



Medicare Part A Hospital Inpatient Deductible & Coinsurance

| | 2022 | 2021 |
|----------------------------------|------------|------------|
| Part A Deductible | \$1,556.00 | \$1,484.00 |
| 61-90 Days | \$389.00 | \$371.00 |
| 91+ Days (Lifetime reserve days) | \$778.00 | \$742.00 |
| SNF 21-100 Days | \$194.50 | \$185.50 |

Medicare Part B

| | | |
|-------------------|------------|------------|
| Part B Deductible | \$233.00 | \$203.00 |
| HDF Deductible | \$2,490.00 | \$2,370.00 |
| OOP Limit Plan K | \$6,620.00 | \$6,220.00 |
| OOP Limit Plan L | \$3,310.00 | \$3,110.00 |

| | | |
|--------------------------------|----------|----------|
| Standard Monthly Part B | \$170.10 | \$148.50 |
|--------------------------------|----------|----------|

Medicare Part B

If your yearly income in 2019 (for what you pay in 2021) was

| File Individual tax return | File Joint tax return | File married & Separate tax return | You pay each Month in 2022 |
|---------------------------------|---------------------------------|--|----------------------------|
| \$91,000 or less | \$182,000 or less | \$91,000 or less | \$170.10 |
| above \$91,000 up to \$114,000 | above \$182,000 up to \$228,000 | Not applicable | \$238.10 |
| above \$114,000 up to \$142,000 | above \$228,000 up to \$284,000 | Not applicable | \$340.20 |
| above \$142,000 up to \$170,000 | above \$284,000 up to \$340,000 | Not applicable | \$442.30 |
| above \$170,000 up to \$500,000 | above \$340,000 up to \$750,000 | above \$91,000 and less than \$409,000 | \$544.30 |
| \$500,000 or above | \$750,000 and above | \$409,000 and above | \$578.30 |

Part D

If your filing status and yearly income in 2019 was

| File Individual tax return | File Joint tax return | File married & Separate tax return | You pay each Month in 2022 |
|---------------------------------|---------------------------------|--|-----------------------------|
| \$91,000 or less | \$182,000 or less | \$88,000 or less | Your Plan Premium |
| above \$91,000 up to \$114,000 | above \$182,000 up to \$228,000 | Not applicable | \$12.40 + your plan premium |
| above \$114,000 up to \$142,000 | above \$228,000 up to \$284,000 | Not applicable | \$32.10 + your plan premium |
| above \$142,000 up to \$170,000 | above \$284,000 up to \$340,000 | Not applicable | \$51.70 + your plan premium |
| above \$170,000 up to \$500,000 | above \$340,000 up to \$750,000 | above \$91,000 and less than \$409,000 | \$71.30 + your plan premium |
| \$500,000 or above | \$750,000 and above | \$409,000 and above | \$77.90 + your plan premium |