

### **WHAT IS PART A**

( )

- PROVIDES COVERAGE FOR:
- -INPATIENT HOSPITAL CARE
- -SKILLED NURSING FACILITIES
- -HOSPICE CARE
- -LIMITED HOME HEALTH CARE

## OUT-OF-POCKET COSTS

-\$0 Monthly Premium -\$1,600 (2024 \$1,632) Deductible-60 day window

#### **Hospital Coinsurance**

-Days 1-60 \$0 Benefit Period

-Days 61-90: \$408 /day of each benefit period

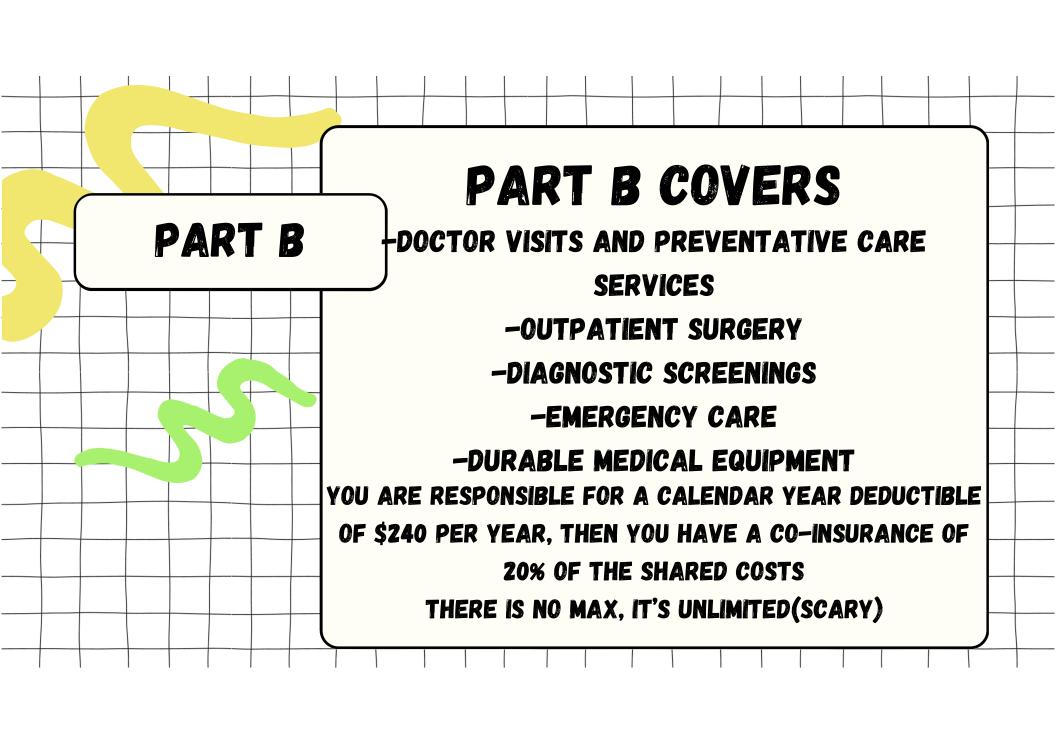
-Days 91 and 150: \$816 or until lifetime reserve days have been used (up to 60 days over your lifetime)

#### Skilled Nursing Stay Coinsurance

-Days 1-20: \$0 for each benefit period

-Days 21-100: \$204/day for each benefit period

-Days 101 and beyond: All costs



# 2024 Medicare Part B IRMAA

		Separate Tax Return		Premius	n 2024
Less than \$103,000	Less than or equal to \$206,000	Less than or equal to \$103,000.	\$174.70		\$174.70
Greater than \$103,000 and less than \$129,000	Greater than \$206,000 and less than or equal to \$258,000.	Not Applicable	\$244.60	\$12.90	\$257.50
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000.	Not applicable.	\$349.40	\$33.30	\$382.70
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000.	Not applicable.	\$454.20	\$53.80	\$508.00
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000.	Greater than \$103,000 and less than \$397,000.	\$559.00	\$74.20	\$633.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	Greater than or equal to \$397,000	\$594.00	\$81.00	\$675.00

