



Original Medicare Premiums, Deductibles & Coinsurances 2015

1-800-224-6330

ORIGINAL MEDICARE PART A BENEFICIARY COSTS

Inpatient Hospitalization

Inpatient Deductible	\$1,260.00 per benefit period
----------------------	-------------------------------

A benefit period begins with a hospital admittance and ends when the beneficiary has been out of the hospital and/or skilled nursing facility for 60 days. More than one benefit period may occur within a calendar year.

0-60 days	\$0.00 per day
-----------	----------------

61-90 days	\$315.00 per day
------------	------------------

Lifetime Reserve Days (paid once per lifetime): 91-150 days	\$630.00 per day
---	------------------

Beyond 150 days	All Costs
-----------------	-----------

Skilled Nursing Facility Care

Must have been hospitalized at least three days and enter a Medicare approved facility within 30 days after medical discharge.

1-20 days	\$0.00
-----------	--------

21-100 days	\$157.50 per day
-------------	------------------

Beyond 100 days	All Costs
-----------------	-----------

ORIGINAL MEDICARE PART B BENEFICIARY COSTS

Annual Deductible	\$147.00 per calendar year
-------------------	----------------------------

Co-Insurance amount	20% of Medicare approved amount
---------------------	---------------------------------

Limiting Charge	Up to 15% above Medicare approved amount. May apply to doctors not accepting Medicare assignment. Doctor may not collect, bill or receive more than 15 % above the Medicare approved amount.
-----------------	--

Medicare Part B Premium

Late enrollment penalty will increase premium amount by 10% for each year could have enrolled but did not.

If your Yearly Income is		Monthly Premium Payment
File Individual Tax Return	File Joint Tax Return	

\$85,000 or below	\$170,000 or below	\$104.90 per month
-------------------	--------------------	--------------------

\$85,001-\$107,000	\$170,001-\$214,000	\$146.90 per month
--------------------	---------------------	--------------------

\$107,001-\$160,000	\$214,001-\$320,000	\$209.80 per month
---------------------	---------------------	--------------------

\$160,001-\$214,000	\$320,001-\$428,000	\$272.70 per month
---------------------	---------------------	--------------------

Above \$214,001	Above \$428,001	\$335.70 per month
-----------------	-----------------	--------------------

SHIP is a public service of the Arkansas Insurance Department and is federally funded through the Administration for Community Living, an agency of the U.S. Department of Health and Human Services.