

2023 Medicare Costs Sheet



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|---|------------------|
| Part A: (Hospital Insurance) Premium | |
| 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. | \$278.00 |
| 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. | \$506.00 |
| Part B: (Medical Insurance) Premium | |
| If your income in 2021 was above \$97,000 (single) or \$194,000 (married couple), then your Medicare Part B premium may be higher | \$164.90 |
| *Medicare Deductible and Coinsurance Amounts | |
| Part A: (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. | \$1,600.00 |
| * For each benefit period you pay: | |
| Total for a hospital stay of 1-60 days | \$1,600.00 |
| Per day for days 61-90 of a hospital stay | \$400.00 |
| Per day for days 91-150 of a hospital stay (Lifetime Reserve Days) | \$800.00 |
| All costs for each day beyond 150 days | |
| * Skilled Nursing Facility Co-insurance | |
| Per day for days 1-20 each benefit period | \$0.00 |
| Per day for days 21 through 100 each benefit period | \$200.00 |
| * Part 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. | |
| | \$226 |
| Part D: TN Benchmark \$43.00 | |
| Deductible- Maximum | \$435.00 |
| Initial Coverage Limit | \$4,660.00 |
| Out-of-Pocket Threshold | \$7,400.00 |
| Total Covered Drug Spend at Out-of-Pocket Threshold | \$11,206.00 |
| Minimum Cost-Sharing in Catastrophic Coverage | \$4.15 / \$10.35 |
| LIS Co-payments: | |
| Institutionalized | \$1.30/\$3.90 |
| Up to or at 100% FPL | \$4.15/\$10.35 |
| Other LIS | 5% |
| 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 | 2023 Premium |
|----------------------------|-----------------------------|--------------|
| Equal to or Below \$97,000 | Equal to or Below \$194,000 | \$164.90 |
| \$97,001-123,000 | \$194,001-246,000 | \$230.80 |
| \$123,001-153,000 | \$246,001-306,000 | \$329.70 |
| \$153,001-183,000 | \$306,001-\$366,000 | \$428.60 |
| \$183,001-500,000 | \$366,001-\$750,000 | \$527.50 |
| Above \$500,000 | Above \$750,001 | \$560.50 |

Income Related Monthly Adjustment Amount

Part D-IRMAA – The Cost

| Individual | Couples | 2023 Amount | | | |
|----------------------------|-----------------------------|-------------|----------------|---------|---------|
| Income Level / Tax Returns | | Individual | | Couples | |
| Equal to or Below \$97,000 | Equal to or Below \$194,000 | Tier 0 | \$0 | Tier 0 | \$0 |
| \$97,001-123,000 | \$194,001-246,000 | Tier 1 | \$12.20 or 35% | Tier 1 | \$12.20 |
| \$123,001-153,000 | \$246,001-306,000 | Tier 2 | \$31.50 or 50% | Tier 2 | \$31.50 |
| \$153,001-183,000 | \$306,001-\$366,000 | Tier 3 | \$50.70 or 65% | Tier 3 | \$50.70 |
| \$183,001-500,000 | \$366,001-\$750,000 | Tier 4 | \$70.00 or 80% | Tier 4 | \$70.00 |
| Above \$500,000 | Above \$750,001 | 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 \$1.45 / \$4.30 -Level 2 Partial Benefit Dual-Level 1, Full Extra Help OR Partial Extra Help (depending on asset level) \$4.15 / \$10.35 -Level 2 |
| More than 135% but no more than 140% | 75% | \$24.55 | Partial Extra Help \$104 deductible / 15% |
| More than 140% but not more than 145% | 50% | \$16.37 | Partial Extra Help \$104 deductible / 15% |
| More than 145% but less than 150% | 25% | \$ 8.18 | Partial Extra Help \$104 deductible / 15% |
| 150% or more | None | None | No Subsidy |

| | LEVEL II 100% QMB | LEVEL I 120 % SLMB | 135% FPL QI-1 | 150% FPL Extra Help |
|---|---|---|---|--|
| Income (Social Security, pension, wages) | \$1,215 – single \$1,643 – married | \$1,518 – single \$2,054 – married | \$1,640 – single \$2,218 – married | \$1,822 – single \$2,464 – married |
| Resources (Includes \$1,500 per person for burial cost) | \$10,590 – single \$16,630 – married | \$10,590 – single \$16,630 – married | \$10,590 – single \$16,630 – married | \$16,660 – single \$33,240 – married *Partial* |

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