — Even within a state, seniors may pay dramatically different premiums – sometimes twice as much – for the same Medicare benefit. For instance, a senior in Osceola County, Florida would pay \$1,000 annually for traditional Medicare in 2013, while a senior in Palm Beach County would pay more than twice that, with premiums of \$2,100. In California, premiums would range from a low of \$775 in Yolo County to a high of \$1,700 in Los Angeles County.
- ***Increases in Medicare Premiums Could Be More Widespread, and Could Get Even Worse*** — Out of 3,066 counties nationwide, the analysis from HHS provides specific information on only 545 counties in 36 states; other counties may also see premium increases if private plans enter those counties. Furthermore, HHS’s analysis looks at the effect on premiums in 2013, but premium support would not be fully phased in by that year. When premium support is fully in place, the effects may be worse.

House Premium Support Plan Turns Medicare Into a Defined Contribution System with Geographic Variation

In H.R. 1, the current Medicare program is replaced by a system of competing health plans, one of which is the traditional Medicare fee-for-service program. Medicare would make a contribution toward the premiums of each plan (including traditional Medicare) up to a maximum amount, or benchmark. If beneficiaries choose plans that bid less than the government contribution, they would receive a rebate. Beneficiaries who want to join plans that bid more than the government contribution would have to pay the difference. If traditional Medicare costs more than this benchmark, and this extra amount exceeds projections of premiums under current law, then beneficiaries in traditional Medicare would face a premium hike.

The amount of the traditional Medicare premium would vary by county because the government contribution and the Medicare premium are determined by county-specific factors. Under premium support, the government contribution would be based on the following county-specific factors: (1) the cost of the government-run fee-for-service program in the region; (2) the price set by private plan bids in the county; and (3) the number of beneficiaries who choose private plans versus traditional Medicare.

While historical experience and recent research calls into question whether private plans can provide care more cheaply than traditional Medicare, the HHS analysis assumes that they can. This assumption, combined with the fact that private plans can develop benefits and marketing strategies to attract healthier beneficiaries, means that in the HHS analysis, some plans would bid below average Medicare costs in certain regions. If private plan bids are below the cost of traditional Medicare, it would pull the government contribution downwards. Beneficiaries would need to pay more to stay in traditional Medicare. If this extra amount beneficiaries have to pay is more than current projections of premiums, then beneficiaries would face a premium increase.

Furthermore, as more beneficiaries enroll in private plans, the formula that determines the government contribution would become even more weighted by the private plan bids. In this scenario, the government contribution gets pulled more and more toward the private plan bids,

and beneficiaries would have to shoulder a greater share of the costs in order to stay in traditional Medicare.

It is also possible that in other counties, plan bids would be above the cost of traditional Medicare, pulling the government contribution upwards. The traditional Medicare program would be cheaper than the private plans, and cheaper than the government contribution, so seniors would get a rebate if they stayed in traditional Medicare. While this scenario is plausible, it is important to note that HHS's Chief Actuary stated earlier this year that premium support is more likely to result in premium increases than premium decreases.⁴

Because the formula that determines premiums relies solely on information specific to any one county, the end result is that premiums vary by community.

Other Problems and Risks of Premium Support

Premium Support Undermines Traditional Fee-For-Service Medicare

In addition to the premium inequities under H.R. 1, there are numerous additional reasons to be concerned about premium support, or a similar system. The ultimate effect of a premium support system is to jeopardize the traditional Medicare system by driving up costs so much that the program is ultimately unsustainable. Private insurance plans have years of experience in designing their health packages and marketing strategies to appeal to the healthiest individuals and discourage sicker individuals from joining – a strategy known as “cherry-picking.” In fact, a recent analysis by the Medicare Payment Advisory Commission shows that private plans face costs that are 16 percent lower than the traditional Medicare program simply due to the fact that they serve healthier beneficiaries.⁵

As private plans pull away the healthier and less expensive beneficiaries without necessarily saving money for the program, traditional Medicare would be left with the sicker beneficiaries. Payments per person to traditional Medicare and private plans in a county would be based on the same benchmark, even though the beneficiaries in traditional Medicare would be sicker and more expensive than average. As the marketing strategies of private plans and higher costs in traditional Medicare continue to drive healthier beneficiaries out of Medicare and into private plans, traditional Medicare would be left with a progressively sicker and more expensive population. Traditional Medicare premiums would continue to spiral upwards as the process repeats itself year after year. This is the beginning of an insurance “death spiral” that could ultimately destroy the traditional Medicare program.

⁴ Letter from Richard S. Foster, Office of the Actuary, to Representative Charlie B. Rangel, “Estimated Impact of H.R. 1 on Premiums for Fee-for-Service Beneficiaries in 2010 and Later,” June 26, 2003. The letter states, “...we generally estimate that premiums for fee-for-service beneficiaries in [regions with premium support] would exceed those under current law. There are plausible situations, however, in which such premiums in some areas could instead be slightly lower than current-law levels.”

⁵ When combined with the fact that private plan payments are higher to begin with, MedPAC finds that private plans are paid 19.3 percent more than the cost to serve those seniors in traditional Medicare. Medicare Payment Advisory Commission, Transcript from Public Meeting, October 9, 2003.
http://www.medpac.gov/public_meetings/transcripts/100903_M%20C_SH_transc.pdf

Premium Support Relies on Historically Unreliable Private Plan Market That Does Not Serve All Seniors

Proponents of premium support assert that it would lead to the kind of competition that exists in the Federal Employees Health Benefits Program (FEHBP), and that the introduction of private plan competition would control costs. However, the poor track record of private plans in Medicare thus far provides little reason to believe that private plans would be able to lower costs, and evidence suggests that premium support is likely to increase, not decrease, government spending.

Medicare's experience with private health plans to date has shown that this market is unreliable. In fact, more than half the plans participating in Medicare managed care dropped out between 1998 to 2003, and only 148 plans participate this year.⁶ Furthermore, seniors living in rural areas are not well-served by private plans – only 13 percent of seniors in rural areas even have the option of joining a health maintenance organization.⁷

Medicare has a better track record than private plans in controlling administrative costs and overall costs. From 1996 to 2002, the average annual growth in Medicare spending was 4.2 percent, compared with 5.9 percent for premiums in employer plans and 7.2 percent for FEHBP premiums.⁸ Enticing private plans to enter the Medicare market may also be an expensive proposition, with some press reports of a \$12 billion “stabilization fund” to induce preferred provider organizations to enter areas they might not normally see as desirable,⁹ and earlier press reports of upwards of \$15 billion to \$25 billion in private plan subsidies in the first ten years.¹⁰

⁶ Kaiser Family Foundation, “Medicare+Choice Fact Sheet,” April 2003. <http://www.kff.org/content/2003/2052-06/2052-06.pdf>

⁷ MedPAC, “A Data Book: Healthcare Spending and the Medicare Program,” June 2003, p. 157.

⁸ Mark Merlis, “The Federal Employees Health Benefits Program: Program Design, Recent Performance, and Implications for Medicare Reform,” May 2003, p. 9. <http://www.kff.org/content/2003/6081/6081v1.pdf>

⁹ Health Care Daily, “Potential House-Senate Compromise on Medicare Bill Outlined in Document,” BNA, November 3, 2004.

¹⁰ David Rogers, “Drug Firms Lobby to Include Treatments in Medicare Plan,” *Wall Street Journal*, June 23, 2003.

Summary of HHS’s Region-by-Region Analysis of Disparities in Medicare Premiums

In a recent analysis, HHS’s Office of the Actuary presented information on the premium effects of H.R. 1 for beneficiaries in traditional Medicare in 545 counties in 36 states. Following are summaries of HHS’s analysis, by county and region. These summaries are based on a graphical presentation prepared by HHS. HHS’s underlying data are not publicly available, so these summaries attempt to provide a best approximation of the data and convert the information into a user-friendly format. HHS’s materials did not provide information on counties that are absent from the descriptions below.

Summary of Region 1: Oklahoma and Texas

Some seniors in Region 1 would see their premiums go up by as much as 44 percent under H.R. 1, with individuals in Tarrant County, Texas, facing an annual premium of \$1,850 (\$154 monthly). Across the region, premiums would range from this high of \$1,850 in Tarrant County, to a low of \$1,225 (\$102 monthly) in many other parts of Texas, such as Galveston County, as well as some parts of Oklahoma. This disparity in premium cost of \$625 means that seniors in Tarrant would pay 51 percent more for Medicare than other individuals living in the same region. Seniors in 9 out of 25 counties included in OACT’s presentation would see increases in their premiums, with those living in the highest premium areas facing a premium increase of \$570, or 45 percent.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,225 in many parts of TX and OK	\$1,850 in Tarrant, TX	\$625 (51 percent)	\$570 (45 percent)	9 out of 25 analyzed	Canadian, OK Cleveland, OK Creek, OK Oklahoma, OK Bexar, TX Dallas, TX Harris, TX Jefferson, TX Tarrant, TX

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Oklahoma and Texas, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Canadian, OK	\$1,400	Washington, OK	\$1,225	Guadalupe, TX	\$1,225
Cleveland, OK	\$1,350	Aransas, OK	\$1,225	Hardin, TX	\$1,225
Creek, OK	\$1,325	Bexar, TX	\$1,850	Harris, TX	\$1,650
Mayes, OK	\$1,250	Brazoria, TX	\$1,225	Jefferson, TX	\$1,325
Oklahoma, OK	\$1,400	Comal, TX	\$1,225	Nueces, TX	\$1,225
Osage, OK	\$1,250	Dallas, TX	\$1,850	Orange, TX	\$1,225
Rogers, OK	\$1,250	Fort Bend, TX	\$1,225	San Patricio, TX	\$1,225
Tulsa, OK	\$1,275	Galveston, TX	\$1,225	Tarrant, TX	\$1,850
Wagoner, OK	\$1,275				

Summary of Region 2: California and Hawaii

Premiums for some seniors in Region 2 could increase by as much as \$420, or up to 33 percent. Across the region, premiums would range from a low of \$775 (\$65 monthly) in Yolo County, California, to over \$1,700 (\$142 monthly) in Los Angeles County, California. This gap of \$925 means that seniors in some parts of California would pay 119 percent more for Medicare than other seniors in the State.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$775 in Yolo, CA	\$1,700 in Los Angeles, CA	\$925 (119 percent)	\$420 (33 percent)	7 out of 43 analyzed	Los Angeles, CA Orange, CA Riverside, CA San Bernardino, CA San Diego, CA Stanislaus, CA Ventura, CA

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

California and Hawaii, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Alameda, CA	\$1,175	Napa, CA	\$1,100	Santa Cruz, CA	\$1,250
Amador, CA	\$1,250	Nevada, CA	\$1,250	Shasta, CA	\$1,250
Butte, CA	\$1,250	Orange, CA	\$1,525	Solano, CA	\$875
Calaveres, CA	\$1,175	Placer, CA	\$900	Sonoma, CA	\$950
Contra Costa, CA	\$1,225	Riverside, CA	\$1,500	Stanislaus, CA	\$1,400
Eldorado, CA	\$1,075	Sacramento, CA	\$975	Sutter, CA	\$1,250
Fresno, CA	\$850	San Bernardino, CA	\$1,450	Tulare, CA	\$1,250
Kern, CA	\$1,200	San Diego, CA	\$1,375	Tuolumne, CA	\$1,250
Kings, CA	\$1,250	San Francisco, CA	\$850	Ventura, CA	\$1,475
Lake, CA	\$1,250	San Joaquin, CA	\$1,000	Yolo, CA	\$775
Los Angeles, CA	\$1,700	San Luis Obispo, CA	\$1,250	Yuba, CA	\$1,250
Madera, CA	\$900	San Mateo, CA	\$1,150	Hawaii, HI	\$1,250
Marin, CA	\$1,150	Santa Barbara, CA	\$1,000	Honolulu, HI	\$1,250
Mendocino, CA	\$1,250	Santa Clara, CA	\$1,000	Maui, HI	\$1,250
Monterey, CA	\$1,250				

Summary of Region 3: Florida and Puerto Rico

In Region 3, premiums could go up as much as \$820 (64 percent). Seniors would face premiums ranging from a low of \$1,000 (\$83 monthly) in Osceola County, Florida, to a high of \$2,100 (\$175 monthly) in Palm Beach County, Florida. This \$1,100 differential would result in some seniors paying as much as 110 percent more than individuals living elsewhere in Florida.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,000 in Osceola, FL	\$2,100 in Palm Beach, FL	\$1,100 (110 percent)	\$820 (64 percent)	12 out of 75 analyzed	Brevard, FL Broward, FL Dade, FL Flagler, FL Hernando, FL Hillsborough, FL Indian River, FL Palm Beach, FL Pasco, FL Pinellas, FL Seminole, FL Volusia, FL

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Florida and Puerto Rico, continued

Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Baker, FL	\$1,250	Aguas Buenas, PR	\$1,250	Juana Diaz, PR	\$1,250
Brevard, FL	\$1,900	Aibonito, PR	\$1,250	Juncos, PR	\$1,250
Broward, FL	\$1,950	Arecibo, PR	\$1,250	Las Piedras, PR	\$1,250
Charlotte, FL	\$1,250	Arroyo, PR	\$1,250	Loiza, PR	\$1,250
Dade, FL	\$2,050	Barceloneta, PR	\$1,250	Luquillo, PR	\$1,250
Duval, FL	\$1,250	Barranquitas, PR	\$1,250	Manati, PR	\$1,250
Escambia, FL	\$1,250	Bayamon, PR	\$1,250	Naranjito, PR	\$1,250
Flagler, FL	\$1,350	Caguas, PR	\$1,250	Orocovis, PR	\$1,250
Hernando, FL	\$2,000	Carolina, PR	\$1,250	Patillas, PR	\$1,250
Hillsborough, FL	\$1,500	Catano, PR	\$1,250	Penuelas, PR	\$1,250
Indian River, FL	\$1,900	Cavey, PR	\$1,250	Ponce, PR	\$1,250
Lee, FL	\$1,250	Ceiba, PR	\$1,250	Rio Grande, PR	\$1,250
Martin, FL	\$1,250	Cidra, PR	\$1,250	Salinas, PR	\$1,250
Nassau, FL	\$1,250	Coamo, PR	\$1,250	San Juan, PR	\$1,250
Okeechobee, FL	\$1,250	Comerio, PR	\$1,250	San Lorenzo, PR	\$1,250
Orange, FL	\$1,275	Corozal, PR	\$1,250	Santa Isabel, PR	\$1,250
Osceola, FL	\$1,000	Dorado, PR	\$1,250	Toa Alta, PR	\$1,250
Palm Beach, FL	\$2,100	Fajardo, PR	\$1,250	Toa Baja, PR	\$1,250
Pasco, FL	\$1,475	Guanico, PR	\$1,250	Trujillo Alto, PR	\$1,250
Pinellas, FL	\$1,700	Guayama, PR	\$1,250	Utua, PR	\$1,250
Santa Rosa, FL	\$1,250	Guayanilla, PR	\$1,250	Vega Alta, PR	\$1,250
Seminole, FL	\$1,475	Guaynabo, PR	\$1,250	Vega Baja, PR	\$1,250
St. Lucie, FL	\$1,250	Gurabo, PR	\$1,250	Villalba, PR	\$1,250
Volusia, FL	\$1,375	Humacao, PR	\$1,250	Yabucoa, PR	\$1,250
Adjuntas, PR	\$1,250	Jayuya, PR	\$1,250	Yauco, PR	\$1,250
Aguada, PR	\$1,250				

Summary of Region 4: Idaho, Oregon, and Washington

Premiums in Region 4 would range from a low of \$675 (\$56 monthly) in parts of Oregon (Columbia, Multnomah and Washington Counties) to a high of \$1,325 (\$110 monthly) in Yamhill County, Oregon. The \$650 disparity translates into a 96 percent difference between seniors with the lowest and highest premiums.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$675 in Columbia, Multnomah and Washington, OR	\$1,325 in Yamhill, OR	\$650 (96 percent)	\$45 (4 percent)	1 out of 37 analyzed	Yamhill, OR

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Idaho, Oregon and Washington, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Ada, ID	\$1,250	Hood River, OR	\$975	Grays Harbor, WA	\$1,225
Canyon, ID	\$1,250	Jefferson, OR	\$950	Island, WA	\$875
Gem, ID	\$1,250	Lane, OR	\$1,175	King, WA	\$975
Owyhee, ID	\$1,250	Linn, OR	\$1,050	Kitsap, WA	\$950
Payette, ID	\$1,250	Marion, OR	\$850	Lewis, WA	\$1,000
Washington, ID	\$1,250	Multnomah, OR	\$675	Mason, WA	\$1,000
Benton, OR	\$825	Polk, OR	\$1,000	Pierce, WA	\$1,000
Clackamas, OR	\$875	Wasco, OR	\$925	San Juan, WA	\$1,225
Columbia, OR	\$675	Washington, OR	\$675	Skagit, WA	\$1,100
Crook, OR	\$950	Yamhill, OR	\$1,325	Snohomish, WA	\$950
Deschutes, OR	\$925	Clark, WA	\$700	Thurston, WA	\$975
Grant, OR	\$1,250	Cowlitz, WA	\$900	Whatcom, WA	\$925
Harney, OR	\$1,250				

Summary of Region 5: Michigan, Minnesota and Wisconsin

Seniors in Region 5 would pay premiums ranging from a low of \$1,175 (\$98 monthly) in Ramsey and Washington Counties, Minnesota, to a high of \$1,700 (\$142 monthly) in Wayne County, Michigan. This difference of \$525 means some seniors would pay 45 percent more than others in this region. Furthermore, seniors facing the highest premiums in this region would see an increase in their premiums of \$420 (33 percent) above what they would otherwise pay.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,175 in Ramsey and Washington, MN	\$1,700 in Wayne, MI	\$525 (45 percent)	\$420 (33 percent)	4 out of 35 analyzed	Saginaw, MI Wayne, MI Hennipen, MN Scott, MN

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Michigan, Minnesota and Wisconsin, continued

Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Genesee, MI	\$1,275	Ramsey, MN	\$1,175	Milwaukee, WI	\$1,250
Lapeer, MI	\$1,250	Scott, MN	\$1,300	Monroe, WI	\$1,250
Macomb, MI	\$1,250	Sherburne, MN	\$1,225	Oneida, WI	\$1,250
Monroe, MI	\$1,250	Washington, MN	\$1,175	Portage, WI	\$1,250
Oakland, MI	\$1,250	Wright, MN	\$1,225	Price, WI	\$1,250
Saginaw, MI	\$1,300	Chippewa, WI	\$1,250	Racine, WI	\$1,250
Wayne, MI	\$1,700	Clark, WI	\$1,250	Rusk, WI	\$1,250
Anoka, MN	\$1,275	Eau Claire, WI	\$1,250	Taylor, WI	\$1,250
Carver, MN	\$1,250	Jackson, WI	\$1,250	Trampealeau, WI	\$1,250
Chisago, MN	\$1,225	La Crosse, WI	\$1,250	Vernon, WI	\$1,250
Dakota, MN	\$1,200	Lincoln, WI	\$1,250	Wood, WI	\$1,250
Hennepin, MN	\$1,325	Marathon, WI	\$1,250		

Summary of Region 6: Arizona, Nevada and New Mexico

In Region 6 premiums would range from a low of \$900 (\$75 monthly) in Pima County, Arizona, and Bernalillo, New Mexico, to a high of \$1,950 (\$163 monthly) in Clark County, Nevada. The \$1,050 disparity translates into a 117 percent difference between seniors with the lowest and highest premiums in the region. Furthermore, some seniors in Region 6 would see their premiums go up by as much as \$670 (52 percent) compared with the premiums projected under current law.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$900 in Pima, AZ and Bernalillo, NM	\$1,950 in Clark, NV	\$1,050 (117 percent)	\$670 (52 percent)	1 out of 12 analyzed	Clark, NV

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Approximate Annual Premiums in 2013 (Counties not presented were not included in HHS's materials)

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Maricopa, AZ	\$1,225	Clark, NV	\$1,950	Sandoval, NM	\$925
Pima, AZ	\$900	Lyon, NV	\$1,250	Santa Fe, NM	\$1,250
Pinal, AZ	\$1,100	Washoe, NV	\$1,250	Torrance, NM	\$1,250
Santa Cruz, AZ	\$1,250	Bernalillo, NM	\$900	Valencia, NM	\$925

Summary of Region 7: Colorado

In Region 7, premiums would range from a low of \$1,025 in Larimer County to a high of \$1,225 in Elbert and Park Counties. Those seniors facing the highest premiums would pay nearly 20 percent more than other individuals in Colorado.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,025 in Larimer, CO	\$1,225 in Elbert, Park and Weld, CO	\$200 (20 percent)	NA	None	NA

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS’s materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Adams, CO	\$1,200	Douglas, CO	\$1,175	Larimer, CO	\$1,025
Arapahoe, CO	\$1,200	El Paso, CO	\$1,100	Park, CO	\$1,225
Boulder, CO	\$1,200	Elbert, CO	\$1,225	Teller, CO	\$1,150
Denver, CO	\$1,200	Jefferson, CO	\$1,200	Weld, CO	\$1,225

Summary of Region 8: Illinois, Missouri and Nebraska

The seniors in Region 8 would pay a low of \$800 (\$67 monthly) in Christian County, Missouri, up to a high of \$1,425 (\$119 monthly) in St. Louis City, Missouri. This \$625 differential would result in some seniors paying as much as 78 percent more than individuals living elsewhere in the region.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$800 in Christian and Greene, MO	\$1,425 in St. Louis City, MO	\$625 (78 percent)	\$145 (11 percent)	6 out of 49 analyzed	Cook, IL Franklin, MO Jefferson, MO St. Louis, MO St. Louis City, MO Warren, MO

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Illinois, Missouri and Nebraska, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Champaign, IL	\$1,250	Tazewell, IL	\$1,250	Hickory, MO	\$1,250
Cook, IL	\$1,300	Vermillion, IL	\$1,250	Jackson, MO	\$1,225
De Wit, IL	\$1,250	Woodford, IL	\$1,250	Jefferson, MO	\$1,400
Douglas, IL	\$1,250	Johnson, KS	\$1,225	Laclede, MO	\$1,250
Ford, IL	\$1,250	Pottowattamie, KS	\$1,250	Lawrence, MO	\$1,250
Iroquois, IL	\$1,250	Wyandotte, KS	\$1,250	Lincoln, MO	\$1,250
Kane, IL	\$1,250	Barry, MO	\$1,250	Platte, MO	\$1,250
Kendall, IL	\$1,250	Cass, MO	\$1,225	Polk, MO	\$1,250
Knox, IL	\$1,250	Cedar, MO	\$1,250	St. Charles, MO	\$1,275
Livingston, IL	\$1,250	Christian, MO	\$800	St. Louis City, MO	\$1,425
Madison, IL	\$1,050	Clay, MO	\$1,225	St. Louis, MO	\$1,300
McLean, IL	\$950	Crawford, MO	\$1,250	Stone, MO	\$1,225
Monroe, IL	\$1,100	Dade, MO	\$1,250	Taney, MO	\$1,225
Peoria, IL	\$1,250	Dallas, MO	\$1,250	Warren, MO	\$1,375
Piatt, IL	\$1,250	Franklin, MO	\$1,375	Webster, MO	\$1,225
Randolph, IL	\$1,250	Greene, MO	\$800	Douglas, NE	\$1,225
St. Clair, IL	\$1,050				

Summary of Region 9: Alabama, Louisiana, Mississippi and Tennessee

According to OACT’s analysis, the premium disparities within Region 9 are the largest for any one region, with some seniors paying \$1,575 more than others in the same region, a difference of over 190 percent. Premiums in Region 9 range from a low of \$825 (\$69 monthly) in Sullivan County, Tennessee to a high of \$2,400 (\$200 monthly) in Jefferson Parish, Louisiana. The premiums in Jefferson Parish are also the highest in the 545 counties included in OACT’s materials, resulting in a \$1,120 increase in premiums – an increase of 88 percent over what seniors would pay under current law.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$825 in Sullivan, TN	\$2,400 in Jefferson, LA	\$1,575 (191 percent)	\$1,120 (88 percent)	8 out of 54 analyzed	Blount, AL Jefferson, AL Shelby, AL St. Clair, AL Ascension, LA East Baton Rouge, LA Jefferson, LA Livingston, LA

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Alabama, Louisiana, Mississippi and Tennessee, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Blount, AL	\$1,400	Anderson, TN	\$1,000	Knox, TN	\$1,050
Clinton, AL	\$1,225	Blount, TN	\$1,025	Loudon, TN	\$1,075
Jefferson, AL	\$1,400	Bradley, TN	\$1,225	Macon, TN	\$1,225
Mobile, AL	\$1,225	Campbell, TN	\$1,125	Marshall, TN	\$1,225
Shelby, AL	\$1,325	Cannon, TN	\$1,225	McMinn, TN	\$1,225
St. Clair, AL	\$1,400	Carter, TN	\$1,225	Morgan, TN	\$1,075
Ascension, LA	\$2,100	Cheatham, TN	\$1,225	Roane, TN	\$1,075
E. Baton Rouge, LA	\$1,900	Claiborne, TN	\$1,225	Robertson, TN	\$1,225
Iberville, LA	\$1,225	Cocke, TN	\$1,225	Rutherford, TN	\$1,225
Jefferson, LA	\$2,400	Davidson, TN	\$1,225	Sevier, TN	\$1,050
Livingston, LA	\$1,900	De Kalb, TN	\$1,225	Smith, TN	\$1,225
Orleans, LA	*	Grainger, TN	\$1,000	Sullivan, TN	\$825
Plaquemines, LA	*	Greene, TN	\$1,225	Sumner, TN	\$1,225
St. Bernard, LA	\$1,225	Hamblen, TN	\$1,225	Trousdale, TN	\$1,225
St. Charles, LA	\$1,225	Hamilton, TN	\$1,225	Union, TN	\$1,075
St. Tammany, LA	*	Hawkins, TN	\$1,225	Washington, TN	\$1,225
W. Baton Rouge, LA	\$1,225	Jefferson, TN	\$1,025	Williamson, TN	\$1,225
Harrison, MS	\$1,225	Johnson, TN	\$1,225	Wilson, TN	\$1,225

*HHS's graphs list these counties, but omit premium totals.

Summary of Region 10: Maryland, Virginia and West Virginia

Region 10 sees a premium low of \$1,200 (\$100 monthly) in Brooke County, West Virginia and a high of \$2,300 (\$192 monthly) in Baltimore County and Baltimore City, Maryland. Those seniors facing the highest premiums in this region would pay nearly 92 percent more than other individuals in the region. Furthermore, in the high premium area of Baltimore, seniors would pay \$1,020 (80 percent) more than they would absent a premium support system.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,200 in Brooke, WV	\$2,300 in Baltimore County and Baltimore City, MD	\$1,100 (92 percent)	\$1,020 (80 percent)	2 out of 11 analyzed	Baltimore, MD Baltimore City, MD

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Baltimore City, MD	\$2,300	Scott, VA	\$1,225	Hancock, WV	\$1,225
Baltimore, MD	\$2,300	Washington, VA	\$1,225	Marshall, WV	\$1,225
Bristol City, VA	\$1,225	Wise, VA	\$1,225	Ohio, WV	\$1,225
Lee, VA	\$1,225	Brooke, WV	\$1,200		

Summary of Region 11: Georgia and North Carolina

Region 11 includes the lowest premium in OACT’s analysis, with projected premiums of \$675 (\$56 monthly) in Davidson County, North Carolina. However, this region still faces a wide difference between its low and high premium areas, with premiums of \$1,225 (\$102 monthly) in many counties in Georgia and North Carolina. This range means that some seniors in the region would pay over 80 percent more than their peers in Davidson County.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$675 in Davidson, NC	\$1,225 in Cherokee, GA Cowetta, GA Forsyth, GA Alleghany, NC Cabarrus, NC Chatham, NC Davie, NC Durham, NC Gaston, NC Iredell, NC Randolph, NC Stokes, NC Surry, NC Wake, NC Wilkes, NC Yadkin, NC	\$550 (82 percent)	NA	None	NA

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Georgia and North Carolina, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Cherokee, GA	\$1,225	Alamance, NC	\$750	Mecklenburg, NC	\$800
Clayton, GA	\$1,025	Alleghany, NC	\$1,225	Orange, NC	\$750
Cobb, GA	\$1,100	Cabarrus, NC	\$1,225	Randolph, NC	\$1,225
Cowetta, GA	\$1,225	Chatham, NC	\$1,225	Rockingham, NC	\$850
De Kalb, GA	\$1,000	Davidson, NC	\$675	Rowan, NC	\$775
Douglas, GA	\$1,050	Davie, NC	\$1,225	Stokes, NC	\$1,225
Fayette, GA	\$1,050	Durham, NC	\$1,225	Surry, NC	\$1,225
Forsyth, GA	\$1,225	Forsyth, NC	\$700	Wake, NC	\$1,225
Fulton, GA	\$1,000	Gaston, NC	\$1,225	Wilkes, NC	\$1,225
Gwinnett, GA	\$1,100	Guilford, NC	\$700	Yadkin, NC	\$1,225
Henry, GA	\$1,025	Iredell, NC	\$1,225		

Summary of Region 12: Kentucky and Ohio

Some seniors in Region 12 would see a \$220 increase in their annual Medicare premiums, with seniors in Jefferson County, Ohio, paying \$1,500 (\$125 monthly). Premiums in the region range from this high to a low of \$1,150 (\$96 monthly) in Hamilton County, Ohio. This disparity of \$350 means that some seniors in Region 12 would pay 30 percent more than others living elsewhere in the region.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,150 in Hamilton, OH	\$1,500 in Jefferson, OH	\$350 (30 percent)	\$220 (17 percent)	3 out of 38 analyzed	Jefferson, OH Stark, OH Wayne, OH

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Kentucky and Ohio, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Campbell, KY	\$1,250	Franklin, OH	\$1,175	Miami, OH	\$1,250
Jefferson, KY	\$1,250	Geauga, OH	\$1,225	Montgomery, OH	\$1,275
Kenton, KY	\$1,250	Greene, OH	\$1,250	Pickaway, OH	\$1,250
Belmont, OH	\$1,225	Hamilton, OH	\$1,150	Portage, OH	\$1,175
Brown, OH	\$1,200	Holmes, OH	\$1,250	Shelby, OH	\$1,250
Butler, OH	\$1,150	Jefferson, OH	\$1,500	Stark, OH	\$1,350
Carroll, OH	\$1,250	Lake, OH	\$1,250	Summit, OH	\$1,175
Clark, OH	\$1,250	Licking, OH	\$1,275	Tuscarawas, OH	\$1,250
Clermont, OH	\$1,200	Lorain, OH	\$1,250	Union, OH	\$1,250
Columbiana, OH	\$1,225	Lucas, OH	\$1,175	Warren, OH	\$1,225
Cuyahoga, OH	\$1,250	Madison, OH	\$1,200	Wayne, OH	\$1,350
Delaware, OH	\$1,250	Mahoning, OH	\$1,250	Wood, OH	\$1,125
Fairfield, OH	\$1,250	Medina, OH	\$1,200		

Summary of Region 13: Massachusetts, New Hampshire and Rhode Island

Seniors in Hampden County, Massachusetts, would face the lowest premiums in this region with premiums of \$1,050 (\$88 monthly), while on the other end of the spectrum, seniors in Barnstable, Massachusetts and Newport, Rhode Island, would pay premiums of \$1,450 (\$121 monthly). This range is a difference of \$400, or 38 percent. Compared with projected premiums under current law, some seniors in Region 13 would face premium increases of \$170 (13 percent).

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,050 in Hampden, MA	\$1,450 in Barnstable, MA, and Newport, RI.	\$400 (38 percent)	\$170 (13 percent)	11 out of 17 analyzed	Barnstable, MA Bristol, MA Essex, MA Middlesex, MA Norfolk, MA Plymouth, MA Bristol, RI Kent, RI Newport, RI Providence, RI Washington, RI

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Massachusetts, New Hampshire and Rhode Island, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Barnstable, MA	\$1,450	Middlesex, MA	\$1,375	Bristol, RI	\$1,425
Bristol, MA	\$1,325	Norfolk, MA	\$1,400	Kent, RI	\$1,425
Essex, MA	\$1,425	Plymouth, MA	\$1,350	Newport, RI	\$1,450
Franklin, MA	\$1,275	Suffolk, MA	\$1,225	Providence, RI	\$1,400
Hampden, MA	\$1,050	Worcester, MA	\$1,250	Washington, RI	\$1,425
Hampshire, MA	\$1,250	Hillsborough, NH	\$1,275		

Summary of Region 14: Connecticut and New York

Premiums in this region would range from a low of \$975 (\$81 monthly) in Niagara County, New York, to a high of \$2,000 (\$167 monthly) in parts of New York City. Therefore, some seniors would pay \$1,025 more than others in the region, or a disparity of 105 percent. In ten of the 36 areas presented, including much of the New York City metropolitan area, seniors would face premium increases of up to \$720, or 56 percent.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$975 in Niagara, NY	\$2,000 in Bronx, Kings, Queens, and Richmond, NY	1,025 (105 percent)	\$720 (56 percent)	10 out of 36 analyzed	New Haven, CT Bronx, NY Kings, NY Nassau, NY New York, NY Queens, NY Richmond, NY Rockland, NY Suffolk, NY Westchester, NY

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

Connecticut and New York, continued

**Further Detail: Approximate Annual Premiums in 2013
(Counties not presented were not included in HHS's materials)**

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Fairfield, CT	\$1,250	Greene, NY	\$1,150	Richmond, NY	\$2,000
Hartford, CT	\$1,250	Kings, NY	\$2,000	Rockland, NY	\$1,700
New Haven, CT	\$1,700	Livingston, NY	\$1,075	Saratoga, NY	\$1,100
Albany, NY	\$1,075	Monroe, NY	\$1,100	Schenectady, NY	\$1,100
Alleghany, NY	\$1,250	Montgomery, NY	\$1,175	Seneca, NY	\$1,075
Bronx, NY	\$2,000	Nassau, NY	\$1,950	Suffolk, NY	\$1,725
Cattaraugus, NY	\$1,000	New York, NY	\$1,975	Warren, NY	\$1,125
Chautauqua, NY	\$1,000	Niagara, NY	\$975	Washington, NY	\$1,150
Columbia, NY	\$1,150	Ontario, NY	\$1,050	Wayne, NY	\$1,050
Erie, NY	\$975	Orleans, NY	\$1,075	Westchester, NY	\$1,650
Fulton, NY	\$1,150	Queens, NY	\$2,000	Wyoming, NY	\$1,050
Genesee, NY	\$1,075	Rensselaer, NY	\$1,075	Yates, NY	\$1,075

Summary of Region 15: New Jersey and Pennsylvania

In Region 15, seniors in 34 out of 68 counties would face increases in their premiums, compared with projections under current law, with some facing an increase of \$470, or 37 percent. Premiums in the region would range from a low of \$1,050 (\$88 monthly) in Snyder County, Pennsylvania, to a high of \$1,750 (\$146 monthly) elsewhere. While HHS’s materials inadvertently omitted the name of this county facing premiums of \$1,750, it is likely that it is Philadelphia. This difference between the low and high premium counties of \$700 means that some seniors would pay 67 percent more than others in the same region.

Summary Table: Variation in Premiums and Counties Facing Premium Increases

Minimum Premium	Maximum Premium	Difference Between High and Low Premiums	Maximum Increase in Premium As Compared to Current Law	Number of Counties Where Premiums Would Go Up	Where Do Premiums Go Up?*
\$1,050 in Snyder, PA	\$1,750 in PA (HHS materials inadvertently omit county name; however, it appears likely that this is Philadelphia.)	\$700 (67 percent)	\$470 (37 percent)	34 out of 68 analyzed	Atlantic, NJ Butler, PA Bergen, NJ Cambria, PA Burlington, NJ Chester, PA Camden, NJ Delaware, PA Cape May, NJ Fayette, PA Essex, NJ Greene, PA Gloucester, NJ Lackawanna, PA Hudson, NJ Lawrence, PA Monmouth, NJ Mercer, PA Ocean, NJ Monroe, PA Passaic, NJ Montgomery, PA Sussex, NJ Unknown (probably Philadelphia, PA) Union, NJ Somerset, PA Alleghany, PA Beaver, PA Washington, PA Bedford, PA Westmoreland, PA Blair, PA Wyoming, PA Bucks, PA

*HHS projects premiums of \$1,280 in 2013 if premium support is not enacted. Premiums in listed counties would exceed that projected amount.

New Jersey and Pennsylvania, continued

Further Detail: Approximate Annual Premiums in 2013

County	Approximate Annual Premium	County	Approximate Annual Premium	County	Approximate Annual Premium
Atlantic, NJ	\$1,375	Bedford, PA	\$1,450	Lancaster, PA	\$1,225
Bergen, NJ	\$1,600	Berks, PA	\$1,225	Lawrence, PA	\$1,600
Burlington, NJ	\$1,400	Blair, PA	\$1,475	Lebanon, PA	\$1,225
Camden, NJ	\$1,475	Bucks, PA	\$1,500	Lehigh, PA	\$1,225
Cape May, NJ	\$1,400	Butler, PA	\$1,575	Luzerne, PA	\$1,225
Cumberland, NJ	\$1,225	Cambria, PA	\$1,600	Lycoming, PA	\$1,225
Essex, NJ	\$1,650	Carbon, PA	\$1,225	Mercer, PA	\$1,525
Gloucester, NJ	\$1,400	Centre, PA	\$1,100	Mifflin, PA	\$1,200
Hudson, NJ	\$1,675	Chester, PA	\$1,525	Monroe, PA	\$1,350
Hunterdon, NJ	\$1,225	Clearfield, PA	\$1,225	Montgomery, PA	\$1,500
Mercer, NJ	\$1,225	Clinton, PA	\$1,225	Montour, PA	\$1,225
Middlesex, NJ	\$1,225	Columbia, PA	\$1,225	Northampton, PA	\$1,225
Monmouth, NJ	\$1,575	Crawford, PA	\$1,225	Northumberland, PA	\$1,225
Morris, NJ	\$1,225	Cumberland, PA	\$1,225	Perry, PA	\$1,225
Ocean, NJ	\$1,575	Dauphin, PA	\$1,175	Unknown*	\$1,750
Passaic, NJ	\$1,600	Delaware, PA	\$1,550	Schuylkill, PA	\$1,075
Salem, NJ	\$1,225	Erie, PA	\$1,225	Snyder, PA	\$1,050
Somerset, NJ	\$1,225	Fayette, PA	\$1,675	Somerset, PA	\$1,500
Sussex, NJ	\$1,550	Greene, PA	\$1,650	Union, PA	\$1,050
Union, NJ	\$1,625	Huntingdon, PA	\$1,225	Washington, PA	\$1,575
Alleghany, PA	\$1,650	Indiana, PA	\$1,225	Westmoreland, PA	\$1,600
Armstrong, PA	\$1,225	Juniata, PA	\$1,200	Wyoming, PA	\$1,325
Beaver, PA	\$1,550	Lackawanna, PA	\$1,325		

*HHS materials inadvertently omit county name; however, it appears likely that this is Philadelphia.