

2024 Monthly Medicare Costs

(Without Medigap or Secondary Coverage)

Part A	Beneficiary Cost
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Part A Monthly Premium for beneficiaries with 40 quarters of coverage	\$0.00
Part A Monthly Premium for beneficiaries with 30-39 quarters of coverage	\$278.00
Part A Monthly Premium for beneficiaries with less than 30 quarters of coverage	\$505.00

Part B	Beneficiary Cost
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Part B Monthly Premium	\$174.70
Annual Deductible	\$240.00
Part B Copays or Coinsurance	Normally 20%
Part B Monthly Premium for 36-month post kidney transplant immunosuppressive drug eligibility	\$103.00

Reference: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

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2024 Original Medicare (Part A): Inpatient Hospital Insurance

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	Beneficiary Pays (Per Benefit Period)
Inpatient Hospitalization Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,632.00	\$1,632.00
	61st to 90th day	All but \$408.00 a day	\$408.00 a day
	Lifetime Reserve Days		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$816.00 a day	\$816.00 a day
	Beyond 150 days	Nothing	All Costs
Skilled Nursing Facility Care (SNF)* (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$204.00 a day	\$204.00 a day
	Beyond 100 days	Nothing	All costs
Home Health Care (After a prior inpatient hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Hospice Care Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare-approved amount for respite care

*Beneficiary must be hospitalized under Part A inpatient hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.



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2024 Original Medicare (Part B) Medical

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	You Pay
Medical Expenses	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved amount (after \$240.00 deductible)	\$240.00 annual deductible* plus 20% of approved amount (plus any charge above approved amount)**
Home Health Care	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Outpatient Hospital Services	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to deductible plus copayment or coinsurance for each procedure
Durable Medical Equipment (DME)	Medically necessary equipment and supplies such as walkers, wheelchairs, hospital beds, etc.	80% of approved amount (after \$240.00 deductible)	20% of approved amount plus \$240.00 annual deductible, plus charges above approved amount unless supplier accepts assignment

*Once you have had \$240.00 of expenses for covered services, the Part B deductible is met for the rest of the calendar year.

** You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as payment in full (accepts assignment). Excess charges for physician services cannot exceed 15% of the Medicare-approved amount.

Medicare Part D pays for outpatient prescription drugs you can take on your own. However, Medicare Part A or B helps pay for certain oral anti-cancer drugs and immunosuppressive drugs taken after a Medicare covered organ transplant.



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

For Higher Income Individuals: 2024 Part B IRMAA

(Income-Related Monthly Adjustment Amount)

If your 2022 annual income is...		In 2024 you pay...	
Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594.00
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:		Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$103,000		\$0.00	\$174.70
Greater than \$103,000 and less than \$397,000		\$384.30	\$559.00
Greater than or equal to \$397,000		\$419.30	\$594.00



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

**For Higher Income Individuals: 2024 Part B IRMAA
(Income-Related Monthly Adjustment Amount)**

Part B Immunosuppressive Drug Coverage Only

If your 2022 annual income is...		In 2024 you pay...	
Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$103.00
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$68.70	\$171.70
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$171.70	\$274.70
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$274.70	\$377.70
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$377.70	\$480.70
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$412.10	\$515.10
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:		Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$103,000		\$0.00	\$103.00
Greater than \$103,000 and less than \$397,000		\$377.70	\$480.70
Greater than or equal to \$397,000		\$412.10	\$515.10



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