



MEDICARE COSTS AT A GLANCE: 2016

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This product provides information on the costs beneficiaries pay for Medicare Parts A, B, C, and D in 2016.

Part A – Hospital Insurance

Please note: The information in this section applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Monthly Premium

Most beneficiaries do not pay a monthly premium for Part A (sometimes called premium-free Part A). Beneficiaries who buy Part A pay up to **\$411** each month.

Late Enrollment Penalty

If the beneficiary does not buy Part A when first eligible, his or her monthly premium may go up 10%. For more information, visit the [Part A Late Enrollment Penalty](#) web page on the Centers for Medicare & Medicaid Services (CMS) website.

Deductible, Coinsurance, and Copayments

Hospital Inpatient Stay (includes mental health inpatient stay)

The beneficiary pays a **\$1,288** deductible for each benefit period and:

- Days 1–60: **\$0** coinsurance for each benefit period;
- Days 61–90: **\$322** coinsurance per day of each benefit period;
- Days 91 and beyond: **\$644** coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over his or her lifetime); and
- Beyond lifetime reserve days: **all costs**.

NOTE: There is no limit on the number of benefit periods when a beneficiary gets mental health care in a general hospital. Multiple benefit periods also apply when a beneficiary gets care in a psychiatric hospital. There is a lifetime limit of 190 days.

When the beneficiary is a hospital inpatient, he or she pays 20% of the Medicare-approved amount for mental health services from doctors and other providers.

For hospital inpatient stays, the beneficiary pays for private-duty nursing, a television, a phone, and a private room (unless a private room is medically necessary).

Coinsurance and Copayments

Skilled Nursing Facility (SNF) Stay

The beneficiary pays:

- Days 1–20: **\$0** for each benefit period;
- Days 21–100: **\$161** coinsurance per day of each benefit period; and
- Days 101 and beyond: **all** costs.

Home Health Care

The beneficiary pays:

- **\$0** for home health care services; and
- **20%** of the Medicare-approved amount for durable medical equipment (DME).

Hospice Care

The beneficiary pays:

- **\$0** for hospice care;
- No more than **\$5** copayment for each prescription drug and other similar products for pain relief and symptom control while he or she is at home. If the drug is not covered by the hospice benefit, contact the Medicare drug plan to determine if it is covered under Part D; and
- **5%** of the Medicare-approved amount for inpatient respite care.

NOTE: All Medicare Advantage (MA) Plans must cover all services Original Medicare covers, except hospice care. Costs vary by plan and may be either higher or lower than those in Original Medicare.

An enrollee in a MA Plan receives the hospice benefit under Original Medicare.

Medicare does not cover room and board when the beneficiary gets hospice care in his or her home or another facility where he or she lives (for example, a nursing home).

If certain conditions are met, the beneficiary may get help paying for Part A costs. For more information, visit the [Medicare Savings Plans](#) web page on the CMS website.

For more information about Part A costs, visit the [Part A Costs](#) web page on the CMS website.

Part B – Medical Insurance

Please note: The information in this section applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Monthly Premium

Most beneficiaries who get Social Security benefits pay **\$104.90** each month for Part B, which is the same amount they paid in 2015. The standard Part B premium amount is **\$121.80** each month (or higher depending on income). Beneficiaries pay a different amount if:

- They enroll in Part B for the first time in 2016;
- They do not get Social Security benefits;
- They have Medicare and Medicaid, and Medicaid pays their premiums (the State pays the \$121.80 standard premium); and
- Their modified adjusted income reported on their Internal Revenue Service tax return from 2 years ago is above a certain amount.

Late Enrollment Penalty

In most cases, if the beneficiary does not sign up for Part B when first eligible, he or she will pay a late enrollment penalty for as long as he or she has Part B. For more information, visit the [Part B Late Enrollment Penalty](#) web page on the Centers for Medicare & Medicaid Services (CMS) website.

Deductible

The beneficiary pays **\$166** per year.

Coinsurance and Copayments

Clinical Laboratory Services

The beneficiary pays **\$0** for Medicare-approved clinical laboratory services.

Home Health Services

The beneficiary pays:

- **\$0** for home health care services; and
- **20%** of the Medicare-approved amount for durable medical equipment (DME).

Medical and Other Services

The beneficiary pays 20% of the Medicare-approved amount for most doctor services (including most doctor services when a hospital inpatient), outpatient therapy, and DME.

There may be limits on physical therapy, occupational therapy, and speech-language pathology services (some exceptions to these limits may apply).

Outpatient Mental Health Services

The beneficiary pays:

- **\$0** for yearly depression screening if the doctor or health care provider accepts assignment;
- **20%** of the Medicare-approved amount for visits to a doctor or other health care provider to diagnose or treat the condition (the Part B deductible applies); and
- Additional coinsurance or copayment amounts if he or she gets services in a hospital outpatient clinic or hospital outpatient department.

Partial Hospitalization Mental Health Services

The beneficiary pays:

- A percentage of the Medicare-approved amount for each service from a doctor or certain other qualified mental health professionals if the health care professional accepts assignment; and
- Coinsurance each day services are provided in a hospital outpatient setting or community health center. The Part B deductible applies.

Outpatient Hospital Services:

The beneficiary pays:

- **20%** of the Medicare-approved amount for the doctor or other health care provider's services. The Part B deductible applies;
- A copayment for each service provided; and
- **\$0** deductible, coinsurance, and copayments for some screenings and preventive services.

NOTE: All Medicare Advantage (MA) Plans must cover all services Original Medicare covers. Costs vary by plan and may be either higher or lower than those in Original Medicare.

If certain conditions are met, the beneficiary may get help paying Part B costs. For more information, visit the [Medicare Savings Programs](#) web page on the CMS website.

For more information about Part B costs, visit the [Part B Costs](#) web page on the CMS website.

Part C – Medicare Advantage

Please note: The information in this section applies only to Medicare Part C, Medicare Advantage plans.

Monthly Premium

The Part C monthly premium the beneficiary pays **varies by plan**.

Deductibles, Coinsurance, and Copayments

The amount the beneficiary pays for deductibles, coinsurance, and/or copayments **varies by plan**.

NOTE: Plans establish the amounts they charge for premiums, deductibles, and services. These amounts may change once a year on January 1.

For more information about Part C costs, visit the [Costs for Medicare Advantage Plans](#) and [Medicare Plan Finder](#) web pages on the Centers for Medicare & Medicaid Services (CMS) website or call the plan.

Part D – Prescription Drug Benefit

Please note: The information in this section applies only to Medicare Part D, the Prescription Drug Benefit.

Monthly Premium

The Part D monthly premium the beneficiary pays **varies by plan**. The beneficiary may pay more if he or she has a higher income.

Late Enrollment Penalty

The beneficiary may owe a late enrollment penalty if he or she goes without:

- A Prescription Drug Plan;
- A Medicare Advantage Plan or other Medicare health plan that offers Medicare prescription drug coverage; or

- Creditable prescription drug coverage for any continuous period of 63 days or more after his or her Initial Enrollment Period is over.

For more information, visit the [Part D Late Enrollment Penalty](#) web page on the Centers for Medicare & Medicaid Services (CMS) website.

Deductibles, Coinsurance, and Copayments

The amount the beneficiary pays for deductibles, coinsurance, and/or copayments **varies by plan**.

NOTE: Plans establish the amounts they charge for premiums, deductibles, and services. These amounts may change once a year on January 1.

If the beneficiary meets certain income and resource limits, he or she may get help paying the costs of prescription drug coverage. For more information, visit the [Save on Drug Costs](#) web page on the CMS website.

For more information about Part D costs, visit the [Costs for Medicare Drug Coverage](#) and [Medicare Plan Finder](#) web pages on the CMS website or call the plan.

Resources

The chart below provides resources for Medicare.

Table 1. Resource Table

Resource	Website
Your Medicare Costs — Information on the costs beneficiaries pay for Medicare.	https://www.medicare.gov/your-medicare-costs
“Resources for Medicare Beneficiaries” — A list of products that assist providers in answering beneficiaries’ questions.	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN905183.html
Medicare Benefits — Information on signing up for Part B or applying for Extra Help to pay the costs of Part D.	https://www.ssa.gov/medicare

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