

# MEDICARE FACTS & FIGURES FOR 2011

## **PART A PREMIUMS:**

40 or more quarters	\$ 0.00 per month
Social Security Credit	
30 – 39 quarters	\$248.00 per month
Less than 30 quarters	\$450.00 per month

*(Part A pays for inpatient hospital, skilled nursing facility, hospice, and some home health care)*

## **Hospital Deductible and Coinsurance (your cost)**

1 – 60 days	\$1,132.00
61 – 90 days	\$ 283.00 per day
91 – 150 days	\$ 566.00 per day

*(60 lifetime reserve days)*

## **Skilled Nursing Care (your cost)**

1 – 20 days	\$ 0.00
21 – 100 days	\$141.50 per day

## **PART B PREMIUM AND DEDUCTIBLE:**

Monthly Premium \$115.40\*

\*Most beneficiaries will continue to pay between the \$96.40 - \$110.50 premium amount they pay today

*Note: Single beneficiaries with incomes over \$85,000 and married couples with incomes over \$170,000 may pay a higher percentage of the cost of Medicare Part B coverage. The percentage will increase in relation to income.*

Annual Deductible \$162.00

*Note: You pay 20% of the Medicare-approved amount for services after you meet the \$162.00 deductible (Part B covers Medicare eligible physician services, outpatient hospital services, certain home health services, and durable medicals equipment)*

## **MEDICARE ADVANTAGE MONTHLY CAPITATION RATES:**

	<u>Aged</u>	<u>Disabled</u>	<u>ESRD</u>
Riverside County	\$924.09	\$880.05	\$6,851.88
San Bernardino County	\$921.86	\$879.96	\$6,851.88

*Note: These figures are average amounts and can vary depending on factors such as the type of Medicare Advantage Plan, age, gender, medical condition and rural vs. urban residence. Medicare only pays a monthly capitation rate to the plan regardless of utilization of services.*



LOCAL HELP FOR PEOPLE WITH MEDICARE

**For more information call HICAP toll free at**

**1-800-434-0222**

**[www.inlandagency.org](http://www.inlandagency.org)**

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