



2023 Medicare Amounts

Medicare Part A (Hospital Insurance) Costs

Monthly premium:

- **\$0 for most people** (because they or a spouse paid Medicare taxes long enough while working—generally at least 10 years (40 work quarters)). If you get Medicare earlier than 65, you won't pay a Part A premium. This is sometimes called "premium-free Part A."
- **If you don't qualify for premium-free Part A, you might have to buy it.** You'll pay either:
 - **\$506** each month if you paid Medicare taxes for less than 30 work quarters
 - **\$278** each month if you paid Medicare taxes for 30–39 work quarters

Part A late enrollment penalty: If you don't buy it when you're first eligible for Medicare (usually when you turn 65), 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

Cost	You Pay
Part A Deductible	<p>\$1,600 for each inpatient hospital benefit period, before Original Medicare starts to pay.</p> <p>There's no limit to the number of benefit periods you can have in a year. This means that you may pay the deductible more than once in a year.</p>
Inpatient Stay	<ul style="list-style-type: none"> ▪ Days 1–60: \$0 after you pay your Part A deductible ▪ Days 61–90: \$400 copayment per day of each benefit period ▪ Days 91–150: \$800 copayment per lifetime reserve day after day 90 of each benefit period (up to 60 days over your lifetime) ▪ After day 150: You pay all costs after you use all lifetime reserve days <p>NOTE: You pay for private-duty nursing, a television, or a phone in your room (if there's a separate charge for these items), personal care items (razors or slipper socks), or a private room, unless medically necessary.</p>
Mental Health Inpatient Stay	<p>If you're an inpatient at a general or psychiatric hospital, you also pay 20% of the Medicare-approved amount for mental health services you get from providers during your stay.</p> <p>NOTE: If you're getting services at a psychiatric hospital, remember that Part A only pays for up to 190 days of inpatient psychiatric care during your lifetime.</p>

Cost	You Pay
Skilled Nursing Facility Stay	<ul style="list-style-type: none"> ▪ Days 1–20: \$0 for each benefit period ▪ Days 21–100: \$200 copayment per day for each benefit period ▪ Days 101 and beyond: You pay 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), like wheelchairs, walkers, hospital beds, and other equipment
Hospice Care	<ul style="list-style-type: none"> ▪ \$0 for covered hospice care services. ▪ You may also pay: <ul style="list-style-type: none"> • A copayment of up to \$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 drug coverage (Part D). • 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).

NOTE: All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage 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.

Medicare Part B (Medical Insurance) Costs

Monthly premium: The standard Part B premium amount in 2023 is **\$164.90**. 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 may pay 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 may have to pay a late enrollment penalty for as long as you have Part B. Your monthly Part B premium may go up 10% of the standard premium for each full 12 months in the period that you could've had Part B, but didn't sign up. 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. (Starting January 1, 2023, your coverage will start the month after you sign up.)

Part B costs if you have Original Medicare

Cost	You Pay
Part B Annual Deductible	\$226, before Original Medicare starts to pay. You pay this deductible once each year.
General Costs for Services (coinsurance)	Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible (and as long as your doctor or health care provider accepts the Medicare-approved amount as full payment—called “accepting assignment”) 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	\$0 for covered clinical laboratory services
Home Health Care	<ul style="list-style-type: none"> ▪ \$0 for covered home health care services ▪ 20% of the Medicare-approved amount for DME, like wheelchairs, walkers, hospital beds, and other equipment
Inpatient Hospital Care	20% of the Medicare-approved amount for most doctor services while you're a hospital inpatient
Outpatient Mental Health Care	<ul style="list-style-type: none"> ▪ \$0 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 Care	After you meet the Part B deductible: <ul style="list-style-type: none"> ▪ 20% of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professional ▪ Coinsurance for each day of partial hospitalization services you get in a hospital outpatient setting or community mental health center

Cost	You Pay
Outpatient Hospital Care	<ul style="list-style-type: none"> ▪ Usually 20% of the Medicare-approved amount for the doctor and 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. ▪ You'll also pay a copayment to the hospital for each service you get in a hospital outpatient setting (except for certain preventive services that don't have a copayment). In most cases, your copayment won't be more than the Part A hospital stay deductible amount 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.

NOTE: All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage 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.

If your yearly income in 2021 (for what you pay in 2023) was

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You Pay Each Month (in 2023)
\$97,000 or less	\$194,000 or less	\$97,000 or less	\$164.90
Above \$97,000 up to \$123,000	Above \$194,000 up to \$246,000	Not applicable	\$230.80
Above \$123,000 up to \$153,000	Above \$246,000 up to \$306,000	Not applicable	\$329.70
Above \$153,000 up to \$183,000	Above \$306,000 up to \$366,000	Not applicable	\$428.60
Above \$183,000 and less than \$500,000	Above \$366,000 and less than \$750,000	Above \$97,000 and less than \$403,000	\$527.50
\$500,000 or above	\$750,000 or above	\$403,000 or above	\$560.50

Part D (Medicare 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 coverage costs at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), 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 at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage.

In general, you'll have to pay this penalty for as long as you have Medicare drug coverage. 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 2023) 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 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 2021 was

Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	You Pay Each Month (in 2023)
\$97,000 or less	\$194,000 or less	\$97,000 or less	Your Plan Premium
Above \$97,000 up to \$123,000	Above \$194,000 up to \$246,000	Not applicable	\$12.20 + Your Plan Premium
Above \$123,000 up to \$153,000	Above \$246,000 up to \$306,000	Not applicable	\$31.50 + Your Plan Premium
Above \$153,000 up to \$183,000	Above \$306,000 up to \$366,000	Not applicable	\$50.70 + Your Plan Premium
Above \$183,000 and less than \$500,000	Above \$366,000 and less than \$750,000	Above \$97,000 and less than \$403,000	\$70.00 + Your Plan Premium
\$500,000 or above	\$750,000 or above	\$403,000 or above	\$76.40 + Your Plan Premium