

## Premium for Part A and Part B

The chart below is a comprehensive list of Medicare Part A and B costs, including premiums, deductibles and coinsurance. Medicare supplemental insurance, known as Medigap, can help cover some of the gaps in coverage and pay for part or all of Medicare's coinsurance and deductibles, depending on the policy. Some Medicare Advantage (MA) plans may also help cover these costs. See [Medigap: Medicare Supplemental Insurance](#) and [Medicare Advantage](#) for more information.

### Comprehensive Part A (Hospital Insurance) Costs

#### Part A – Hospital Insurance Premiums, Deductibles & Coinsurance

If You Have	In 2025, You Will Pay a Monthly Premium of
0-29 quarters of Social Security credits	\$518
30–39 quarters of Social Security credits	\$285
40 or more quarters of Social Security credits	\$0
Inpatient Hospital Deductible	\$1,676
Inpatient Hospital Coinsurance	\$419 per day for days 61–90 \$838 per day for days 91-150
Skilled Nursing Facility Coinsurance	\$209.50 per day for days 21-100

Service Provided	Medicare Pays	You Pay
<b>Hospital Inpatient</b>		
Days 1-60	100% after deductible	\$1,678 deductible per event
Days 61-90	100% after copayment	\$419 per day copayment
60 Reserve Days <sup>1</sup>	100% after copayment	\$838 per day copayment
After 150 Days	0%	100% for each day

<b>Psychiatric Hospital</b>	Same as hospital inpatient (see above) with a 190-day lifetime limit	100% after 190 days
<b><u>Skilled Nursing Facility (SNF)</u></b> (if daily skilled care is needed after a 3-day hospital stay)		
Days 1-20	100%	0%
Days 21-100	100% after copayment	\$209.50 per day copayment
After 100 Days	0%	100%
<b>Home Health Care</b>	100% minus 20% of covered medical equipment	20% of Medicare-approved amount for medical equipment
<b><u>Hospice Care</u></b>	100% minus \$5 per prescription; 95% of Medicare-approved payment for <u>respite care</u> per day	Copayment of \$5 per prescription; 5% of Medicare-approved payment for respite care per day, not to exceed \$1,676
<b>Blood</b> (received during hospital or SNF stay)	100% after first 3 pints of blood	First 3 pints of blood each year

<sup>1</sup> Each of the 60 reserve days may be used only once during an individual's lifetime.

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Service	Medicare Pays	You Pay
<b>Annual Deductible</b>		\$257/yr. <sup>2</sup>
<b>Physician Costs</b>	80% of approved amount	20% of Medicare-approved amount, plus up to an additional 15% of the approved amount if the doctor or supplier does not accept <u>assignment</u>
<b>Outpatient Hospital Care</b>	80% of approved amount	\$1,600 maximum
<b>Clinical Lab Services</b>	Approved amount	\$0
<b>Medical Equipment/Supplies</b>	80% of approved amount	All other costs
<b>Certain Preventive Services</b> (depending on the service, some are covered at certain intervals, such as once per year)	80% or 100%	20% of approved amount or \$0, depending on the service

<b>Mental Health Services</b> Partial Hospitalization 190 max lifetime	Days 1-60: 100% after deductible Days 61-190: 100% after copayment  After 190 Days: 0%	Days 1-60: \$1,676 deductible Days 61-90: \$418 per day copayment 60-190 Days: \$838 per day copayment After 190 Days: 100% for each day
Outpatient	80% of approved amount	20% of approved amount

<sup>2</sup> Beneficiaries in Medicare Advantage plans do not pay the Part B annual deductible.

Medigap Plans C and F include the Part B annual deductible as a benefit.

Your Annual Income		Your Monthly Premium For 2025 Part B + D
<ul style="list-style-type: none"> <li>Single: up to \$106,000</li> <li>Couple: up to \$212,000</li> </ul>		\$185.00
<ul style="list-style-type: none"> <li>Single: \$106,001 to \$133,000</li> <li>Couple: \$212,001 to \$266,000</li> </ul>		\$259.00 + \$13.70
<ul style="list-style-type: none"> <li>Single: \$133,001 to \$167,000</li> <li>Couple: \$266,001 to \$334,000</li> </ul>		\$370.00 + \$35.30
<ul style="list-style-type: none"> <li>Single: \$167,001 to \$200,000</li> <li>Couple: \$334,001 to \$400,000</li> </ul>		\$480.90 + \$57.00
<ul style="list-style-type: none"> <li>Single: \$200,001 and over</li> <li>Couple: \$400,001 and over</li> </ul>		\$591.90 + \$78.60
<ul style="list-style-type: none"> <li>Single: \$500,001 and over</li> <li>Couple: \$750,001 and over</li> </ul>		\$628.90 + \$85.80
<b>Married</b>	<b>filing separate returns</b>	<b>Part B + D</b>
<ul style="list-style-type: none"> <li>\$106,000 or less</li> </ul>		\$185.00
<ul style="list-style-type: none"> <li>\$106,001 up to \$394,000</li> </ul>		\$591.90 + \$78.60
<ul style="list-style-type: none"> <li>Above \$394,001</li> </ul>		\$628.90 + \$85.80