

ELDER CARE LAW & ESTATE PLANNING

## 2024 Medicare Costs Sheet

Part A: (Hospital Insurance) Premium Most people do not pay a monthly Part A premium because they or a spouse	
has 40 or more quarters of Medicare-covered employment.	
has 40 of more quarters of medicare-covered employment.	\$ 0.00
The Part A premium per month for people having 30-39 quarters of Medicare-covered	
employment.	<b>A</b>
	\$278.00
The Part A premium per month for people who are not otherwise eligible for premium-	
free hospital insurance and have less than 30 quarters of Medicare-covered	
employment.	
	\$505.00
art B: (Medical Insurance) Premium	
If your income in 2022 was above \$97,000 (single) or \$194,000 (married	\$174.70
couple), then your Medicare Part B premium may be higher	<b>•</b> • • • • •
couple), then your medicale Part B premium may be higher	
Medicare Deductible and Coinsurance Amounts	
Part A: (pays for inpatient hospital, skilled nursing facility, and some	
home health care) For each benefit period Medicare pays all covered	
costs except the Medicare Part A deductible during the first 60 days and	
coinsurance amounts for hospital stays that last beyond 60 days and no more	
than 150 days.	\$1,632.00
* For each benefit period you pay:	
Total for a hospital stay of 1-60 days	\$1,632.00
Per day for days 61-90 of a hospital stay	\$408.00
Per day for days 91-150 of a hospital stay (Lifetime Reserve Days)	\$816.00
All costs for each day beyond 150 days	·
* Skilled Nursing Facility Co-insurance	<b>\$0.00</b>
Per day for days 1-20 each benefit period	\$0.00
Per day for days 21 through 100 each benefit period	\$204.00
* Part P: Appual doductible covers Medicare eligible physician convises	
* <b>Part B:</b> Annual deductible covers Medicare eligible physician services,	
outpatient hospital services, certain home health services, durable	
medical equipment. Note: You pay 20% of the Medicare-approved	<b>CO 40</b>
amount for services after you meet the \$198.00 annual deductible.	\$240
Part D: TN Benchmark \$41.43	
Part D: TN Benchmark \$41.43	\$545.00
Deductible- Maximum	<b>*</b> =
Deductible- Maximum Initial Coverage Limit	\$5,030.00
Deductible- Maximum	<u>\$5,030.00</u> \$6,333.75
Deductible- Maximum Initial Coverage Limit	
Deductible- Maximum Initial Coverage Limit Out-of-Pocket Threshold	\$6,333.75
Deductible- Maximum   Initial Coverage Limit   Out-of-Pocket Threshold   Total Covered Drug Spend at Out-of-Pocket Threshold	\$6,333.75 \$12,447.11
Deductible- Maximum   Initial Coverage Limit   Out-of-Pocket Threshold   Total Covered Drug Spend at Out-of-Pocket Threshold   Minimum Cost-Sharing in Catastrophic Coverage	\$6,333.75 \$12,447.11
Deductible- Maximum   Initial Coverage Limit   Out-of-Pocket Threshold   Total Covered Drug Spend at Out-of-Pocket Threshold   Minimum Cost-Sharing in Catastrophic Coverage   LIS Co-payments:	\$6,333.75 \$12,447.11 \$4.50 / \$11.20
Deductible- Maximum   Initial Coverage Limit   Out-of-Pocket Threshold   Total Covered Drug Spend at Out-of-Pocket Threshold   Minimum Cost-Sharing in Catastrophic Coverage   LIS Co-payments:   Institutionalized	\$6,333.75 \$12,447.11 \$4.50 / \$11.20 \$1.55/\$4.60

• Co-insurance may vary if enrolled in a Medicare Advantage Plan.

## Part B Premium Cost Coverage IRMMA

Individual	Couples	2024 Premium
Equal to or Below \$103,000	Equal to or Below \$206,000	\$174.70
\$103,001 - \$129,000	\$206,001 - \$258,000	\$244.60
\$129,001 - \$161,000	\$258,001 - \$322,000	\$349.40
\$161,001 - \$193,000	\$322,001 - \$386,000	\$454.20
\$193,001 - \$500,000	\$386,001-\$750,000	\$559.00
Above \$500,001	Above \$750,001	\$594.00

## Income Related Monthly Adjustment Amount Part D-IRMAA – The Cost

Individual Couples		2024 Amount			
Income Level / Tax Returns		Individual		Couples	
Equal to or Below \$103,000	Equal to or Below \$206,000	Tier 0	\$0	Tier 0	\$0
\$103,001 - \$129,000	\$206,001 - \$258,000	Tier 1	\$12.90	Tier 1	\$12.90
\$129,001 - \$161,000	\$258,001 - \$322,000	Tier 2	\$33.30	Tier 2	\$33.30
\$161,001 - \$193,000	\$322,001 - \$386,000	Tier 3	\$53.80	Tier 3	\$53.80
\$193,001 - \$500,000	\$386,001-\$750,000	Tier 4	\$74.20	Tier 4	\$74.20
Above \$500,001	Above \$750,001	Tier 5	\$81.00	Tier 5	\$81.00

## Part D Premium Subsidy:

Federal Poverty Level	% of Subsidy	\$ of Help Toward Premium	Plan Finder Language
Up to 135% - 149%	100%	\$35.16	Full Benefit Dual \$1.55 / \$4.60 -Level 2 ,
			Full Extra Help OR Partial Extra Help (depending on asset level)
			\$4.50 / \$11.20 -Level 2
150% or more	None	None	No Subsidy

\*\*Changed in 2024 – Partial LIS distinction removed by IRA § 11404\*\*

	LEVEL II 100% QMB	LEVEL I 120 % SLMB	135% FPL QI-1	150% FPL Extra Help
Income (Social Security,				
pension, wages)	\$1,275 – single	\$1,526 – single	\$1,715 - single	\$1,903 – single
Resources	\$1,724 – married	\$2,064 - married	\$2,320 - married	\$2,575 – married
(Includes \$1,500 per person for	\$10,930 – single	\$10,930 – single	\$10,930 – single	\$17,220- single
burial cost)	\$14,130 -	\$14,130 -	\$14,130 -	\$34,360 – married
	married	married	married	*Partial*

Resources include \$1,500 burial allowance Income includes \$20 general exclusion

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