## The McKeogh Company

## Facts & Figures

	2022		2021	202	20	2019	2018
IRC Limits							
401(k) plan elective deferral limit	\$ 20,500	\$	19,500	\$ 19,5	00 \$	19,000	\$ 18,500
401(k) plan elective deferral catch-up limit	6,500		6,500	6,5	00	6,000	6,000
Eligible 457 plan deferral limit	20,500		19,500	19,5	00	19,000	18,500
415 defined benefit maximum annuity	245,000	2	230,000	230,0	00	225,000	220,000
415 defined contribution maximum annual addition	61,000		58,000	57,0	00	56,000	55,000
401(a)(17) and 408(k)(3)(C) compensation limit	305,000	2	290,000	285,0	00	280,000	275,000
Highly compensated employee threshold	135,000	1	130,000	130,0	00	125,000	120,000
Social Security							
Cost-of-living increase	5.90%		1.30%	1.60	%	2.80%	2.00%
OASDI contribution and benefit base (wage base)	\$ 147,000	<b>\$</b> 1	142,800	\$ 137,7	00 \$	132,900	128,400*
Maximum monthly social security benefit worker retiring in January at age 65	2,993		2,841	2,8	57	2,757	2,589
*This amount was originally set at \$128,700 in October 2017, but w	as updated to current a	mount in N	lovember 2	27, 2017 SSA Pre	ss Rele	ase.	
PIA formula							
1st bend point	\$ 1,024	\$	996	\$ 9	50 \$	926	\$ 895
2nd bend point	6,172		6,002	5,7	35	5,583	5,397
FICA tax rates							
OASDI employer and employee	6.20%		6.20%	6.20	%	6.20%	6.20%
HI employer and employee	1.45%		1.45%	1.45	%	1.45%	1.45%
OASDI self-employed	12.40%		12.40%	12.40	%	12.40%	12.40%
HI self-employed	2.90%		2.90%	2.90	%	2.90%	2.90%
HI additional employee tax	0.90%		0.90%	0.90	%	0.90%	0.90%
Medicare Part A - Hospital Insurance							
Maximum monthly premium	\$ 499.00	\$	471.00	\$ 458.	00 \$	437.00	\$ 422.00
Monthly premium for those with 30-39 credits	274.00		259.00	252.		240.00	232.00
Inpatient hospital deductible	1,556.00	1	,484.00	1,408.0	00	1,364.00	1,340.00
Medicare Part A - Coinsurance							
Daily payment for 61-90 days of inpatient care	\$ 389.00	\$	371.00	\$ 352.	00 \$	341.00	\$ 335.00
Lifetime limit for up to 60 reserve days	778.00		742.00	704.	00	682.00	670.00
Daily payment for 21-100 days in a skilled nursing facility	194.50		185.50	176.	00	170.50	167.50
Medicare Part B - Medical Insurance							
Standard monthly premium	\$ 170.10	\$	148.50	\$ 144.	50 \$	135.50	\$ 134.00
Annual deductible	233.00		203.00	198.	00	185.00	183.00
Medicare Part D - Drug Benefit							
Maximum annual deductible	\$ 480.00	\$	445.00	\$ 435.	00 \$	415.00	\$ 405.00
25% co-pay up to coverage limit of:	4,430.00	4	,130.00	4,020.	00	3,820.00	3,750.00
100% co-pay until total out-of-pocket spending:	7,050.00		,550.00	6,350.0		5,100.00	5,000.00
5% co-pay after total drug spending:	10,690.20		,048.39	9,719.3	_	8,139.54	8,417.60