

## 2022 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.	\$274.00
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.	\$499.00
<b>Part B: (Medical Insurance) Premium</b>	
If your income in 2020 was above \$91,000 (single) or \$182,000 (married couple), then your Medicare Part B premium may be higher.	\$170.10
<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.	\$1,556.00
<b>* For each benefit period you pay:</b>	
Total for a hospital stay of 1-60 days	\$1,556.00
Per day for days 61-90 of a hospital stay	\$389.00
Per day for days 91-150 of a hospital stay (Lifetime Reserve Days)	\$778.00
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	\$194.50
Per day for day 101 and beyond: all costs	
<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 \$233.00 annual deductible.	
	\$233.00
<b>Part D: TN Benchmark \$32.72</b>	
Deductible Range	\$0 - \$480.00
Initial Coverage Limit	\$4,430.00
Out-of-Pocket Threshold	\$7,050.00
Total Covered Drug Spend at Out-of-Pocket Threshold	\$10,690.00
Minimum Cost-Sharing in Catastrophic Coverage	\$3.95 / \$9.85
<b>LIS Co-payments (generic meds/brand name meds):</b>	
Institutionalized	\$0
Up to or at 100% FPL	\$1.35/\$4.00
Other LIS	\$3.95/\$9.85
Partial LIS Deductible/Cost-Sharing	\$99 / 15%

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

### Part B Premium Cost Coverage

Individual	Couples	2022 Premium
Equal to or Below \$91,000	Equal to or Below \$182,000	\$170.10
\$91,001-\$114,000	\$182,001-\$228,000	\$238.10
\$114,001-\$142,000	\$228,001-\$284,000	\$340.20
\$142,001-\$170,000	\$284,001-\$340,000	\$442.30
\$170,001-\$499,999	\$340,001-\$749,999	\$544.30
\$500,000 or above	\$750,000 or above	\$578.30

### Income Related Medicine Adjustment Amount

#### Part D-IRMAA – The Cost

Individual Income Level / Tax Returns	Couples	2022 Amount + Plan Premium			
		Individual		Couples	
Equal to or Below \$91,000	Equal to or Below \$182,000	Tier 0	\$0	Tier 0	\$0
\$91,001-\$114,000	\$182,001-\$228,000	Tier 1	\$12.40	Tier 1	\$12.40
\$114,001-\$142,000	\$228,001-\$284,000	Tier 2	\$32.10	Tier 2	\$32.10
\$142,001-\$170,000	\$284,001-\$340,000	Tier 3	\$51.70	Tier 3	\$51.70
\$170,001-\$499,999	\$340,001-\$749,999	Tier 4	\$71.30	Tier 4	\$71.30
\$500,000 or above	\$750,001 or above	Tier 5	\$77.90	Tier 5	\$77.90

#### Part D Premium Subsidy:

Federal Poverty Level	% of Subsidy	\$ of Help Toward Premium	Plan Finder Language
Up to 135%	100%	\$32.72	Full Benefit Dual Eligible \$1.35 generic / \$4.00-Level 2 Partial Benefit Dual-Level 1, Full Extra Help OR Partial Extra Help (depending on asset level) \$3.95 / \$9.85 -Level 2
More than 135% but no more than 140%	75%	\$24.54	Partial Extra Help \$99 deductible / 15%
More than 140% but not more than 145%	50%	\$16.36	Partial Extra Help \$99 deductible / 15%
More than 145% but less than 150%	25%	\$ 8.18	Partial Extra Help \$99 deductible / 15%
150% or more	None	None	No Subsidy

	<b>LEVEL II 100% QMB</b>	<b>LEVEL I 120 % SLMB</b>	<b>135% FPL QI-1</b>	<b>&gt;150% FPL Extra Help</b>
<b>Total Monthly Income</b> (including Social Security, pension, & wages)	\$1,153 – single \$1,546 – married	\$1,379 – single \$1,851 – married	\$1,549 – single \$2,080 – married	\$1,699 – single \$2,289 – married
<b>Resources</b>	\$8,400 – single \$12,600 – married	\$8,400 – single \$12,600 – married	\$8,400 – single \$12,600 – married	\$14,010 – single \$27,950 – married

SSI = \$841 single or \$1,261 married  
Income includes \$20 general exclusion.

LEVEL III – Nursing Home MCD