

Medicare Costs

Your Monthly Premiums for Medicare

Part A (Hospital Insurance) Monthly Premium

Most people don't pay a Part A [premium](#) because they paid Medicare taxes while working.

In 2011, you pay up to \$450 each month if you don't get premium-free Part A. If you pay a late enrollment penalty, this amount is higher.

Part B (Medical Insurance) Monthly Premium (See page 25.)

Most people will continue to pay the same Part B premium they paid last year.

If Your Yearly Income in 2009 was		You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or below	\$170,000 or below	\$115.40
\$85,001–\$107,000	\$170,001–\$214,000	\$161.50
\$107,001–\$160,000	\$214,001–\$320,000	\$230.70
\$160,001–\$214,000	\$320,001–\$428,000	\$299.90
above \$214,000	above \$428,000	\$369.10

If you have questions about your Part B premium, call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778.

Note: If you don't get Social Security, RRB, or Civil Service benefit payments and choose to sign up for Part B, you will get a bill. If you choose to buy Part A, you will always get a bill for your premium. You can mail your premium payments to the Medicare Premium Collection Center, P.O. Box 790355, St. Louis, MO 63179-0355. If you get a bill from the RRB, mail your premium payments to RRB, Medicare Premium Payments, P.O. Box 9024, St. Louis, MO 63197-9024.

What You Pay if You Have Original Medicare

Part A Costs for Covered Services and Items

Blood	In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated.
Home Health Care	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for home health care services ▪ 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for hospice care ▪ A copayment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management ▪ 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest) <p>Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).</p>
Hospital Inpatient Stay	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$1,132 deductible and no coinsurance for days 1–60 each benefit period ▪ \$283 per day for days 61–90 each benefit period ▪ \$566 per “lifetime reserve day” after day 90 each benefit period (up to 60 days over your lifetime) ▪ All costs for each day after the lifetime reserve days ▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime <p>See “Medical and Other Services” on page 133 for what you pay for doctor services while you're a hospital inpatient.</p>
Skilled Nursing Facility Stay	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for the first 20 days each benefit period ▪ \$141.50 per day for days 21–100 each benefit period ▪ All costs for each day after day 100 in a benefit period

Note: If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

What You Pay if You Have Original Medicare (continued)

Part B Costs for Covered Services and Items

Part B Deductible	You pay the first \$162 yearly for Part B-covered services or items.
Blood	In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. However, you will pay a copayment for the blood processing and handling services for every unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. You pay a copayment for additional units of blood you get as an outpatient (after the first 3), and the Part B deductible applies.
Clinical Laboratory Services	You pay \$0 for Medicare-approved services.
Home Health Services	You pay \$0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
Medical and Other Services	You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy*, and durable medical equipment.
Mental Health Services	You pay 45% of the Medicare-approved amount for most outpatient mental health care.
Other Covered Services	You pay copayment or coinsurance amounts.
Outpatient Hospital Services	You pay a coinsurance (for doctor services) or a copayment amount for most outpatient hospital services. The copayment for a single service can't be more than the amount of the inpatient hospital deductible.

*In 2011, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.

Note: All Medicare Advantage 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 Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D) Premiums

Visit www.medicare.gov/find-a-plan to get plan premiums. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The chart below shows your estimated prescription drug plan monthly premium amount based on your income. If your income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your premium. The amounts shown are estimates. What you pay may be higher or lower.

Part D Monthly Premium (See page 75.)

If Your Yearly Income in 2009 was		You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or below	\$170,000 or below	Your Plan Premium
\$85,001–\$107,000	\$170,001–\$214,000	\$12.00 + Your Plan Premium
\$107,001–\$160,000	\$214,001–\$320,000	\$31.10 + Your Plan Premium
\$160,001–\$214,000	\$320,001–\$428,000	\$50.10 + Your Plan Premium
above \$214,000	above \$428,000	\$69.10 + Your Plan Premium

The income-related monthly adjustment amount will be deducted from your monthly Social Security check, no matter how you usually pay your plan premium. If that amount is more than the amount of your check, you will get a bill from Medicare.

Part C and Part D Costs for Covered Services and Supplies

Cost information for the [Medicare plans](#) in your area is available by visiting www.medicare.gov. You can also contact the plan, or call 1-800-MEDICARE. You can also call your State Health Insurance Assistance Program (SHIP). See pages 123–126 for the telephone number.

The figure below is used to estimate the Part D late enrollment penalty. The national base beneficiary [premium](#) amount can change each year. For more information about estimating your penalty amount, see page 79.

2011 Part D National Base Beneficiary Premium

\$32.34
