

Estimated Medicare Premiums



Medicare Part A Estimate
Assumes you or a spouse has paid a minimum of 40 Quarters of Medicare Taxes throughout your lifetime

Part A
Social Security Administration

Enroll through SSA

Premiums are drafted from SSI if collecting.

Medicare Part B Estimate
Based on Income from 2 years prior
Please reference the Graph of [Income Levels and Premiums](#) for details

Part B
Social Security Administration



Contact HTA to discuss **Medicare Advantage** Plans. We will gather a list of your doctors and research your network and benefit options.

OR
Medicare Supplement Insurance

Medicare Supplement (MediGap) Insurance

Enroll through HTA

Medicare Supplement premiums can be drafted from bank or billed. In addition, Medicare Advantage plans have option to draft from SSI.

Plan G appears to be the most appropriate coverage option at this time. Please reference the Medicare Supplement (MediGap) Summary to see other options, benefits & premiums.

Out of Pocket Costs:

After a \$198 Part B deductible, you pay \$0 for ALL Medicare Eligible Expenses for the remainder of the calendar year



Prescription Drug Plans

You will be responsible for Plan Deductibles, Copays, and Donut Hole Expenses.
See Plan details for specifics.

Part D

Enroll through HTA

Premiums can be drafted from bank or SSI or billed. IRMAA is drafted from SSI if collecting.

Medicare Part D Income Adjustment Estimate
Those in higher income brackets pay surcharge
Based on Income from 2 years prior
Please reference the Graph of [Income Levels and Premiums](#) for details

Part D IRMAA
Social Security Administration

Total Monthly Premiums (without optional benefits listed below)

Medicare Supplement Plans pay the Deductibles, Coinsurances and Copays of covered Medicare Expenses. Services that are not considered eligible are not paid by Medicare or the Supplement.

Optional Benefits:
Dental, Vision, Hearing

Estimate Only
Contact HTA or visit our [Dental Vision Quote Tool](#) to view different plans and premiums

[Non Medicare Eligible Expenses](#)

Dental Vision **Discount** Plan
Dental **Insurance** Plan
Vision **Insurance** Plan