

## 2020 Medicare Costs Tip Sheet

<b>Part A: (Hospital Insurance) Premium</b>	
Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.	\$ 0.00
The Part A premium per month for people having 30-39 quarters of Medicare-covered employment.	\$252.00
The Part A premium per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment.	\$458.00
<b>Part B: (Medical Insurance) Premium</b>	
If your income in 2018 was above \$87,000 (single) or \$174,000 (married couple), then your Medicare Part B premium may be higher	\$144.60
<b>*Medicare Deductible and Coinsurance Amounts</b>	
<b>Part A:</b> (pays for inpatient hospital, skilled nursing facility, and some home health care) For each benefit period Medicare pays all covered costs except the Medicare Part A deductible during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.	\$1,408.00
<b>* For each benefit period you pay:</b>	
Total for a hospital stay of 1-60 days	\$1,408.00
Per day for days 61-90 of a hospital stay	\$352.00
Per day for days 91-150 of a hospital stay (Lifetime Reserve Days)	\$704.00
All costs for each day beyond 150 days	
<b>* Skilled Nursing Facility Co-insurance</b>	
Per day for days 1-20 each benefit period	\$0.00
Per day for days 21 through 100 each benefit period	\$176.00
<b>* Part B:</b> Annual deductible covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment. Note: You pay 20% of the Medicare-approved amount for services after you meet the \$198.00 annual deductible.	
	\$198.00
<b>Part D: TN Benchmark \$32.74</b>	
Deductible- Maximum	\$435.00
Initial Coverage Limit	\$4,020.00
Out-of-Pocket Threshold	\$6,350.00
Total Covered Drug Spend at Out-of-Pocket Threshold	\$9,719.38
Minimum Cost-Sharing in Catastrophic Coverage	\$3.60 / \$8.95
<b>LIS Co-payments:</b>	
Institutionalized	\$1.30/\$3.90
Up to or at 100% FPL	\$3.60/\$8.95
Other LIS	5%or \$3.60/\$8.95
Partial LIS Deductible/Cost-Sharing	\$89 / 15%

- Co-insurance may vary if enrolled in a Medicare Advantage Plan.

## Part B Premium Cost Coverage IRMMA

Individual	Couples	2019 Premium
Equal to or Below \$87,000	Equal to or Below \$174,000	\$144.60
\$87,001-109,000	\$174,001-218,000	\$202.40
\$109,001-136,000	\$218,001-272,000	\$289.20
\$136,501-163,000	\$272,001-\$326,000	\$376.00
\$163,001-500,000	\$326,001-\$750,000	\$462.70
Above \$500,000	Above \$750,001	\$491.60

## Income Related Medicine Adjustment Amount

### Part D-IRMAA – The Cost

Individual	Couples	2019 Amount			
Income Level / Tax Returns		Individual		Couples	
Equal to or Below \$87,000	Equal to or Below \$174,000	Tier 0	\$0	Tier 0	\$0
\$87,001-109,000	\$174,001-218,000	Tier 1	\$12.20 or 35%	Tier 1	\$12.20
\$109,001-136,000	\$218,001-272,000	Tier 2	\$31.50 or 50%	Tier 2	\$31.50
\$136,001-163,000	\$272,001-326,000	Tier 3	\$50.70 or 65%	Tier 3	\$50.70
\$163,001-500,000	\$326,001-750,000	Tier 4	\$70.00 or 80%	Tier 4	\$70.00
Above \$500,001	Above \$750,000	Tier 5	\$76.40 or 85%	Tier 5	\$76.40

### Part D Premium Subsidy:

Federal Poverty Level	% of Subsidy	\$ of Help Toward Premium	Plan Finder Language
Up to 135%	100%	\$32.74	Full Benefit Dual \$1.30 / \$3.90-Level 2 Partial Benefit Dual-Level 1, Full Extra Help OR Partial Extra Help (depending on asset level) \$3.60 / \$8.95 -Level 2
More than 135% but no more than 140%	75%	\$24.55	Partial Extra Help \$89 deductible / 15%
More than 140% but not more than 145%	50%	\$16.37	Partial Extra Help \$85 deductible / 15%
More than 145% but less than 150%	25%	\$ 8.18	Partial Extra Help \$89 deductible / 15%
150% or more	None	None	No Subsidy

	<b>LEVEL II 100% QBM</b>	<b>LEVEL I 120 % SLMB</b>	<b>135% FPL QI-1</b>	<b>150% FPL Extra Help</b>
<b>Income</b> (Social Security, pension, wages)	\$1,061 – single \$1,430 – married	\$1,269 – single \$1,711 – married	\$1,426 – single \$1,923 – married	\$1,581 – single \$2,134 – married
<b>Resources</b> (Includes \$1,500 per person for burial cost)	\$9,230 – single \$14,600 – married	\$9,230 – single \$14,600 – married	\$9,230 – single \$14,600 – married	\$14,390 – single \$28,720 – married

SSI = \$733 single or \$1,100 married

LEVEL III – Nursing Home MCD

Income includes \$20 general exclusion. Resources include \$1,500 burial allowance

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