

ONLINE APPENDIXES

4

**Financial assistance
for low-income
Medicare beneficiaries**

ONLINE APPENDIX

4-A

Medicare cost-sharing amounts

**TABLE
4-A1**

Medicare cost-sharing amounts, 2014

Type of Medicare cost sharing	2014 cost
Premiums	
Part A	<ul style="list-style-type: none"> \$0/month for beneficiaries who worked at least 40 quarters and paid Medicare taxes while working. This is referred to as premium-free Part A (also provided to qualified dependents of workers). \$426/month for beneficiaries who do not qualify for premium-free Part A (or \$234/month for beneficiaries with 30–39 quarters of coverage).
Part B	<ul style="list-style-type: none"> \$104.90/month for a beneficiary with an annual income up to \$85,000 a year (or up to \$170,000 annual income for a couple). \$146.90/month for a beneficiary with an annual income above \$85,000 and up to \$107,000 a year (or above \$170,000 and up to \$214,000 for a couple). \$209.80/month for a beneficiary with an annual income above \$107,000 and up to \$160,000 a year (or above \$214,000 and up to 320,000 for a couple). \$272.70/month for a beneficiary with an annual income above \$160,000 and up to \$214,000 a year (or above \$320,000 and up to \$428,000 for a couple). \$335.70/month for a beneficiary with an annual income greater than \$214,000 a year (or greater than \$428,000 for a couple).
Deductibles	
Part A	<p><i>Inpatient hospital services:</i></p> <ul style="list-style-type: none"> \$1,216/year per benefit period.
Part B	<ul style="list-style-type: none"> \$147.00/year for all beneficiaries.
Coinsurance/Copayments	
Part A	<p><i>Inpatient hospital services:</i></p> <ul style="list-style-type: none"> \$304/day copayment for days 61–90 of each benefit period. \$608/day copayment for day 91 of each benefit period and for each lifetime reserve day (each beneficiary receives up to 60 lifetime reserve days over a lifetime). All costs incurred after exhaustion of the lifetime reserve days. <p><i>Skilled nursing facility services:</i></p> <ul style="list-style-type: none"> \$152.00/day copayment for days 21–100 of each benefit period. All costs incurred after the 101st day of each benefit period. <p><i>Durable medical equipment:</i></p> <ul style="list-style-type: none"> Coinsurance of 20 percent of the Medicare-approved payment amount.
Part B	<p><i>Physician services:</i></p> <ul style="list-style-type: none"> Coinsurance of 20 percent of the Medicare-approved payment amount. <p><i>Outpatient hospital services:</i></p> <ul style="list-style-type: none"> Coinsurance of 20 percent of the Medicare-approved payment amount for physician and other health care professional services. A copayment for some other services received in the outpatient hospital setting. <p><i>Outpatient mental health services:</i></p> <ul style="list-style-type: none"> Coinsurance of 20 percent of the Medicare-approved payment amount for physician or other health care professional services to diagnose or monitor a mental health condition or to change prescription medications. Coinsurance of generally between 20 percent and 40 percent of the Medicare-approved payment amount for mental health services received in a hospital outpatient clinic or department setting.

Source: Medicare.gov. 2013. Medicare 2014 costs at a glance. <http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html#collapse-4809>. Congressional Research Service. 2013. *Medicare: Part B premiums*. Washington, DC: CRS.