

MEDICARE PREMIUMS AND DEDUCTIBLES - 2009

Part A

Part A Premium:

- \$ - 0 - 40 or more quarters of covered employment
- \$244 30 - 39 quarters of covered employment, and certain disabled persons with 30 or more quarters of covered employment
- \$443 Less than 30 quarters (paid by about 1 percent of beneficiaries)

Hospital Deductible and Coinsurance

- \$1,068 1- 60 days of Medicare-covered inpatient hospital care in a benefit period
- \$ 267 61- 90 days (per day)
- \$ 534 91+ days (per day) hospital stays for lifetime reserve days

Skilled Nursing Facility

- \$ - 0 - 1-20 days (per day)
- \$133.50 21 - 100 days (per day)

Part B

Part B Premium: \$ 96.40

Part B Deductible: \$135.00

The 2008 Part B monthly premium rates to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	\$96.40
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$38.50	\$134.90
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$96.30	\$192.70
Greater than \$160,000 and less than or equal to \$213,000	Greater than \$320,000 and less than or equal to \$426,000	\$154.10	\$250.50
Greater than \$213,000	Greater than \$426,000	\$211.90	\$308.30

In addition, the monthly premium rates to be paid by beneficiaries who are married, but file a separate return from their spouse and lived with their spouse at some time during the taxable year are:

Beneficiaries who are married but file a separate tax return from their spouse:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$85,000	\$0.00	\$96.40
Greater than \$85,000 and less than or equal to \$128,000	\$154.10	\$250.50
Greater than \$128,000	\$211.90	\$308.30