

MEDICARE 2017 DEDUCTIBLES AND CO-INSURANCE

Part A Inpatient Hospital Deductible **\$ 1,316.00 per hospitalization**

Hospital Co-insurance 61-90 days **\$ 329.00 per day**

Hospital Co-insurance 91-150 days **\$ 658.00 per day**

**Skilled Nursing Facility Care
Co-insurance 21-100 days** **\$ 164.50 per day**

Part B Deductible **\$ 183.00**

Part B Premium Income Based on Tax Return

<u>Individual Filer</u>	<u>Couples</u>	<u>Monthly Premium</u>
\$85,000 or less	\$170,000 or less	134.00
\$85,000 to \$107,000	\$170,000 to \$214,000	187.50
\$107,000 to \$160,000	\$244,000 to \$320,000	267.90
\$160,000 to \$214,000	\$320,000 to \$428,000	348.30
\$214,000 or more	\$428,000 or more	428.60

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