

Issue Brief

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CMS Releases CY 2020 Parts A & B Copays and Deductibles

The Centers for Medicare & Medicaid Services released three notices containing the various Parts A & B coinsurance (copays) and deductible amounts for calendar year 2020.

PART A

For CY 2020, the inpatient hospital deductible will be **\$1,408**. The daily coinsurance amounts for CY 2020 will be \$352 for the 61st through 90th day of hospitalization in a benefit period, \$704 for lifetime reserve days, and \$176 for the 21st through 100th day of extended care services in a skilled nursing facility in a benefit period.

The estimated total increase in costs to beneficiaries is \$590 million.

The table below summarizes the deductible and coinsurance amounts for CYs 2019 and 2020.

Part A Deductible and Coinsurance Amounts for Calendar Years 2019 and 2020		
Type of Cost Sharing	Value	
	2019	2020
Inpatient hospital deductible	\$1,364	\$1,408
Daily coinsurance for 61st - 90th Day	\$341	\$352
Daily coinsurance for lifetime reserve days	\$682	\$704
SNF coinsurance	\$170.50	\$176

PART B

The Part B standard monthly premium rate for all enrollees for 2020 is **\$144.60**.

The Part B annual deductible for 2020 is **\$198.00** for all beneficiaries.

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continued

The following are the 2020 Part B monthly premium rates to be paid by (or on behalf of) beneficiaries who file either individual tax returns (and are single individuals, heads of households, qualifying widows or widowers with dependent children, or married individuals filing separately who lived apart from their spouses for the entire taxable year) or joint tax returns.

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
Less than or equal to \$87,000	Less than or equal to \$174,000	\$0.00	\$144.60
Greater than \$87,000 and less than or equal to \$109,000	Greater than \$174,000 and less than or equal to \$218,000	57.80	202.40
Greater than \$109,000 and less than or equal to \$136,000	Greater than \$218,000 and less than or equal to \$272,000	144.60	289.20
Greater than \$136,000 and less than or equal to \$163,000	Greater than \$272,000 and less than or equal to \$326,000	231.40	376.00
Greater than \$163,000 and less than \$500,000	Greater than \$326,000 and less than \$750,000	318.10	462.70
Greater than or equal to \$500,000	Greater than or equal to \$750,000	347.00	491.60

In addition, the monthly premium rates to be paid by (or on behalf of) beneficiaries who are married and lived with their spouses at any time during the taxable year, but who file separate tax returns from their spouses, are as follows.

Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$87,000	\$0.00	\$144.60
Greater than \$87,000 and less than \$413,000	318.10	462.70
Greater than or equal to \$413,000	347.00	491.60

*Analysis provided for MHA
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