INCLUDES COSTS FOR 2024

UNDERSTANDING YOUR OPTIONS FOR MEDICARE DRUG COVERAGE

This resource gives you information to help you choose the Medicare drug coverage that works best for you

Enroll when you turn 65!

Did you know?

Even if you don't need Medicare when you turn 65 years old, **most people must** enroll to avoid paying a penalty later.

Everyone has a different situation. Please visit <u>www.medicare.gov</u> or call **1-800-MEDICARE** (1-800-633-4227) to learn how to avoid penalties.

You can enroll when you turn 65— you have 7 months to enroll:

- Starting 3 months before your birthday
- Including the month of your birthday
- Ending 3 months after the month you turn 65

Medicare is a federal health insurance program for:

- People aged 65 years or older
- Certain younger people with disabilities
- People of any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)



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In this resource, you'll find:

| When to enroll in Medicare during the year | |
|---|---|
| Information about the 4 different parts of Medicare | 3 |
| A guide to the costs for each part | 4 |
| A guide to the cost for drug coverage in each part | 5 |

Open enrollment

You can choose or change your **Medicare** plans from October 15 through December 7

You can:

- Choose Original Medicare (Part A and Part B) if you haven't already, and possibly add Medicare Supplement Insurance called Medigap
- Choose or change your Medicare Advantage Plan (Part C)
- Choose or change your prescription drug coverage plan (Part D)



General enrollment

You can change your Part C plan from January 1 through March 31

You can:

- Switch to a different Part C plan
- Switch to Part A and Part B, and possibly add Medigap
- · Add a Part D plan

Medicare can be tough to understand.

If you want more information about Medicare, please visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Medicare is divided into 4 different parts: (A









Each part provides certain types of coverage

Original Medicare: Parts (A) and (B)







Part (A)

Hospital insurance from the government

- Part of Original Medicare
- Covers stays in the hospital



Part (B)

Medical insurance from the government

- Part of Original Medicare
- · Covers visits to a healthcare provider
- · Covers medications your healthcare provider usually administers. like infusions

Medicare Advantage: Part C





Part C

Part A and Part B from a private company rather than the government

Medigap



Medicare Supplement Insurance from a private company



- You can add Medigap to Original Medicare
- · You cannot add Medigap if you have Part C and not Original Medicare





Part (D)

Prescription drug coverage from a private company approved by Medicare

- You can add Part D to Original Medicare
- Usually a part of Medicare Advantage; you may be able to add Part D if your Part C plan doesn't have it

Different costs are associated with both types of Medicare plans

| | Original Medicare | | |
|-----------------------------|---|---|--|
| | Part A Hospital | Part B Medical | |
| Helps cover | Services like inpatient care in the hospital, skilled nursing facilities, hospice care, and home healthcare | Services like visits to doctors and other healthcare providers, outpatient care, home healthcare, medical equipment (like wheelchairs) and preventive services (like screenings) Drugs administered by a healthcare provider, like infusions and some injections | |
| Does not cover | Most vision, hearing, and dental services or products | Most vision, hearing, and dental services or products | |
| Premium | 2024: \$0 for most people because they paid Medicare taxes while working \$278 or \$505 each month if you don't get it for \$0 | 2024: \$174.70 each month (or more, depending on your income) | |
| Deductible | 2024: \$1632 each time you're admitted to the hospital | 2024: \$240 each year before Original Medicare starts to pay | |
| Co-payment and co-insurance | Based on the number of days spent in the hospital: 1-60: \$0 after you pay your Part A deductible 61-90: \$408 each day 91-150: \$816 each day while using your 60 lifetime reserve days After Day 150: You pay all costs | After you've paid your deductible, you pay 20% of the cost for each service or item that is covered by Medicare. | |

Important

- Part A and Part B have no yearly limit on how much you pay out of your own pocket
- Part C has a yearly limit. After you reach the limit, the Part C plan pays for 100% of costs



Consider all your out-of-pocket costs when choosing between Original Medicare and Medicare Advantage

or

Medicare Advantage







Services

Part D Drug coverage

Services like the ones in Part A and Part B

Drugs administered by a healthcare provider, like infusions and some injections

Prescription drugs covered by Part D (Medicare Advantage usually includes Part D drug coverage) Prescription drugs that you administer yourself like pills, as well as many recommended vaccines

Some services covered in Part A and Part B, like hospice care

The monthly premium depends on the plan. The amount may change every year.

The monthly premium depends on the plan. The amount may change every year and may be more,

depending on your income.

2024: The monthly premium may

range from **\$0 to \$195**, with an average monthly premium of **\$55.50**

The deductible depends on the plan.

The deductible depends on the plan and the drugs you take. Some plans don't have a deductible.

2024: \$545 each year for most plans

The co-payment and co-insurance depend on the plan and the drugs your healthcare provider administers to you.

The co-payment and co-insurance depend on the plan and the prescription drugs you take.



Premium: An amount you pay every month, even if you don't use healthcare services that month.

Deductible: An amount you pay every year before Medicare or your other insurance plan starts to pay.

Co-payment: A fixed amount you pay rather than a percentage.

Co-insurance: A percentage you may have to pay as your share of the cost for services after you pay your deductible.



Part (B) or Part (C) covers drugs usually administered by a healthcare provider

Original Medicare Drug Coverage Costs



Part (B) Medical

After you meet your deductible, the co-insurance is usually 20%.

Medicare Advantage Drug Coverage Costs



Part (C)

The co-insurance depends on the plan.

How much do you pay out of your own pocket?

Answer:

If your drug costs \$1000 each month, you pay \$200 out of pocket each month.

Answer:

If your drug costs \$1000 each month

- with a co-insurance of 20%, you pay \$200 each month out of pocket
- with a co-insurance of 50%, you pay \$500 each month out of pocket

Can you add supplemental insurance to help pay for out-of-pocket costs?

Answer:

Yes. You can add Medigap to Original Medicare (Part A and Part B) If you choose a Medigap plan that covers your drug, you pay \$0 out of pocket.



Medigap may help to pay for your drugs

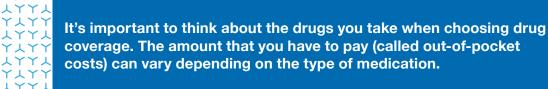
- · Medigap is also called Medicare Supplement Insurance
- You can only add Medigap if you have Original Medicare
- · Medigap can help pay your remaining out-of-pocket costs like your co-insurance

Answer:

No. You cannot add Medigap if you have Part C, and not Original Medicare (Part A and Part B).

Important: When choosing between Original Medicare and Medicare Advantage plans, think about the drugs you take.

- If your drugs, like an infusion, are administered by a healthcare provider, they are covered by Part B or Part C
- When you choose either Original Medicare (Part A and Part B) or Medicare Advantage (Part C), check if your drugs are covered by your plan
- If your drugs are covered, check how much they cost before choosing a plan



Part (D) covers prescription drugs you administer yourself

Medicare Part (D) Prescription Coverage Costs

Part D



Part D helps cover

- · Prescription drugs that are not usually administered by a healthcare provider
- Many recommended vaccines

The amount you pay out of your own pocket with a Part D plan changes during the year

- Premium: This amount stays the same all year and ranges from \$0 to \$195, with an average monthly premium of \$55.50, in 2024
- Deductible: This amount stays the same all year, from \$545 for most plans in 2024
- Co-payment/co-insurance: After you meet your deductible, you pay the co-payment or co-insurance, and your plan pays for the rest
- How much you pay depends on your plan and what prescription drugs you take

The coverage gap

- Once you and your plan spend \$5030 (including the deductible) in 2024, you reach the coverage gap (also known as the "donut hole")
- · After that, you usually pay no more than 25% of the cost for prescription drugs

Catastrophic coverage

- Catastrophic coverage: If your prescription drugs are expensive and in 2024 you spend more than \$8000, you get what is called catastrophic coverage
- \$8000 includes what you have spent for your drugs out of your own pocket as well as what some others have spent; for example, family members or charities
- Based on the Inflation Reduction Act, you won't have to pay a co-payment or co-insurance for the rest of the calendar year in 2024

Visit www.medicare.gov/plan-compare

to check if your drugs are covered by the plan you choose

KEY POINTSTO REMEMBER

- Enroll in Medicare when you turn 65 years old to avoid possibly paying a penalty later on
- The amount you pay out of pocket for prescription drug coverage depends on the drugs you take
- Compare the plans' out-of-pocket costs, including the costs for the drugs you take, before you choose your Medicare coverage
- Check that your drugs are covered by the plans you choose

Contact Medicare for more information on how and when to enroll

www.medicare.gov 1-800-MEDICARE (1-800-633-4227)

