Note 25. Social Insurance

SOSI presents the projected actuarial PV of the estimated future revenue and estimated future expenditures of the Social Security, Medicare, Railroad Retirement, and Black Lung social insurance programs which are administered by the SSA, HHS, RRB, and DOL, respectively. Social Security and Medicare projections are based on current law and the Social Security and Medicare trustees intermediate set of assumptions, except that the projections assume full Social Security and Medicare Part A benefits are paid after fund depletion contrary to current law. See Note 29—Subsequent Events for additional information on the Social Security Fairness Act.

Contributions consist of: payroll, income, and excise taxes, premiums from, and state transfers on behalf of, participants in Medicare, and miscellaneous reimbursements from the General Fund. Generally, beneficiaries finance the remainder of Parts B and D costs via monthly premiums to these programs. With the introduction of Part D drug coverage, Medicaid is no longer the primary payer of drug costs for full-benefit dually eligible beneficiaries of Medicare and Medicaid. For those beneficiaries, states are subject to a contribution requirement and must pay a portion of their estimated foregone drug costs into the Part D account (referred to as state transfers). By accounting convention, the General Fund transfers are eliminated in the consolidation of the SOSI at the government-wide level. These General Fund transfers that are used to finance Medicare Parts B and D are also shown as eliminations on these calculations. For the FYs 2024 and 2023, the amounts eliminated totaled $50.2 trillion and $48.5 trillion, respectively.

The SOSI also includes projected general revenues that, under current law, would be used to finance the remainder of the expenditures in excess of revenues for Medicare Parts B and D that is reported in the SOSI. Expenditures include benefit payments scheduled under current law and administrative expenses. Once the reserves in the trust funds are depleted, under current law benefits for Social Security and Medicare Part A can be paid only to the extent there are resources from dedicated income sources. Social insurance programs utilize "trust funds" to account for dedicated collections held for later use to accomplish the program's purpose. Expenditures reflect full benefit payments even after the point at which trust fund asset reserves are projected to be depleted. Refer to the unaudited RSI–Social Insurance section and SSA's, HHS's, RRB's, and DOL's financial statements for additional information on Social Security, Medicare, Railroad Retirement, and Black Lung program financing.

The estimates in the consolidated SOSI of the open group measures are for persons who are participants or eventually will participate in the programs as contributors (workers) or beneficiaries (retired workers, survivors, dependents, and disabled) during the 75-year projection period. The closed group comprises only current participants which are those who have attained age 15 at the start of the projection period. Actuarial PV of estimated future income (excluding interest) and estimated future expenditures for the Social Security and Medicare social insurance programs are presented for three different groups of participants: 1) current participants who have not yet attained eligibility age; 2) current participants who have attained eligibility age; and 3) new entrants, who are expected to become participants in the future. Current participants in the Social Security and Medicare programs are the closed group of taxpayers and/or beneficiaries who are aged at least 15 years at the start of the projection period. Future participants for Social Security and Medicare include those born during the projection period and individuals below age 15 as of January 1 of the valuation year. Railroad Retirement's future participants are the projected new entrants as of October 1 of the valuation year.

The trust fund balances as of the valuation date for the respective programs, including interest earned, are shown in the table below.[20] The PV of estimated future expenditures in excess of estimated future revenue are calculated by subtracting the actuarial PV of future scheduled contributions as well as dedicated tax income by and on behalf of current and future participants from the actuarial PV of the future scheduled benefit payments to them or on their behalf. To determine a program's funding shortfall over any given period of time, the starting trust fund balance is subtracted from the PV of expenditures in excess of revenues over the period. The portion of each trust fund not required to pay benefits and administrative costs is invested, on a daily basis, in interest-bearing obligations of the U.S. government. The *Social Security Act* authorizes the issuance by Treasury of special nonmarketable, intra-governmental debt obligations for purchase exclusively by the trust funds. Although the special issues cannot be bought or sold in the open market, they are redeemable at any time at face value and thus bear no risk of fluctuation in principal value due to changes in market yield rates. Interest on the bonds is credited to the trust funds and becomes an asset to the funds and a liability to the General Fund. These Treasury securities and related interest are eliminated in consolidation at the government-wide level. For additional information, see Note 22—Funds from Dedicated Collections.

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[20] Trust fund balances for the Railroad Retirement and Black Lung programs are not included, as these balances are less than $50.0 billion.

Social Insurance Programs Trust Fund Balances[1]

(In trillions of dollars)	2024	2023	2022	2021	2020
Social Security	2.8	2.8	2.9	2.9	2.9
Medicare	0.4	0.4	0.4	0.3	0.3

[1] As of the valuation date of the respective programs.

Medicare – Illustrative Alternative Scenario

The financial projections for the Medicare program reflect substantial, but very uncertain, cost savings deriving from current-law provisions that lowered increases in Medicare payment rates to most categories of health care providers. Certain features of current law may result in some challenges for the Medicare program. With the end of COVID-19 public health emergency, uncertainty related to the effects of the pandemic on the economy, demographics, and healthcare delivery has been significantly reduced. Uncertainty remains, however, regarding adherence to current-law payments updates, particularly in the long range. Payment rate updates for most non-physician categories of Medicare providers are reduced by the growth in economy-wide private nonfarm business total factor productivity although these health providers have historically achieved lower levels of productivity growth. Should payment rates prove to be inadequate for any service, beneficiaries' access to and the quality of Medicare benefits would deteriorate over time, or future legislation would need to be enacted that would likely increase program costs beyond those projected under current law. Please refer to the unaudited RSI—Social Insurance and HHS financial statements for additional information.

The illustrative alternative scenario projections below help to illustrate and quantify the magnitude of the potential cost understatement under current law. The difference between current-law and illustrative alternative scenario projections is substantial for Parts A and B. The illustrative alternative scenario projections for Parts A and B illustrate the impact that would occur if the payment updates that are affected by the productivity adjustments were to gradually transition from current law to the payment updates assumed for private health plans, the physician updates transition to the Medicare Economic Index, and the bonuses paid to qualified physicians in advance APM did not expire. The extent to which actual future Part A and Part B costs exceed the projected amounts due to changes to the productivity adjustments and physician updates depends on what specific changes might be legislated and whether Congress would pass further provisions to help offset such costs. This alternative was developed for illustrative purposes only and the calculations have not been audited.

Medicare Present Values (Unaudited)

(In trillions of dollars)	2024 Consolidated SOSI Current Law	Illustrative Alternative Scenario [1,2]
Income:		
Part A	32.5	32.6
Part B [3]	16.3	18.6
Part D [4]	3.2	3.2
Total income	52.0	54.4
Expenditures:		
Part A	35.1	41.6
Part B	58.7	67.2
Part D	11.0	11.0
Total expenditures	104.8	119.8
Income less expenditures:		
Part A	(2.6)	(9.0)
Part B	(42.4)	(48.6)
Part D	(7.8)	(7.8)
Excess of expenditures over income	(52.8)	(65.4)

[1] These amounts are not presented in the current fiscal year Trustees Report.

[2] A set of illustrative alternative Medicare projections has been prepared under a hypothetical modification to current law. No endorsement of the illustrative alternative by the Trustees, CMS, or the Office of the Actuary should be inferred.

[3] Excludes $42.4 trillion and $48.6 trillion of general revenue contributions from the 2024 Consolidated SOSI Current Law projection and the Illustrative Alternative Scenario's projection, respectively; i.e., to reflect Part B income on a consolidated government-wide basis.

[4] Excludes $7.8 trillion of general revenue contributions from both the 2024 Consolidated SOSI Current Law projection and the Illustrative Alternative Scenario's projection; i.e., to reflect Part D income on a consolidated government-wide basis.

Demographic and Economic Assumptions

Social Security and Medicare – Demographic and Economic Assumptions and Summary Measures

	Demographic Assumptions								
	2024	**2030**	**2040**	**2050**	**2060**	**2070**	**2080**	**2090**	**2100**[13]
Total fertility rate[1]	1.7	1.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9
Age-sex adjusted death rate[2]	784.1	735.3	676.9	624.6	578.2	537.2	500.6	468.1	438.9
Net annual immigration[3]	1,809	1,349	1,293	1,260	1,244	1,230	1,221	1,216	1,214
Period life expectancy at birth - Male[4]	76.4	77.2	78.3	79.3	80.3	81.3	82.1	83.0	83.7
Period life expectancy at birth - Female[4]	81.3	82.0	83.0	83.8	84.6	85.4	86.1	86.8	87.4

	Economic Assumptions (percent change)								
	2024	**2030**	**2040**	**2050**	**2060**	**2070**	**2080**	**2090**	**2100**[13]
Real wage growth[5]	1.0	1.9	1.2	1.1	1.1	1.1	1.1	1.1	1.1
Wages[6]	3.8	4.3	3.6	3.5	3.6	3.6	3.6	3.6	3.5
CPI[7]	2.8	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4
Real GDP[8]	1.7	2.0	1.9	1.9	1.9	1.8	1.9	2.0	1.9
Total employment[9]	0.5	0.4	0.3	0.4	0.3	0.2	0.3	0.4	0.3
Avg. annual interest rate (percent)[10]	4.6	4.0	4.7	4.7	4.7	4.7	4.7	4.7	4.7
Real interest rate (percent)[11]	1.4	1.7	2.2	2.3	2.3	2.3	2.3	2.3	-
Per beneficiary cost - HI[12]	2.2 [14,15]	5.0	4.3	3.4	3.4	3.4	3.4	3.5	-
Per beneficiary cost - SMI Part B[12]	3.7 [15,16]	6.0	5.1	3.8	3.8	3.5	3.7	3.7	-
Per beneficiary cost - SMI Part D[12]	9.3 [16]	1.6	2.9	4.1	4.0	3.8	3.9	3.9	-

[1] Average number of children per woman.

[2] The age-sex-adjusted death rate per 100,000 that would occur in the enumerated population as of April 1, 2010, if that population were to experience the death rates by age and sex observed in, or assumed for, the selected year.

[3] Includes legal immigration, net of emigration, as well as other, non-legal, immigration per thousand of persons.

[4] Summary measure of average number of years expected prior to death for a person born on January 1 in that year, using the mortality rates for that year over the course of his or her remaining life. (Social Security)

[5] Difference between percentage increases in wages and the CPI.

[6] Average annual wage in covered employment.

[7] CPI represents a measure of the average change in prices over time in a fixed group of goods and services.

[8] Total dollar value of all goods and services produced in the U.S., adjusted to remove the impact of assumed inflation growth.

[9] Summary measure of average weekly U.S. civilian employment and U.S. Armed Forces. (Social Security)

[10] The average of the nominal interest rates, compounded semi-annually, for special public-debt obligations issuable monthly.

[11] Average rate of interest earned on new trust fund securities, above and beyond rate of inflation. (Medicare)

[12] These increases reflect the overall impact of more detailed assumptions that are made for each of the different type of services provided by the Medicare program. These assumptions include changes in the payment rates, utilization, and intensity of each type of services. (Medicare)

[13] The valuation period used for the 2024 Statement of Social Insurance extends to 2098. (Social Security) Medicare did not report assumptions for 2100.

[14] Reflects policy change to exclude medical education expenses associated with Medicare Advantage enrollees from the fee-for-service per capita costs used in development of Medicare Advantage spending.

[15] Reflects lower spending for hospital and home health agency services.

[16] Reflects IRA of 2022.

The Boards of Trustees[21] of the Social Security and Medicare Trust Funds provide in their annual reports to Congress short-range (10-year) and long-range (75-year) actuarial estimates of each trust fund. Significant uncertainty surrounds the estimates, especially for a period as long as 75 years. To illustrate the range of uncertainty, the Trustees use three alternative scenarios (low-cost, intermediate, and high-cost) that use specific assumptions. These assumptions include fertility rates, rates of change in mortality, LPR and other than LPR immigration levels, emigration levels, changes in real GDP, changes in the CPI, changes in average real wages, unemployment rates, trust fund real yield rates, and disability incidence and recovery rates. The assumptions used for the most recent set of projections shown above in the Social Security and Medicare demographic and economic assumption table are generally referred to as the "intermediate assumptions," and reflect the Trustees reasonable estimate of expected future experience. For additional information on Social Security and Medicare demographic and economic assumptions, refer to SSA's and HHS's financial statements.

The RRB's estimated future revenues and expenditures reflected in the SOSI are based on various economic, employment, and other actuarial assumptions, and assume that the program will continue as presently constructed. For further details on actuarial assumptions related to the program and how these assumptions affect amounts presented on the SOSI and SCSIA, consult the Technical Supplement to the *29th Actuarial Valuation of the Assets and Liabilities Under the Railroad Retirement Acts as of December 31, 2022 with Technical Supplement,* which also serves as the *2024 Annual Report of the Railroad Retirement System required by Section 502 of the Railroad Retirement Solvency Act of 1983* (P.L. 98-76), and RRB's financial statements.

The BLDBP significant assumptions used in the projections are the coal excise tax revenue estimates, the tax rate structure, the number of beneficiaries, life expectancy, federal civilian pay raises, medical cost inflation, and the interest rates used to discount future cash flows.

Statement of Changes in Social Insurance Amounts

The SCSIA reconciles the change (between the current valuation and the prior valuation) in the PV of estimated future revenue less estimated future expenditures for current and future participants (the open group measure) over the next 75 years (except Black Lung which has a rolling 25-year projection period). The reconciliation identifies several components of the changes that are significant and provides reasons for the changes. The following disclosures relate to the SCSIA including the reasons for the components of the changes in the open group measure during the reporting period from the end of the previous reporting period for the government's social insurance programs.

All estimates relating to the Social Security and Medicare Programs in the SCSIA represent values that are incremental to the prior change. In general, a decrease in the PV of future net cash outflows represents a positive change (improving financing), while an increase in the PV of future net cash outflows represents a negative change (worsening financing). For additional information regarding the estimates used to prepare the SCSIA, see SSA's, HHS's, RRB's, and DOL's financial statements.

Assumptions Used for the Components of the Changes

The PV included in the SCSIA are for the current and prior years and are based on various economic as well as demographic assumptions used for the intermediate assumptions in the Social Security and Medicare Trustees Report for these years. The Social Security and Medicare – Demographic and Economic Assumptions table summarizes these assumptions for the current year. This year's SOSI projections for Social Security and Medicare, which are as of January 1, 2024, are based on the same demographic and economic assumptions that underlie the 2024 Social Security and Medicare Trustees Report. The 2024 SOSI projections are not adjusted for the more current near-term economic information after the time assumptions were set in December 2023.

PV as of January 1, 2023 and January 1, 2022 are calculated using interest rates from the intermediate assumption of the 2023 and 2022 Trustees Reports, respectively. All other PV in this part of the SCSIA are calculated as a PV as of January 1, 2024 and January 1, 2023, respectively.

For the period beginning on January 1, 2023 to the period beginning on January 1, 2024 (current year) and period beginning on January 1, 2022 to the period beginning on January 1, 2023 (prior year) estimates of the PV of Social Security and Medicare changes in social insurance amounts due to changing the valuation period, projection base, demographic data and assumptions, methods, and law are presented using the interest rates under the intermediate assumption of the 2023 and 2022 Trustees Report, respectively. Since interest rates are an economic estimate and all estimates in the table are

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[21] The boards are composed of six members. Four members serve by virtue of their positions in the federal government: the Secretary of the Treasury, who is the Managing Trustee; the Secretary of Labor; the Secretary of HHS; and the Commissioner of Social Security. The President appoints and the Senate confirms the other two members to serve as public representatives. These two positions are currently vacant.

incremental to the prior change, the estimates of the PV of changes in economic and health care assumptions and all other PV in this part of the SCSIA are calculated using the interest rates under the intermediate assumptions of the 2024 and 2023 Trustees Reports, respectively. The PV of estimated future expenditures in excess of estimated future revenue represents net cash outflows.

Changes in Valuation Period

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

The effect on the 75-year PV of changing the valuation period from the prior valuation period (2023-2097) to the current valuation period (2024-2098) is measured by using the assumptions for the prior valuation and extending them to cover the current valuation. Changing the valuation period removes a small negative estimated net cash flow for 2023, replaces it with much larger negative estimated cash flow for 2098, and measures the PV as of January 1, 2024, one year later. As a result, the PV of the estimated future net cash outflows increased by $0.8 trillion and $1.5 trillion for Social Security and Medicare, respectively.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

The effect on the 75-year PV of changing the valuation period from the prior valuation period (2022-2096) to the current valuation period (2023-2097) is measured by using the assumptions for the prior valuation and extending them to cover the current valuation. Changing the valuation period removes a small negative estimated net cash flow for 2022, replaces it with a much larger negative estimated net cash flow for 2097, and measures the PV as of January 1, 2023, one year later. As a result, the PV of the estimated future net cash outflows increased by $0.7 trillion and $1.3 trillion for Social Security and Medicare, respectively.

Changes in Demographic Data, Assumptions, and Methods

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

For the current valuation (beginning on January 1, 2024), there was one change to the ultimate demographic assumptions.
- The ultimate TFR was lowered from 2.0 children per woman to 1.9 children per woman, and at the same time, the year the ultimate TFR is reached was changed from 2056 to 2040.

This change to the TFR assumption increased the PV of estimated future net cash outflows. In addition to this change to the ultimate demographic assumptions, the starting demographic values, and the way these values transition to the ultimate assumptions were changed. The most significant changes are identified below.
- Final birth rate data for calendar year 2022 and preliminary data for 2023 indicated slightly lower birth rates than were assumed in the prior valuation, leading to slightly lower assumed birth rates during the period of transition to the ultimate level.
- Updates to near-term mortality assumptions to better reflect the effects of the COVID-19 pandemic led to an increase in death rates through 2024 compared to the prior valuation.
- Mortality data, historical population data, other-than-LPR immigration data, and divorce data were updated since the prior valuation.

There was one notable change in demographic methodology. The method for projecting fertility rates during the transition period to the ultimate rate was modified to produce more reasonable paths to the ultimate assumed rates by age group than had been previously used. This change increased the PV of the estimated future net cash outflows.

Overall, changes in demographic data, assumptions, and methods caused the PV of the estimated future net cash outflows to increase by $1.2 trillion and $1.1 trillion for Social Security and Medicare, respectively.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

For the current valuation (beginning on January 1, 2023), the ultimate demographic assumptions are the same as those for the prior valuation. However, the starting demographic values and the way these values transition to the ultimate assumptions were changed.
- Projected birth rates through 2055, during the period of transition to the ultimate level, were slightly lower than in the prior valuation.
- Updates to near-term mortality assumptions to better reflect the effects of the COVID-19 pandemic led to an increase in death rates through 2024 compared to the prior valuation.
- Historical population data, other-than-LPR immigration data, and marriage and divorce data were updated since the prior valuation.

There was one notable change in demographic methodology. The method for projecting the age distributions of LPR new arrival and adjustment-of-status immigrants was updated reflecting recent data showing a slightly older population at the time of attaining LPR status than had previously been estimated. This change increased the PV of the estimated future net cash outflows.

Overall, changes in demographic data, assumptions, and methods caused the PV of the estimated future net cash outflows to increase by $0.1 trillion for both Social Security and Medicare.

Changes in Economic Data, Assumptions, and Methods (Social Security Only)

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

For the current valuation (beginning of January 1, 2024), the ultimate economic assumptions are the same as those for the prior valuation. However, the starting economic values and the way these values transition to the ultimate assumptions were changed. The most significant changes are identified below.

- An update to educational attainment data caused a change in labor force participation rates at ages 55 and older for men and 50 and older for women.
- Historical OASDI covered employment for 2021 was higher than assumed under the prior valuation. Specifically, covered employment for 2021 was significantly higher than previously estimated at the youngest and oldest working ages, and lower for men at early prime working ages.
- Economic growth through 2023 was higher than assumed under the prior valuation, which led to a higher assumed level of labor productivity over the projection period.

All three of these changes decreased the PV of the estimated future net cash outflows. Overall, changes to economic data, assumptions, and methods caused the PV of the estimated future net cash outflows to decrease by $0.4 trillion for Social Security.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

For the current valuation (beginning on January 1, 2023), there was one change to the ultimate economic assumptions.

- The annual percentage change in the average OASDI covered wage, adjusted for inflation, is assumed to average 1.14 percentage points over the last 65 years of the 75-year projection period. This is 0.02 percentage point higher than the value assumed for the prior valuation.

This change to the wage growth assumptions decreased the PV of estimated future net cash outflows. In addition to this change to the ultimate economic assumptions, the starting economic values, and the way these values transition to the ultimate assumptions were changed. The most significant changes are identified below.

- The levels of GDP and labor productivity are assumed to be about 3.0 percent lower by 2026 and for all years thereafter relative to the prior valuation.
- The assumed real interest rates over the first 10 years of the projection period are generally higher than those assumed for the prior valuation.

The changes to the GDP and productivity levels increased the PV of the estimated future net cash outflows, while the change to near-term real interest rates decreased the PV of the estimated future net cash outflows.

There was one notable change in economic methodology. The method for estimating the level of OASDI taxable wages for historical year 2000-21 was improved by adopting a more consistent approach for estimating completed values across various types of wages. This change decreased the PV of the estimated future net cash outflows. Overall, changes to economic data, assumptions, and methods caused the PV of the estimated future net cash outflows to increase by $0.8 trillion for Social Security.

Changes in Law or Policy

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

The monetary effect of the changes in law or policy on the PV of estimated future net cash flows of the OASDI and Medicare programs was not significant at the consolidated level. Please refer to SSA's and HHS's financial statements for additional information related to the impact of the changes in law or policy on the PV of estimated future net cash flows of the OASDI and Medicare programs.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

For Social Security, between prior valuation (beginning on January 1, 2022) and the current valuation (beginning January 1, 2023, no notable changes in law or policy are expected to have a significant effect on the long-range cost of OASDI program.

Most of the provisions enacted as part of the Medicare legislation since prior valuation date had little or no impact on the program. The following provisions did have a financial impact.

- The *Postal Service Reform Act of 2022* (P.L. 117-108, enacted on April 6, 2022) included one provision that affects Parts B and D of the SMI program.
- The IRA of 2022 (P.L. 117-169, enacted on August 16, 2022) included provisions that affect the SMI programs.
- The *Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023* (P.L. 117-180, enacted on September 30, 2022) included provisions that affect the HI and SMI programs.
- The *Further Continuing Appropriations and Extensions Act, 2023* (P.L. 117-229, enacted on December 16, 2022) included provisions that affect the HI and SMI programs.
- The CAA, 2023 (P.L. 117-328, enacted on December 29, 2022) included provisions that affect the HI and SMI programs.

Overall, the changes to these laws, regulations, and policies caused the PV of the estimated future net cash outflows to decrease by $1.1 trillion for Medicare.

Changes in Methodology and Programmatic Data (Social Security Only)

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

Several methodological improvements and updates of program-specific data are included in the current valuation (beginning on January 1, 2024). The most significant are identified below.

- The ultimate disability incidence rate was lowered from 4.8 per thousand exposed to 4.5 per thousand exposed.
- The long-range model used to project the number of insured workers was modified to improve the alignment of simulated fully insured rates with historical fully insured rates.
- Recent data and estimates provided by the Office of Tax Analysis at Treasury indicate higher near-term and ultimate levels of revenue from income taxation of OASDI benefits than projected in the prior valuation.
- As in the prior valuation, the current valuation uses a 10.0 percent sample of all newly entitled worker beneficiaries in recent year to project average benefit levels of retired-worker and disabled-worker beneficiaries. Updates were made to data and the methodology for projecting average benefit levels for women was improved.
- Updates were made to the post-entitlement benefit adjustment factors. These factors are used to account for changes in benefit levels, primarily due to differential mortality by benefit level and earnings after benefit entitlement.

Overall, changes to programmatic data and methods caused the PV of estimated future net cash outflows to decrease by $1.4 trillion for Social Security.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

Several methodological improvements and updates of program-specific data are included in the current valuation (beginning on January 1, 2023). The most significant are identified below.

- Actual disability data for 2022 and slightly lower-near term disability incidence rate assumptions were incorporated.
- The current valuation uses a 10.0 percent sample of all newly entitled worker beneficiaries in 2019 to project average benefit levels of retired-worker and disabled-worker beneficiaries.
- Updates were made to the post-entitlement benefit adjustment factors. These factors are used to account for changes in benefit levels, primarily due to differential mortality by benefit level and earnings after benefit entitlement.

Overall, changes to programmatic data and methods caused the PV of estimated future net cash outflows to increase by $0.3 trillion for Social Security.

Changes in Economic and Health Care Assumptions (Medicare Only)

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

The economic assumptions used in the Medicare projections are the same as those used for the Social Security program shown above while the health care assumptions are specific to the Medicare projections. The following health care assumptions were changes in the current valuation.

- Lower Part A projected spending growth due to a policy change to exclude medical education expenses associated with Medicare Advantage enrollees from the fee-for-service per capita costs used in the development of Medicare Advantage spending, and lower projected spending for hospital and home health agency services.
- Lower Part D growth mainly beyond the short-range period.

Overall, these changes decreased the PV of the estimated future net cash outflows by $2.7 trillion for Medicare.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

The economic assumptions used in the Medicare projections are the same as those for the Social Security programs shown above while the health care assumptions are specific to the Medicare projections. The following health care assumptions were changed in the current valuation.

- Lower projected spending growth because of anticipated effect of negotiating drug prices and other prices growth constraints.

Overall, these changes increased the PV of estimated future net cash outflows by $2.6 trillion for Medicare.

Change in Projection Base (Medicare Only)

From the period beginning on January 1, 2023 to the period beginning on January 1, 2024

Actual income and expenditures in 2023 were different from what was anticipated when the 2023 Trustees Report projections were prepared. Part A income was higher and expenditures were lower than estimated based on actual experience. For Part B and Part D income and expenditures were both higher than estimated based on actual experience. Actual experience of the Medicare Trust Funds between January 1, 2023, and January 1, 2024, is incorporated in the current valuation and is less than projected in the prior valuation. Overall, the net impact of Part A, B, and D projection base change is a decrease in the estimated future net cash outflows by $0.2 trillion for Medicare.

From the period beginning on January 1, 2022 to the period beginning on January 1, 2023

Actual income and expenditures in 2022 were different from what was anticipated when the 2022 Trustees Report projections were prepared. For Part A and Part B income and expenditures were lower than estimated based on experience. Part D income and expenditures were higher than estimated based on actual experience. Actual experience of the Medicare Trust Funds between January 1, 2022, and January 1, 2023, is incorporated in the current valuation and is less than projected in the prior valuation. Overall, the net impact of Part A, B, and D projection base change is a decrease in the estimated future net cash outflows by $2.3 trillion for Medicare.