



# 2024 Medicare Premiums, Deductibles and Coinsurances

## For Medicare Part A

<b>Inpatient Deductible:</b>	\$1,632 per benefit period (days 1- 60)
<b>Co-insurance days:</b>	\$408 per day (days 61 – 90)
<b>Lifetime Reserve days:</b>	\$816 per day (days 91 – 150)
<b>Skilled Nursing Coinsurance:</b>	\$204 per day (days 21 – 100) per benefit period

## For Medicare Part B

<b>Annual Deductible:</b>	\$240 per calendar year
<b>Co-insurance amount:</b>	20% of Medicare approved amount
<b>Limiting Charge*:</b>	15% above the Medicare approved amount
<b>Premiums:</b>	\$174.70 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 \$103,000	Less than or equal to \$206,000	\$174.70	\$0.00
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$244.60	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$349.40	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$454.20	\$53.80
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$559.00	\$74.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$594.00	\$81.00



**For assistance with Medicare,  
contact SHIP at  
1-800-259-5300**