



Health care cost estimator – 2020 for those choosing a Medicare Supplement Plan and Part D Prescription Drug Plan		Estimated monthly costs
	Part B-Standard premium	\$144.60
	Part B IRMAA (See chart on next page)	
	Part B Penalty (If applicable, see chart on next page)	
	Medigap/Medicare Supplement. Plan: _____	
	Part D IRMAA (See chart on next page)	
	Part D Penalty (If applicable, see chart on next page)	
	Part D premium (Based on selection of Part D Plan)	
SUBTOTAL: Estimated monthly cost*		
Additional costs you may incur: **		
	Estimated drug costs from Medicare Plan Finder	
	Part B annual deductible = \$198	
	Misc. co-pays/deductible (depends on choice of Medicare Supplement Plan)	
	Costs not covered by traditional Medicare (e.g. dental, vision, hearing)	

Note:

* The **Subtotal: Estimated monthly cost** will not change during the year unless you make changes to your Medigap/Medicare Supplement Plan or Part D prescription drug plan. Some of these costs will be deducted from your Social Security payments and some may be paid by you directly to your Medigap/Medicare Supplement Plan and Part D prescription drug plan.

** The timing and amount of **Additional costs you may incur** during the year will vary based on your choice of Medigap letter plan, Part D prescription drug plan, actual health care use and on many factors such as timing of physician visits, changes in prescriptions, timing of prescription refills, drug plan deductible and co-payment amounts.

*For help in completing this form, or other questions about Medicare, call APPRISE
the Pennsylvania SHIP - State Health Insurance Assistance Program
at CARIE (1-215-545-5728 or 1-800-356-3606)*

2020 Medicare Part B Income-Related Monthly Adjustment Amounts (IRMAA)

Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related monthly adjustment amount	Total monthly premium amount
\$87,000 or less	\$174,000 or less	\$0.00	\$144.60
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	57.80	202.40
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	144.60	289.20
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	231.40	376.00
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	318.10	462.70
\$500,000 or above	\$750,000 and above	347.00	491.60

Note: Income is based on MAGI (Adjusted Gross Income + tax free income) from 2018 tax return. It is possible to appeal if income is lower than shown on 2018 return.

2020 Part D IRMAA

If your filing status and yearly income in 2018 was			
File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2020)
\$87,000 or less	\$174,000 or less	\$87,000 or less	your plan premium
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	not applicable	\$12.20 + your plan premium
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	not applicable	\$31.50 + your plan premium
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	not applicable	\$50.70 + your plan premium
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	above \$87,000 and less than \$413,000	\$70.00 + your plan premium
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$76.40 + your plan premium

Penalties

Beneficiary pays

Part B	10% penalty, based on the standard Part B premium, for each full 12-month period beneficiary delayed enrollment into Medicare Part B without having active employer coverage.
Part D	1% penalty for each month beneficiary didn't have creditable drug coverage. The penalty is based on the national Part D benchmark.