**Medicare 2015 costs at a glance**

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| **2015 Costs at a Glance** |
| Part B premium | Most people pay $104.90 each month. |
| Part B deductible | $147 per year. |
| Part A premium | Most people don't pay a monthly premium for Part A. If you buy Part A, you'll pay up to $407 each month. |
| Part A hospital inpatient deductible |  You pay: * $1,260 deductible for each benefit period
* Days 1-60: $0 coinsurance for each benefit period
* Days 61-90: $315 coinsurance per day of each benefit period
* Days 91 and beyond: $630 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
* Beyond lifetime reserve days: all costs
 |
| Part C premium | The Part C monthly [premium](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html%22%20%5Cl%20%221404%22%20%5Co%20%22) varies by plan. |
| Part D premium | The Part D monthly [premium](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html#1404) varies by plan (higher-income consumers may pay more). |

* **Skilled nursing facility stay**
	+ Days 1–20: $0 for each [benefit period](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html%22%20%5Cl%20%221288%22%20%5Co%20%22).
	+ Days 21–100: $157.50 [coinsurance](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html%22%20%5Cl%20%221294%22%20%5Co%20%22%3Cp%3EAn%20amount%20you%20may%20be%20required%20to%20pay%20as%20your%20share%20of%20the%20cost%20for%20services%20after%20you%20pay%20any%20deductibles.%20Coinsurance%20is%20usually%20a%20percentage%20%28for%20example%2C%2020%25%29.%3C/p%3E) per day of each benefit period.
	+ Days 101 and beyond: all costs.

[**Medicare Part B (Medical Insurance)**](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html#collapse-4809)

* **Monthly premium:**

Most people pay the Part B [premium](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html#1404) of $104.90 each month.

However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

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| **If your yearly income in 2013 (for what you pay in 2015) was** | **You pay (in 2015)** |
| **File individual tax return** | **File joint tax return** | **File married & separate tax return** |
| $85,000 or less | $170,000 or less | $85,000 or less | $104.90 |
| above $85,000 up to $107,000 | above $170,000 up to $214,000 | Not applicable | $146.90 |
| above $107,000 up to $160,000 | above $214,000 up to $320,000 | Not applicable | $209.80 |
| above $160,000 up to $214,000 | above $320,000 up to $428,000 | above $85,000 and up to $129,000 | $272.70 |
| above $214,000 | above $428,000 | above $129,000 | $335.70 |

 [Get more information about your Part B premium from Social Security.](http://socialsecurity.gov/pubs/EN-05-10536.pdf)

* **Monthly premium:**

The Part D monthly [premium](http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-glance.html#1404) varies by plan (higher-income consumers may pay more).

The charts below show your estimated prescription drug plan monthly premium based on your income as reported on your IRS tax return from 2 years ago and last year. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

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| **If your filing status and yearly income in 2013 was** |
| **File individual tax return** | **File joint tax return** | **File married & separate tax return** | **You pay (in 2015)** |
| $85,000 or less | $170,000 or less | $85,000 or less | your plan premium |
| above $85,000 up to $107,000 | above $170,000 up to $214,000 | not applicable | $12.30 + your plan premium |
| above $107,000 up to $160,000 | above $214,000 up to $320,000 | not applicable | $31.80 + your plan premium |
| above $160,000 up to $214,000 | above $320,000 up to $428,000 | above $85,000 up to $129,000 | $51.30 + your plan premium |
| above $214,000 | above $428,000 | above $129,000 | $70.80 + your plan premium |