

# 2012 Medicare Costs



## Medicare Monthly Premiums

Type of Monthly Premium	Amount of Monthly Premium
<b>Part A monthly premium</b> (for people who pay a premium)	\$451
<b>Part A Late Enrollment Penalty</b>	+ 10%
<b>Part B monthly premium</b>	\$99.90 <b>Higher-income consumers may pay more.</b>
<b>Part B Late Enrollment Penalty</b>	+ 10% for each full 12-month period that you could have had Part B, but didn't sign up for it
<b>Part C monthly premium</b>	<b>Varies by plan</b>
<b>Part D monthly premium</b>	<b>Varies by plan</b> <b>Higher-income consumers may pay more</b>
<b>Part D Late Enrollment Penalty</b>	<b>Depends on how long you went without creditable prescription drug coverage</b>

# What You Pay if You Have Original Medicare

## Medicare Part A (Hospital Insurance) Costs

### Part A Services

Services	You Pay
<b>Blood</b>	In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated.
<b>Home Health Care</b>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$0 for home health care services</li> <li>▪ 20% of the Medicare-approved amount for durable medical equipment</li> </ul>
<b>Hospice Care</b>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$0 for hospice care</li> <li>▪ A copayment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management</li> <li>▪ 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest)</li> </ul> <p>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).</p>
<b>Hospital Inpatient Stay</b>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$1,156 deductible per benefit period</li> <li>▪ \$0 for the first 60 days of each benefit period</li> <li>▪ \$289 per day for days 61-90 of each benefit period</li> <li>▪ \$578 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)</li> </ul>

<b>Skilled Nursing Facility Stay</b>	<b>You pay:</b>
	<ul style="list-style-type: none"> <li>▪ \$0 for the first 20 days each benefit period</li> <li>▪ \$144.50 per day for days 21-100 each benefit period</li> <li>▪ All costs for each day after day 100 in a benefit period</li> </ul>

Note: If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

## Medicare Part B (Medical Insurance) Costs

### Part B Monthly Premium

You pay a Part B premium each month. Most people will pay the standard premium amount. However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

If Your Yearly Income in 2010 was		You pay
<b>File Individual Tax Return</b>	<b>File Joint Tax Return</b>	
\$85,000 or less	\$170,000 or less	\$99.90
above \$85,001 up to \$107,000	above \$170,001 up to \$214,000	\$139.90
above \$107,001 up to \$160,000	above \$214,001 up to \$320,000	\$199.80
above \$160,001 up to \$214,000	above \$320,001 up to \$428,000	\$259.70
above \$214,000	above \$428,000	\$319.70

If you have questions about your Part B premium, contact [Social Security](#).

## Part B Services

Services	You pay
<b>Part B Deductible</b>	<b>You pay</b> \$140 per year.
<b>Blood</b>	In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. However, you will pay a copayment for the blood processing and handling services for every unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. You pay a copayment for additional units of blood you get as an outpatient (after the first 3), and the Part B deductible applies.
<b>Clinical Laboratory Services</b>	<b>You pay:</b> \$0 for Medicare-approved services.
<b>Home Health Services</b>	<b>You pay:</b> \$0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
<b>Medical and Other Services</b>	<b>You pay:</b> 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy*, and durable medical equipment.
<b>Mental Health Services</b>	<b>You pay:</b> 40% of the Medicare-approved amount for most outpatient mental health care.
<b>Other Covered Services</b>	<b>You pay:</b> copayment or coinsurance amounts.
<b>Outpatient Hospital Services</b>	<b>You pay:</b> a coinsurance (for doctor services) or a copayment amount for most outpatient hospital services. The copayment for a single service can't be more than the amount of the inpatient hospital deductible.

\* In 2012, there may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

**Note:** All Medicare Advantage Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

## Medicare Prescription Drug Plans (Part D) Premiums

### Part D Monthly Premium

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

If Your Yearly Income in 2010 was		You pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	Your Plan Premium
above \$85,001 up to \$107,000	above \$170,001 up to \$214,000	\$11.60 + Your Plan Premium
above \$107,001 up to \$160,000	above \$214,001 up to \$320,000	\$29.90 + Your Plan Premium
above \$160,001 up to \$214,000	above \$320,001 up to \$428,000	\$48.10 + Your Plan Premium
above \$214,000	above \$428,000	\$66.40 + Your Plan Premium