## 2025 Medicare Premiums, Deductibles and Coinsurances

## **For Medicare Part A**

Inpatient Deductible:	\$1,675 per benefit period (days 1- 60)	
Co-insurance days:	\$419 per day (days 61 – 90)	
Lifetime Reserve days:	\$838 per day (days 91 – 150)	
Skilled Nursing Coinsurance:	\$209.50 per day (days 21 – 100) per benefit period	

## For Medicare Part B

Annual Deductible:	\$257 per calendar year	
Co-insurance amount:	20% of Medicare approved amount	
Limiting Charge*:	15% above the Medicare approved amount	
Premiums:	\$185.00 per month**	

\* A Medicare Part B provider who does not accept Medicare assignment may not collect, bill or receive more than 15% above the Medicare approved amount.

\*\* Some Medicare beneficiaries will pay a lesser Part B premium due to protection under the "Hold Harmless" provision. Contact Social Security if you have questions.

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total monthly Part B premium amount:	Part D income- related monthly adjustment amount:
Less than or equal to \$106,000	Less than or equal to \$212,000	\$185.00	\$0.00
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$258.00	\$13.70
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$369.10	\$35.30
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$479.50	\$57.00
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$589.00	\$78.60
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$626.70	\$85.80



LOUISIANA SENIOR HEALTH INFORMATION PROGRAM

For assistance with Medicare, contact LaSHIP at 1-800-259-5300.



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