



2025 MEDICARE PART A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs after the required Medicare deductible	\$1,676 DEDUCTIBLE
61-90 DAYS	All eligible expenses after patient pays a per-day copayment	\$419 A DAY COPAYMENT as much as: \$12,151
91-150 DAYS	All eligible expenses after patient pays a per-day copayment <i>(These are Lifetime Reserve Days that may never be used again.)</i>	\$838 A DAY COPAYMENT as much as: \$49,442
150 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days. For days 21-100 the patient is responsible for all eligible expenses incurred which includes the daily copayment.	After 20 days \$209.50 A DAY COPAYMENT as much as: \$16,550.50



2025 MEDICARE PART B

Part B is Medical Insurance and covers doctor services, outpatient care, tests, and supplies.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	All eligible expenses after patient pays a per-day copayment	\$257 Annual Deductible
MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of approved amount	20% of approved amount*
CLINICAL LABORATORY SERVICES Blood tests; urinalysis	Generally 100% of the approved amount	Nothing for services

(2025 Medicare Part B Continued)

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
HOME HEALTHCARE Part-time or intermittent skilled care; home health aide services; durable medical supplies; and other services	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Hospital services for the diagnosis or treatment of an illness or injury	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount after first 3 pints of blood.	First 3 pints plus 20% of approved amount * for additional pints
EXCESS DOCTOR CHARGES <i>(Above Medicare-approved amount)</i>	0% above approved amount	ALL costs

*On all Medicare-covered expenses, a doctor or other healthcare provider may agree to accept Medicare assignment. This means the patient will not be required to pay any expense in excess of Medicare's approved charge. The patient pays only 20% of the approved charge not paid by Medicare.

Every year, the Social Security Administration (SSA) determines your Income Related Monthly Adjustment Amount (IRMAA), if any, based on information from your income tax return from two years prior, which the SSA obtains from the IRS. If your modified adjusted gross income (MAGI) exceeds a certain threshold, you will have to pay an additional amount on top of your regular Medicare premium. In 2011, the Affordable Care Act (ACA) expanded IRMAA to include higher income enrollees in **Medicare Part D in addition to the monthly insurance premium for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage. Rates are shown in the following table.**

2025 MEDICARE PART B & D Premiums by Income

Based on your filing status and yearly income in 2023

File Individual Tax Return	File Joint Tax Return	Married & Filed Separate Tax Return	Part B 2025 Monthly IRMAA Premium	Part D 2025 Monthly IRMAA Premium
\$106,000 or less	\$212,000 or less	\$106,000 or less	\$185.00	Your Plan Premium
\$106,001 to \$133,000	\$212,001 to \$266,000	N/A	\$259.00 (185.00 + 74.00)	\$13.70 + your plan premium
\$133,001 to \$167,000	\$266,001 to \$334,000	N/A	\$370.00 (185.00 + 185.00)	\$35.30 + your plan premium
\$167,001 to \$200,000	\$334,001 to \$400,000	N/A	\$480.90 (185.00 + 295.90)	\$57.00 + your plan premium
\$200,001 to \$499,999	\$400,001 to \$749,999	\$106,001 to \$394,000	\$591.90 (185.00 + 406.90)	\$78.60 + your plan premium
\$500,000 and above	\$750,000 and above	\$394,000 and above	\$628.90 (185.00 + 443.90)	\$85.80 + your plan premium