Elder, Health, Disability Unit Greater Boston Legal Services 197 Friend Street, Boston, MA 02114 (617) 371-1234, or toll-free (800) 323-3205 FAX (617) 371-1222 www.gbls.org



## **2016 Medicare Costs**

	Hospital Deduct	tible	\$1,288.00/benefit period
4	Hospital Co-Insurance 61st through 90th day 91st through 150th day		\$322.00/day \$644.00/day
Part /	SNF Co-Insurance 21st through 100th day		\$161.00/day
	Part A Premium (Voluntary Enrollees) 30-39 quarter hours 0-29 quarter hours		\$226.00/month \$411.00/month
ш	Deductible		\$166.00/year
Part	Premium \$104.90 or \$121.80 for new enrollees and those who are not held harmless \$170 to \$389.80 for those at higher income levels		
	ALJ Hearing		\$150.00
	Judicial Review		\$1,500,00

## 2015 Medicare Amounts

	Hospital Deductible	\$1,260.00/benefit period	
٨	Hospital Co-Insurance 61st through 90th day 91st through 150th day	\$315.00/day \$630.00/day	
Part	SNF Co-Insurance 21st through 100th day	\$157.50/day	
	Part A Premium (Voluntary Enrollees) 30-39 quarter hours 0-29 quarter hours	\$224.00/month \$407.00/month	
ш	Deductible	\$147.00/year	
Part	Premium \$104.90 \$146.90 to \$335.70 for those at higher income levels		
Amount in controversy thresholds			
	ALJ Hearing	\$150.00	
	Judicial Review	\$1,500,00	