



2021 Basic Medicare Costs

(Without Medigap or Secondary coverage)

Beneficiary Cost

PART A

Benefit Period Deductible covering the first 60 days of Medicare-covered inpatient hospital care in a benefit period

\$1,484.00

Daily coinsurance for the **61st through 90th** day of inpatient hospital care in a benefit period

\$371.00 a day

Daily coinsurance for the **91st through 150th** (lifetime reserve) days of inpatient hospital care in a benefit period

\$742.00 a day

Daily coinsurance for **beyond the 150th** day of inpatient hospital care in a benefit period

All Costs

Skilled Nursing Facility (SNF) daily coinsurance for days **1 through 20** in a benefit period

Nothing

Skilled Nursing Facility (SNF) daily coinsurance for days **21 through 100** in a benefit period

\$185.50 a day

Part A Monthly Premium for beneficiaries with **40 quarters** of coverage

\$0.00

Part A Monthly Premium for beneficiaries with **30-39 quarters** of coverage

\$259.00

Part A Monthly Premium for beneficiaries with **less than 30 quarters** of coverage

\$471.00

PART B

Part B Monthly Premium

\$148.50

Annual Deductible

\$203.00

Part B copays or coinsurance

Normally 20%



SHIP

1-800-252-8966

TTY # 1-888-206-1327

Reference: <https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles>