



2020 MEDICARE AMOUNTS

Medicare Part A (Hospital Insurance) Costs

Monthly premium:

- No charge for most people with at least 40 work quarters (sometimes called “premium-free Part A”)
- \$458 each month for people who paid Medicare taxes for less than 30 work quarters
- \$252 each month for people who paid Medicare taxes for 30–39 work quarters

Part A late enrollment penalty: If you don’t buy it when you’re first eligible, your monthly premium may go up 10%. You’ll have to pay the higher premium for twice the number of years you could’ve had Part A, but didn’t sign up.

Part A costs if you have Original Medicare

(NOTE: All Medicare Advantage (MA) Plans must cover these services. If you’re in an MA Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the “Evidence of Coverage” from your plan.)

Cost	You Pay
Part A Hospital Inpatient Stay	<ul style="list-style-type: none"> ▪ \$1,408 deductible for each benefit period. ▪ Days 1–60: \$0 coinsurance for each benefit period. ▪ Days 61–90: \$352 coinsurance per day of each benefit period. ▪ Days 91 and beyond: \$704 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). ▪ Beyond lifetime reserve days: all costs. <p>NOTE: You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.</p>
Mental Health Inpatient Stay	<ul style="list-style-type: none"> ▪ \$1,408 deductible for each benefit period. ▪ Days 1–60: \$0 coinsurance per day of each benefit period. ▪ Days 61–90: \$352 coinsurance per day of each benefit period. ▪ Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). ▪ Beyond lifetime reserve days: all costs. ▪ 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient. <p>NOTE: There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital. Remember, there's a lifetime limit of 190 days.</p>
Skilled Nursing Facility Stay	<ul style="list-style-type: none"> ▪ Days 1–20: \$0 for each benefit period. ▪ Days 21–100: \$176 coinsurance per day for each benefit period. ▪ Days 101 and beyond: all costs.
Home Health Care	<ul style="list-style-type: none"> ▪ \$0 for home health care services. ▪ 20% of the Medicare-approved amount for Durable medical equipment (DME).

Cost	You Pay
Hospice Care	<ul style="list-style-type: none"> ▪ \$0 for hospice care. ▪ You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare prescription drug coverage (Part D). ▪ You may need to pay 5% of the Medicare-approved amount for inpatient respite care. ▪ 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).

Medicare Part B (Medical Insurance) Costs

Monthly premium: The standard Part B premium amount in 2020 is \$144.60. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

Late enrollment penalty: In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% of the standard premium for each full 12-month period that you could've had Part B, but didn't sign up for it. Also, you may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B. Coverage will start July 1 of that year.

Part B costs if you have Original Medicare

(NOTE: All Medicare Advantage (MA) Plans must cover these services. If you're in an MA Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "Evidence of Coverage" from your plan.)

Cost	You Pay
Part B Annual Deductible	<ul style="list-style-type: none"> ▪ \$198 per year. After you meet your deductible for the year, you typically pay 20% of the Medicare-approved amount for these: <ul style="list-style-type: none"> • Most doctor services (including most doctor services while you're a hospital inpatient) • Outpatient therapy • Durable medical equipment (DME) ▪ Clinical laboratory services: You pay \$0 for Medicare-approved services.
Home Health Services	<ul style="list-style-type: none"> ▪ \$0 for home health care services. ▪ 20% of the Medicare-approved amount for DME.
Medical and Other Services	<ul style="list-style-type: none"> ▪ 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 DME.
Outpatient Mental Health Services	<ul style="list-style-type: none"> ▪ You pay nothing for your yearly depression screening if your doctor or health care provider accepts assignment. ▪ 20% of the Medicare-approved amount for visits to your doctor or other health care provider to diagnose or treat your condition. The Part B deductible applies. ▪ If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.
Partial Hospitalization Mental Health Services	<ul style="list-style-type: none"> ▪ You pay a percentage of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professionals if your health care professional accepts assignment. You also pay coinsurance for each day of partial hospitalization services provided in a hospital outpatient setting or community mental health center, and the Part B deductible applies.

Cost	You Pay
Outpatient Hospital Services	<ul style="list-style-type: none"> You usually pay 20% of the Medicare-approved amount for the doctor or other health care provider's services. For services that can also be provided in a doctor's office, you may pay more for outpatient services you get in a hospital than you'll pay for the same care in a doctor's office. However, the hospital outpatient copayment for the service is capped at the inpatient deductible amount. In addition to the amount you pay the doctor, you'll also usually pay the hospital a copayment for each service you get in a hospital outpatient setting, except for certain preventive services that don't have a copayment. In most cases, the copayment can't be more than the Part A hospital stay deductible for each service. The Part B deductible applies, except for certain preventive services. If you get hospital outpatient services in a critical access hospital, your copayment may be higher and may exceed the Part A hospital stay deductible.

If your yearly income in 2018 (for what you pay in 2020) was			
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You Pay Each Month (in 2020)
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
Above \$87,000 up to \$109,000	Above \$174,000 up to \$218,000	Not applicable	\$202.40
Above \$109,000 up to \$136,000	Above \$218,000 up to \$272,000	Not applicable	\$289.20
Above \$136,000 up to \$163,000	Above \$272,000 up to \$326,000	Not applicable	\$376.00
Above \$163,000 and less than \$500,000	Above \$326,000 and less than \$750,000	Above \$87,000 and less than \$413,000	\$462.70
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$491.60

Part D (Medicare Prescription Drug Coverage)

Part D base beneficiary premium - \$32.74 (used to determine any late enrollment penalty amount).

Deductibles, copayments, and coinsurance - The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. Look for specific Medicare drug plan costs, and then call the plans you're interested in to get more details.

Part D late enrollment penalty - You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without one of these:

- A Medicare Prescription Drug Plan (Part D)
- A Medicare Advantage (MA) Plan (Part C) or another Medicare health plan that offers Medicare prescription drug coverage
- Creditable prescription drug coverage

In general, you'll have to pay this penalty for as long as you have a Medicare drug plan. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage.

Medicare calculates the penalty by multiplying 1% of the "national base beneficiary premium" (\$32.74 in 2020) times the number of full, uncovered months you didn't have Part D or creditable coverage. The monthly premium is rounded to the nearest \$.10 and added to your monthly Part D premium. The national base beneficiary premium may change each year, so your penalty amount may also change each year.

The chart below shows your estimated prescription drug plan monthly premium based on your income as reported on your IRS tax return. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

If your filing status and yearly income in 2018 was			
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You Pay Each Month (in 2020)
\$87,000 or less	\$174,000 or less	\$87,000 or less	Your Plan Premium
Above \$87,000 up to \$109,000	Above \$174,000 up to \$218,000	Not applicable	\$12.20 + Your Plan Premium
Above \$109,000 up to \$136,000	Above \$218,000 up to \$272,000	Not applicable	\$31.50 + Your Plan Premium
Above \$136,000 up to \$163,000	Above \$272,000 up to \$326,000	Not applicable	\$50.70 + Your Plan Premium
Above \$163,000 and less than \$500,000	Above \$326,000 and less than \$750,000	Above \$87,000 and less than \$413,000	\$70.00 + Your Plan Premium
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$76.40 + Your Plan Premium