



CMS National Training Program 2024 Medicare Amounts

Medicare Part A (Hospital Insurance) Costs

Monthly premium:

- **Usually \$0** if you or your spouse paid Medicare taxes while working for a certain amount of time (usually 10 years or 40 work quarters). If you get Medicare earlier than 65, you won't pay a Part A premium. This is sometimes called "premium-free Part A."
- **If you don't qualify for premium-free Part A**, you might be able to buy it. Each month, you'll pay a premium of either:
 - **\$278** if you paid Medicare taxes for 30–39 work quarters
 - **\$505** if you paid Medicare taxes for less than 30 work quarters

Part A late enrollment penalty: If you don't buy it when you're first eligible for Medicare (usually when you turn 65), your monthly premium may go up 10%. You'll have to pay the penalty for twice the number of years you didn't sign up.

Part A costs if you have Original Medicare

Cost	You Pay
Part A Deductible	<p>\$1,632 for each benefit period, before Original Medicare starts to pay.</p> <p>There's no limit to the number of benefit periods you can have in a year. This means that you may pay the deductible more than once in a year.</p>
Inpatient Hospital Stay	<ul style="list-style-type: none"> ▪ Days 1–60: \$0 after you meet your Part A deductible. ▪ Days 61–90: A \$408 coinsurance amount each day. ▪ After day 90: An \$816 coinsurance amount each day while using your 60 lifetime reserve days. <p>After you use all your lifetime reserve days, you pay all costs.</p>

Cost	You Pay
	<p>NOTE: You pay for private-duty nursing, a television or phone in your room (if there's a separate charge for these items), personal care items (razors or slipper socks), or a private room, unless medically necessary.</p>
<p>Inpatient Hospital Stay</p>	<ul style="list-style-type: none"> ▪ Days 1–60: \$0 after you meet your Part A deductible. ▪ Days 61–90: A \$408 coinsurance amount each day. ▪ After day 90: An \$816 coinsurance amount each day while using your 60 lifetime reserve days. <p>After you use all your lifetime reserve days, you pay all costs.</p> <p>NOTE: You pay for private-duty nursing, a television or phone in your room (if there's a separate charge for these items), personal care items (razors or slipper socks), or a private room, unless medically necessary.</p>
<p>Mental Health Inpatient Stay</p>	<p>If you're an inpatient at a general or psychiatric hospital, you also pay 20% of the Medicare-approved amount for mental health services you get from doctors and other health care providers while you're a hospital inpatient.</p> <p>NOTE: If you're getting services at a psychiatric hospital, remember that Part A only pays for up to 190 days of inpatient psychiatric care during your lifetime.</p>
<p>Skilled Nursing Facility Stay</p>	<ul style="list-style-type: none"> ▪ Days 1–20: \$0 copayment ▪ Days 21–100: \$204 copayment each day ▪ Days 101 and beyond: You pay all costs
<p>Home Health Care</p>	<ul style="list-style-type: none"> ▪ \$0 for home health care services ▪ 20% of the Medicare-approved amount for durable medical equipment (DME), like wheelchairs, walkers, hospital beds, and other equipment
<p>Hospice Care</p>	<ul style="list-style-type: none"> ▪ \$0 for covered hospice care services. ▪ A copayment of up to \$5 per prescription for outpatient drugs for pain and symptom management. ▪ 5% of the Medicare-approved amount for inpatient respite care. ▪ Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.

NOTE: Original Medicare will be billed for your hospice care, even if you're in a Medicare Advantage Plan. When you get hospice care, your Medicare Advantage Plan can still cover services that aren't part of your terminal illness or any conditions related to your terminal illness. For more on hospice care and to find Medicare-approved providers, contact your plan or visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).

Medicare Part B (Medical Insurance) Costs

Monthly premium: The standard Part B premium amount in 2024 is **\$174.70**. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago is above a certain amount, you may pay an Income Related Monthly Adjustment Amount (IRMAA) as shown on page 4.

Late enrollment penalty: In most cases, if you don't sign up for Part B when you're first eligible, you have to pay a late enrollment penalty for as long as you have Part B. Your monthly Part B premium may go up 10% for each full 12 months in the period that you could've had Part B, but didn't sign up. You may also pay a higher premium depending on your income. Also, you may have to wait until the General Enrollment Period (from January 1–March 31) to enroll in Part B. Coverage starts the month after you sign up.

Part B costs if you have Original Medicare

Cost	You Pay
Part B Annual Deductible	\$240, before Original Medicare starts to pay. You pay this deductible once each year.
General Costs for Services (coinsurance)	Usually 20% of the cost for each Medicare-covered service or item after you've met your deductible (and as long as your doctor or health care provider accepts the Medicare-approved amount as full payment—called “accepting assignment”) for these: <ul style="list-style-type: none"> ▪ Most doctor services (including most doctor services while you're a hospital inpatient) ▪ Outpatient therapy ▪ Durable medical equipment (DME)
Clinical Laboratory Services	\$0 for covered clinical laboratory services
Home Health Care	<ul style="list-style-type: none"> ▪ \$0 for covered home health care services ▪ 20% of the Medicare-approved amount for DME, like wheelchairs, walkers, hospital beds, and other equipment
Inpatient Hospital Stay	20% of the Medicare-approved amount for most doctor services while you're a hospital inpatient
Outpatient Mental Health Care	<ul style="list-style-type: none"> ▪ \$0 for your yearly depression screening if your doctor or health care provider accepts assignment. ▪ 20% of the Medicare-approved amount for visits to your doctor or other health care provider to diagnose or treat your condition. ▪ If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.
Partial Hospitalization Mental Health Care	<ul style="list-style-type: none"> ▪ You pay a percentage of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professionals if they accept assignment. ▪ After you meet the Part B deductible you also pay coinsurance for each day of partial hospitalization services you get in a hospital outpatient setting or community mental health center.
Outpatient Hospital Care	<ul style="list-style-type: none"> ▪ Usually 20% of the Medicare-approved amount for the doctor and other health care provider's services. ▪ You'll also pay a copayment to the hospital for each service you get in a hospital outpatient setting (except for certain preventive services). In most cases, your copayment won't be more than the Part A hospital stay deductible amount.

NOTE: All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "Evidence of Coverage" from your plan.

The chart below shows the Part B Income Related Monthly Adjustment Amounts (IRMAA). IRMAA is an extra charge added to your premium. The total Part B premiums for 2024 are shown below.

If your filing status and yearly income in 2022 was

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You Pay Each Month (in 2024)
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	Not applicable	\$244.60
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	Not applicable	\$349.40
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	Not applicable	\$454.20
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	Above \$103,000 and less than \$397,000	\$559.00
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$594.00

Part D (Medicare Drug Coverage)

Deductibles, copayments, and coinsurance - The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. Look for specific Medicare drug coverage costs at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Part D base beneficiary premium - **\$34.70** (used to determine any late enrollment penalty amount).

Part D late enrollment penalty - You may have to pay a late enrollment penalty if you enroll at any time after your Initial Enrollment Period is over and there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage. You'll generally have to pay the penalty for as long as you have Medicare drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage.

The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" (\$34.70 in 2024) by the number of full, uncovered months that you were eligible but didn't have Medicare drug coverage (Part D) and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and added to your monthly premium.

The chart below shows possible extra amounts you might have to pay for your Medicare drug coverage. The amount depends on your income as reported on your IRS tax return. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

If your filing status and yearly income in 2022 was

Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	You Pay Each Month (in 2024)
\$103,000 or less	\$206,000 or less	\$103,000 or less	Your Plan Premium
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	Not applicable	\$12.90 + Your Plan Premium
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	Not applicable	\$33.30 + Your Plan Premium
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	Not applicable	\$53.80 + Your Plan Premium
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	Above \$103,000 and less than \$397,000	\$74.20 + Your Plan Premium
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$81.00 + Your Plan Premium