

## Original Medicare Part A (Inpatient Hospital Insurance)

Charges	Costs to Beneficiary
<b>Monthly Premium</b>	<p>\$0 ... With 40 quarters of FICA earnings credits (yours or your spouse's)</p> <p>\$240 ... With 30-39 quarters of FICA earnings credits</p> <p>\$437 ... With fewer than 30 quarters of FICA earnings credits</p>
<b>Late Enrollment Penalty</b>	+ 10% ... Of the monthly premium for twice the number of full years you were eligible for Part A, but were not enrolled
<b>Deductible</b>	\$1,364 ... Per benefit period
<b>*Inpatient Hospital Stay</b>	<p>\$0 ... Copayment for each day 1 – 60, per benefit period</p> <p>\$341 ... Copayment for each day 61 – 90, per benefit period</p> <p>\$682 ... Copayment for each "lifetime reserve day" per benefit period, up to a maximum of 60 days over your lifetime</p> <p>All costs.. For each additional day, per benefit period</p>
<b>*Skilled Nursing Facility (conditions apply)</b>	<p>\$0 ... Copayment for each day 1 – 20, per benefit period</p> <p>\$170.50 .. Copayment for each day 21 – 100, per benefit period</p> <p>All costs.. Copayment for each day after day 100, per benefit period</p>
<b>*Home Health Care</b>	<p>\$0 ... Copayment for eligible home health care services</p> <p>20% ... Of the Medicare-approved amount for Durable Medical Equipment</p>
<b>*Blood</b>	All costs... For first 3 pints, unless it is provided at no cost by a blood bank, or you have the blood donated
<b>Hospice Care Services</b>	<p>\$0 ..... No charge for eligible medical care services from the hospice provider</p> <p>Up to \$5..... Copayment for outpatient prescription drugs for pain and symptom management</p> <p>5%..... Copayment of the Medicare-approved amount for inpatient Respite care (short-term care given by another caregiver, so the usual caregiver can rest)</p> <p>All costs..... For room and board when you get hospice care in your home or a residential facility (like a nursing home).</p> <p>If you pay out-of-pocket for an item or service your doctor ordered, and the hospice refuses to provide it, you can file a claim with Medicare. If your claim is denied, you can file an appeal.</p>

\*All Medicare Part C Plans must cover these services (Hospice Care always charged to Part A). Costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

## Original Medicare Part B (Outpatient Medical Insurance)

Charges	Costs to Beneficiary
<b>Monthly Premium</b> (with Income-Related Monthly Adjusted Amount, if applicable)	<div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>File Individual Tax Return</span> <span>File Joint Tax Return</span> </div>
	<b>\$109</b> ..... *About 28% of beneficiaries ≤ \$85,000 ..... up to \$170,000
	<b>\$135.50</b> ..... **About 72% of beneficiaries ≤ \$85,000 ..... up to \$170,000
	\$189.60 ..... Annual income \$85,001 – \$107,000 ..... \$170,001 – \$214,000
	\$270.90 ..... Annual income \$107,001 – \$160,000 ..... \$214,001 – \$320,000
	\$352.20 ..... Annual income \$160,001 – \$214,000 ..... \$320,001 – \$428,000 \$433.40 ..... Annual income greater than \$214,000 ..... greater than \$428,000

**Note: Everyone is charged a monthly Part B premium.** While Social Security Cost Of Living Adjustment (COLA) was low, a statutory “hold harmless” provision designed to protect seniors, will largely prevent Part B premiums from increasing for most beneficiaries. For 2019, there is an increase in the Social Security Benefits (SSA), affecting the two (2) base Part B premiums explained below.

1. **\*\$109** Those “held harmless” from a significant increase to the Part B premium include beneficiaries who:
  - were enrolled in Part B prior to 2019 and collecting Social Security benefits,
  - are not dual-eligible beneficiaries who have their premiums paid by Medicaid, or
  - are not subject to the Income-Related Monthly Adjusted Amount as shown above.
  
2. **\*\*\$135.50** Those “held harmless” subject to an increase to the Part B premium include beneficiaries who:
  - Received a 2019 SSA Cola increase that surpasses the Part B premium increase, and
  - are still protected. These beneficiaries will not see a Part B premium increase that is greater than the increase in their Social Security benefits.
  - are dual-eligible beneficiaries who have their premiums paid by Medicaid, or
  - are subject to the Income-Related Monthly Adjusted Amount as shown above.
  
3. **\*\*\$135.50** Those “not held harmless” include beneficiaries who:
  - were enrolled in Part B prior to 2019 but not collecting Social Security benefits,
  - will enroll in Part B for the first time in 2019,
  - are dual-eligible beneficiaries who have their premiums paid by Medicaid, or
  - are subject to the Income-Related Monthly Adjusted Amount as shown above.

Income-related premiums are based on the modified adjusted gross income as reported on your IRS tax return from two years ago.

<b>Late Enrollment Penalty</b>	+ 10%.... Of the monthly premium for each full year you were eligible for Part B, but were not enrolled; continues for as long as you are in Medicare
<b>Part B Deductible</b>	\$185.... Per calendar year
<b>Outpatient Medical and Related Services</b>	20%.... Of the Medicare-approved amount for most doctor services (including many doctor services while you are a hospital inpatient)
<b>Preventive and Clinical Laboratory Services</b>	\$0.... Copayment for some Medicare-approved preventive and laboratory services (no deductible)
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	20%.... Of the Medicare-approved amount
<b>Home Health Care</b>	\$0.... Copayment for eligible home health care services  20%.... Of the Medicare-approved amount for Durable Medical Equipment

## Original Medicare Part B (Outpatient Medical Insurance...continued)

Charges	Costs to Beneficiary
<b>Mental Health Services (Outpatient and Partial Hospitalization)</b>	20%....Of the Medicare-approved amount for visits to a doctor or other qualified health care provider to diagnose your condition, or to monitor or change your prescriptions  20%....Of the Medicare-approved amount for each day of service you get in a hospital outpatient or a community mental health treatment center
<b>Blood</b>	\$0....If it is provided at no cost by a blood bank, or you have the blood donated  20%....Copayment for blood processing and handling services for every unit of blood you get (deductible applies)
<b>Other Covered Services</b>	20%....Co-insurance

Note: All Medicare Part C Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

## Medicare Part C (Medicare Advantage Plans)

Charges	Costs to Beneficiary
<b>Monthly Premium</b>	Varies by individual plan
<b>Deductible, Copayments and Coinsurance</b>	Varies by individual plan

## Medicare Part D (Prescription Drug Plans)

Charges	Costs to Beneficiary																
<b>Base Monthly Premium</b>	Varies by individual plan, plus monthly premium surcharge based on gross income as reported on your IRS tax return from two years ago (if applicable)																
<b>Monthly Premium Surcharge</b>  (Income-Related Monthly Adjusted Amount)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">File Individual Tax Return</th> <th style="text-align: left; border-bottom: 1px solid black;">File Joint Tax Return</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><b>\$0</b> .....</td> <td style="text-align: left;"><b>Annual income up to \$85,000</b> .....</td> </tr> <tr> <td style="text-align: left;"><b>up to \$170,000</b></td> <td style="text-align: left;"><b>up to \$170,000</b></td> </tr> <tr> <td style="text-align: left;">+ \$12.40 .....</td> <td style="text-align: left;">Annual income \$85,001 – \$107,000 .....</td> </tr> <tr> <td style="text-align: left;">+ \$31.90 ....</td> <td style="text-align: left;">Annual income \$107,001 – \$160,000 .....</td> </tr> <tr> <td style="text-align: left;">+ \$51.40 ....</td> <td style="text-align: left;">Annual income \$160,001 – \$214,000 .....</td> </tr> <tr> <td style="text-align: left;">+ \$70.90 ...</td> <td style="text-align: left;">Annual income greater than \$214,000 .....</td> </tr> <tr> <td></td> <td style="text-align: left;">greater than \$428,000</td> </tr> </tbody> </table>	File Individual Tax Return	File Joint Tax Return	<b>\$0</b> .....	<b>Annual income up to \$85,000</b> .....	<b>up to \$170,000</b>	<b>up to \$170,000</b>	+ \$12.40 .....	Annual income \$85,001 – \$107,000 .....	+ \$31.90 ....	Annual income \$107,001 – \$160,000 .....	+ \$51.40 ....	Annual income \$160,001 – \$214,000 .....	+ \$70.90 ...	Annual income greater than \$214,000 .....		greater than \$428,000
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<b>Late Enrollment Penalty</b>	+ 1% ... Of current national base beneficiary premium (\$33.19) for each month eligible, after a break of 63 days without creditable prescription drug coverage; continues for as long as you are in Medicare Part D																
<b>Deductible, Copayments, and Coinsurance</b>	Varies by individual plan and year-to-date coverage level																

### Part D National Base Beneficiary Premium...\$33.19

This figure is used to estimate the Part D late enrollment penalty and the income-related monthly adjustment amounts listed in the table above. The national base beneficiary premium amount can change each year.

### Florida LIS Benchmark...\$30.25

The benchmark is important when determining plan premium costs for individuals with the Low-Income Subsidy (LIS)/Extra Help program. If the plan they select has a premium higher than this amount, they are responsible to pay the difference.

***Example:** If Joan is receiving full Extra Help and she found a plan that covered all of her medications with a monthly premium of \$30.00, she would be responsible for paying a \$0.25 premium each month (\$30.00 – \$30.25 = \$0.25).*