

<b>MEDICARE PART B: 2025</b>			
<b>SERVICES</b>	<b>BENEFIT</b>	<b>MEDICARE PAYS</b>	<b>YOU PAY†</b>
Medical Expenses: <ul style="list-style-type: none"> <li>• Doctors' services, inpatient and outpatient</li> <li>• Surgical services and supplies</li> <li>• Podiatrist services</li> <li>• Physical, occupational and speech therapy</li> <li>• Diagnostic tests (e.g., X-rays, hearing exams)</li> <li>• Durable medical equipment</li> <li>• Urgent and emergency services (including ambulances)</li> </ul>	Unlimited if medically necessary	<ul style="list-style-type: none"> <li>• 80% of the approved amount after \$257 deductible, as well as 80% for most outpatient services, including mental health</li> </ul>	<ul style="list-style-type: none"> <li>• \$257 deductible (pay once per year)</li> <li>• 20% of approved amount after deductible</li> <li>• 20% for tests and durable medical equipment</li> <li>• 20% for all physical and occupational therapy</li> </ul>
Outpatient Mental Health Services	<ul style="list-style-type: none"> <li>• Yearly depression screening</li> <li>• Visits for mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Everything</li> <li>• 80% of the approved amount after \$257 deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing if your provider accepts assignment</li> <li>• 20% of the approved amount after \$257 deductible</li> </ul>
Clinical Laboratory Services: <ul style="list-style-type: none"> <li>• Blood tests, urinalysis and more</li> </ul>	Unlimited if medically necessary	100% of approved amount	Nothing for services
Home Health Care: (if you don't have Part A) <ul style="list-style-type: none"> <li>• Intermittent skilled care</li> <li>• Home health aide services</li> <li>• Durable medical equipment</li> <li>• Other services and supplies</li> <li>• No custodial care — must be recovering</li> </ul>	Unlimited as long as you meet Medicare conditions	<ul style="list-style-type: none"> <li>• 100% of approved amount</li> <li>• 80% of approved amount for durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing for services</li> <li>• 20% of approved amount for durable medical equipment</li> </ul>

Blood transfusions	Check with your provider for costs.	Check with your provider for costs.	
Outpatient Hospital Treatment: Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	20% of Medicare payment amount (after \$240 deductible)
Premiums chart is below.			

MEDICARE PART C: MEDICARE "ADVANTAGE" — MANAGED CARE PLAN

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

+ You must pay the amounts listed in the "You Pay" column; Medigap insurance will only pay the deductibles and co-insurance, but does not cover services Medicare itself doesn't cover.

**Medicare Part B Premiums 2025**

Premiums are “means adjusted.” Part B premiums must pay for 25% of Part B costs, including reserves. The government pays 75%; the base premium increase cannot exceed the COLA (cost-of-living adjustment) in Supplemental Security Income (SSI) for older adults.

**Full Part B Coverage\***

Beneficiaries who file individual tax returns with modified adjusted gross income:***	Beneficiaries who file joint tax returns with modified adjusted gross income.**	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$106,000	Less than or equal to \$212,000	0	\$185
\$106,001 and less than or equal to \$133,000	\$212,001 and less than or equal to \$266,000	\$74	\$259
\$133,001 and less than or equal to \$167,000	\$266,001 and less than or equal to \$334,000	\$185	\$370
\$167,001 and less than or equal to \$200,000	\$334,001 and less than or equal to \$400,000	\$295.90	\$480.90
\$200,001 and less than \$500,000	\$400,001 and less than \$750,000	\$406.90	\$591.90
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$443.90	\$628.90

**\*PREMIUM MAY BE HIGHER IF YOU ENROLL LATE.** This late penalty applies for your lifetime.

\*\*For information for beneficiaries who are married and file separate income tax returns, see <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles?mod=anlink%2F>.

\*\*\* Modified Adjusted Gross Income (MAGI)

MAGI is the figure used to determine eligibility for premium tax credits and other savings for marketplace health insurance plans and for Medicaid and the Children’s Health Insurance Program (CHIP). MAGI is adjusted gross income (AGI) plus these, if any: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

- For many people, MAGI is identical or very close to AGI.
- MAGI doesn’t include SSI.
- MAGI does not appear as a line on your tax return: <https://www.healthcare.gov/glossary/modified-adjusted-gross-income-magi/#:~:text=MAGI%20is%20adjuste>.

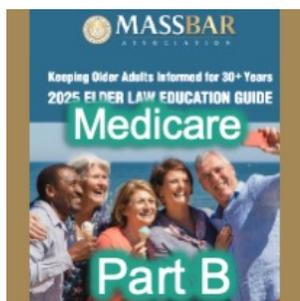
Note that Part B premiums for certain transplant patients are different. Certain Medicare enrollees who are 36 months post-kidney transplant, and therefore no longer eligible for full Medicare coverage, can elect to continue Part B coverage of immunosuppressive drugs by paying a Part B premium.

**Medicare Part B Immunosuppressive Premiums 2025**  
**Immunosuppressive Part B Coverage ONLY**

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$106,000	Less than or equal to \$212,000	0	\$110.40
\$106,001 and less than or equal to \$133,000	\$212,001 and less than or equal to \$266,000	\$73.60	\$184
\$133,001 and less than or equal to \$167,000	\$266,001 and less than or equal to \$334,000	\$184.10	\$294.50
\$167,001 and less than or equal to \$200,000	\$334,001 and less than or equal to \$400,000	\$294.50	\$404.90
\$200,001 and less than \$500,000	\$400,001 and less than \$750,000	\$404.90	\$515.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$441.70	\$552.10

The Part A premium, Part B premium and IRMAA, and Part D IRMAA are deducted from your Social Security check. If you have an Advantage plan, these costs are not included in the premium you pay to the plan. If the amount isn't taken from your check, you'll get a bill from Medicare or the Railroad Retirement Board.

For a list of specific premiums, [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans).



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