



Original Medicare Premiums, Deductibles & Coinsurances 2010

1-800-224-6330

ORIGINAL MEDICARE PART A BENEFICIARY COSTS

Inpatient Hospitalization	
Inpatient Deductible	\$1,100.00 per benefit period
0-60 days	\$0.00 per day
61-90 days	\$275.00 per day
91-150 days	\$550.00 per day
Beyond 150 days	All Costs
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
21-100 days	\$137.50 per day
Beyond 100 days	All Costs

ORIGINAL MEDICARE PART B BENEFICIARY COSTS

Annual Deductible	\$155.00 per calendar year
Co-Insurance amount	20% of Medicare approved amount
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.

Medicare Part B Premium Late enrollment penalty will increase premium amount.

If your Yearly Income is		You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or below	\$170,000 or below	\$96.40 per month if currently enrolled or \$110.50 per month if new enrollee
\$85,001-\$107,000	\$170,001-\$214,000	\$154.70 per month
\$107,001-\$160,000	\$214,001-\$320,000	\$221.00 per month
\$160,001-\$214,000	\$320,001-\$428,000	\$287.30 per month
Above \$214,001	Above \$428,001	\$353.60 per month

SHIP is a public service of the Arkansas Insurance Department and is federally funded through the Centers for Medicare and Medicaid Services.