Costs for 2027 in Maricopa County

Original Medicare

- Nationwide Coverage
- No referrals needed
- Does NOT cover: Dental, Vision, Hearing

Part A

Covers: hospital (inpatient), skilled nursing facility, hospice, home health care, other
Premium (monthly): $0 (if 40 work credits)
Deductible: $1,776 per Benefit Period

Part B (80%)

Covers: outpatient services (doctor visits, DME, lab work, therapy, some preventive services, ambulance transport, ER visits, medications administered via injection, other)
Premium (monthly): **$209.40**
Deductible (yearly): $292 per year
Coinsurance: After paying the deductible, 20% on all services with no limit

Optional Supplement/Medigap* (private insurance)

Covers (depends on pre-defined plan): various deductibles, copayments, coinsurance for Parts A and B
Premium (monthly): **Starting at $147** for a "G Plan" for a 65-year-old female ($168 for male)

Part D (private insurance)

Covers: prescribed medications
Premium (monthly): From $5.30 to $191.50**;** cost may be lower with LIS/Extra Help.
Deductible (yearly): $300 - $700 per year
Copayment: depends on plan

Annual cap on drug costs: $2,400 cap for covered medications

***Monthly estimate*:** Part B premium **$209.40**
+ Medigap* premium **starting at $147**(for 65 years of age)
+ Part D premium as low as **$5.30** (varies by plan)
+ medication copayments (varies)
= $361.70 ($382.70 male) + medication copayments

*Optional Medigap: in Arizona, there are limited options for people younger than 65. Premiums can increase.

Medicare Advantage Plan

also known as Part C
(private insurance)
(HMO or PPO)

- Countywide Coverage: HMO
- Nationwide coverage: PPO
- Referrals may be needed for the HMO
- MIGHT cover LIMITED: Dental, Vision, Hearing and other additional benefits

Combines A+B+D

Part B Premium (monthly): **$209.40**
ADDITIONAL Premium (monthly): $0 for most HMOs | $0 - $127 per month for PPOs
Copayments: fees for most Part A and B services and Part D medications
Maximum-Out-Of-Pocket Limit (yearly): from $2,000 - $13,900 depending on plan (Part B Premium, Additional Premium, and medication copayments do not count towards the MOOP)

Part A

Covers: hospital (inpatient), skilled nursing facility, hospice, home health care, other

Part B

Covers: outpatient services (doctor visits, DME, lab work, therapy, some preventive services, ambulance transport, ER visits, medications administered via injection, other)

Part D

Covers: prescribed medications
Deductible (yearly): $0-$700 per year
Copayment: depends on plan

Annual cap on drug costs: $2,400 cap for covered medications

Monthly estimate: Part B premium **$209.40**
+ ADDITIONAL premium (**$0** for most HMOs)
+ copayments for most services (with yearly limit from $2,000 - $13,900) + copayments for medications (varies)
= $209.40 + services and medication copayments