Part A
Inpatient

Premium (Monthly)	Free: with qualifying work history; 40 quarters \$285 or \$518/month without.
Deductible & Co-Insurance	Inpatient Hospital You Pay: \$1,676 Deductible for each benefit period. Days 1-60: \$0/each benefit period. Days 61-90: \$419/day. Days 91-150: \$838/day. "Lifetime reserve days" Beyond lifetime reserve days: ALL costs. Skilled Care Facility Days 1-20: \$0/day each benefit.
	Days 21-100: \$209.50/day.
	Days 100-beyond: ALL costs.

Part B Medical

Premium	Standard Premium is \$185/month.
(Monthly)	(Higher earners pay more IRMAA)

Deductible & \$2 Co-Insurance 2

\$257/year Deductible.
20% of Medicare-approved charges.
100% of excess charges.

Out of Pocket.

No Maximum

Source Medicare.gov