



# Original Medicare Premiums, Deductibles & Coinsurances 2013

**1-800-224-6330**

## ORIGINAL MEDICARE PART A BENEFICIARY COSTS

### Inpatient Hospitalization

Inpatient Deductible	\$1,184.00 per benefit period
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*A benefit period begins with a hospital admittance and ends when the beneficiary has been out of the hospital and/or skilled nursing facility for 60 days. More than one benefit period may occur within a calendar year.*

0-60 days	\$0.00 per day
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61-90 days	\$296.00 per day
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Lifetime Reserve Days (paid once per lifetime): 91-150 days	\$592.00 per day
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Beyond 150 days	All Costs
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### Skilled Nursing Facility Care

*Must have been hospitalized at least three days and enter a Medicare approved facility within 30 days after medical discharge.*

1-20 days	\$0.00
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21-100 days	\$148.00 per day
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Beyond 100 days	All Costs
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## ORIGINAL MEDICARE PART B BENEFICIARY COSTS

Annual Deductible	\$147.00 per calendar year
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Co-Insurance amount	20% of Medicare approved amount
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Limiting Charge	Up to 15% above Medicare approved amount. May apply to doctors not accepting Medicare assignment. Doctor may not collect, bill or receive more than 15 % above the Medicare approved amount.
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### Medicare Part B Premium

*Late enrollment penalty will increase premium amount by 10% for each year could have enrolled but did not.*

If your Yearly Income is		Monthly Premium Payment
File Individual Tax Return	File Joint Tax Return	

\$85,000 or below	\$170,000 or below	\$104.90 per month
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\$85,001-\$107,000	\$170,001-\$214,000	\$146.90 per month
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\$107,001-\$160,000	\$214,001-\$320,000	\$209.80 per month
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\$160,001-\$214,000	\$320,001-\$428,000	\$272.70 per month
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Above \$214,001	Above \$428,001	\$335.70 per month
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SHIP is a public service of the Arkansas Insurance Department and is federally funded through the Centers for Medicare and Medicaid Services.