



MEDICARE RIGHTS
MEDICARE
Interactive

MEDICARE COSTS IN 2024

A Medicare Interactive resource from the
Medicare Rights Center
www.medicareinteractive.org

What's New?

Limits on Drugs Costs

Medicare Part D plans have different coverage phases throughout the year. During these coverage phases, you pay different amounts for your drugs.

In all Part D plans, you enter the catastrophic coverage phase after you reach \$8,000 in out-of-pocket costs for covered drugs. This amount is made up of what you pay for covered drugs and some costs that others pay.

In 2024, you have \$0 cost-sharing during catastrophic coverage. This means you will not be responsible for any of the cost of your Part D-covered drugs once reaching the catastrophic coverage phase.

In the past, you owed 5% of the cost of your covered drugs for the remainder of the year once in this coverage phase.

Note that beginning in 2025, your out-of-pocket drug costs will be capped at \$2,000.



What's New?

Extra Help

Extra Help is a federal program that helps pay for most of the out-of-pocket costs of Medicare prescription drug coverage. You are eligible for the program if your income and assets are below federally set limits. Up until 2024, you would qualify for either full or partial Extra Help, depending on your income and assets.

In 2024, the Extra Help program is expanding so that all people with Medicare earning less than 150% of the federal poverty level will be eligible for full Extra Help.

The 2024 income limits have not been released yet. Until they are released, you may qualify based on your 2023 income if you also have limited assets. The 2023 monthly income limit was \$1,843 for individuals and \$2,485 for couples.

To actively apply or learn more about eligibility, contact your Social Security Administration branch. [Find your local branch](#) or call the national line at 800-772-1213.

In 2024, those with full Extra Help will pay a low or no premium for their drug plan, a \$0 deductible, and \$4.50 copayments for generic and \$11.20 copayments for brand-name drugs. Those with Medicaid pay lower copays.



Reminders

Drug Savings and COVID-19 Coverage

\$35 Insulin

Copays for insulin for people with Medicare are limited to \$35 per one month's supply. This applies to all insulin covered by your Part D plan or under Medicare Part B.

No Cost-Sharing for Vaccines

You owe no copays or deductibles for vaccines covered by your Part D plan, including the shingles and RSV vaccines.

COVID-19 Vaccine

Original Medicare Part B covers COVID-19 vaccines and boosters, regardless of whether you have Original Medicare or a Medicare Advantage Plan. You owe no cost-sharing (deductibles, copayments, or coinsurance).

For more information about Medicare coverage of COVID-19 vaccines, [visit Medicare Interactive](#).

COVID-19 Testing

COVID-19 testing is covered under Medicare Part B. You pay nothing for the test if you have Original Medicare and see a participating provider or if you have a Medicare Advantage Plan and see an in-network provider.



Part A Costs

Hospital Insurance



Premium

If you've worked 10 years or more	Free
If you've worked 7.5 to 10 years	\$278/month
If you've worked less than 7.5 years	\$505/month

Deductible

For each benefit period*	\$1,632
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Hospital Coinsurance

First 60 days of inpatient care each benefit period*	\$0
For days 61-90 each benefit period*	\$408/day
After day 90 in a benefit period	\$816/ lifetime reserve day**

Skilled Nursing Facility Coinsurance

First 20 days of inpatient care each benefit period*	\$0
For days 21-100 each benefit period	\$240/day

*A benefit period begins the day you start getting inpatient care. It ends when you haven't received inpatient hospital or skilled nursing facility care for 60 days in a row.

**You have 60 lifetime reserve days that can only be used once. They are not renewable.

Part B Costs

Medical Insurance



Premium

Standard premium if your annual income is below \$103,000 (\$206,000 for couples)

\$174.70/month

People with high incomes have a higher Part B premium. [Visit Medicare Interactive to learn more](#) (los costos de la Parte B para las personas con altos ingresos).

People with limited incomes may be eligible for the Medicare Savings Program for help paying their Part B premium. [Visit Medicare Interactive to learn more](#) (los programas de ahorros de Medicare).

Deductible

Annual amount

\$240/year

Coinsurance

For most Part B-covered services

20%

Part D Costs

Prescription Drug Coverage



Premium

The premium varies by Part D plan.

\$32.74/month
Base premium in 2024

People with high incomes have a higher Part D premium. [Visit Medicare Interactive to learn more](#) (los costos de la Parte D para las personas con altos ingresos).

Deductible

The deductible varies by Part D plan.

Up to \$545/year

If you have Extra Help, you will have no deductible.

What is Extra Help?

If you have a limited income and assets, you may be eligible for Extra Help, a federal program that helps you pay for some or most of the costs of Medicare prescription drug coverage.

[Visit Medicare Interactive](#) (lo básico sobre Ayuda Adicional) to learn about Extra Help.

Part D Coverage Phases

How much you and your Part D plan pays will change during the year. There are four different coverage phases for Medicare prescription drug coverage.

1. Deductible Period

If your plan has a deductible, you will have to pay the full cost of your drugs (100%) until you meet that amount.

2. Initial Coverage Period

Begins after you meet the deductible.



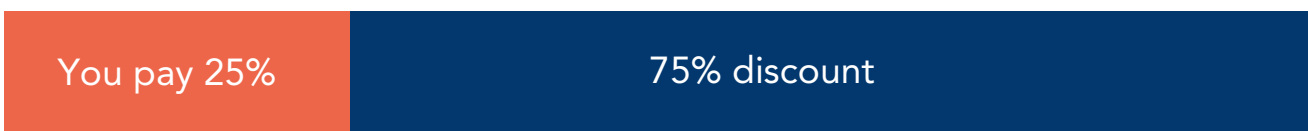
3. Coverage Gap (Also Known as the Donut Hole)

Begins when you and your plan together have paid \$5,030 for your covered drugs (does not include the premium).

Brand-name drugs

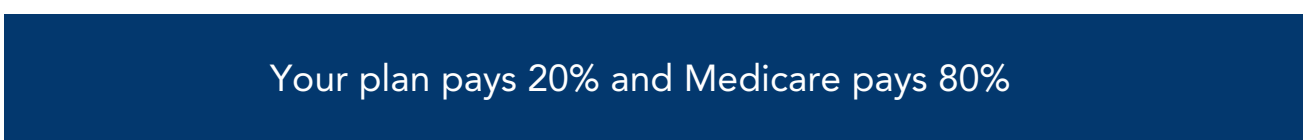


Generic drugs



4. Catastrophic Coverage

Begins when you have reached \$8,000 in out-of-pocket costs for covered drugs. **You pay nothing for covered drugs during catastrophic coverage**



Medicare Advantage

Private Health Plan

In a Medicare Advantage Plan (private health plan) you generally must pay the Medicare Part B premium. Some Medicare Advantage Plans may also charge you an additional premium. In some cases, the plan may pay part of your Part B premium.

Medicare Advantage Plans may have a deductible for hospital visits, doctor visits, or prescription drugs, but some do not. Plans usually charge you a fixed copayment when you visit a doctor, instead of the 20% coinsurance you pay under Original Medicare.

All plans must include a limit on the amount of money you spend out of pocket during the year.



In 2024, the maximum out-of-pocket limit for most plans is \$8,550.

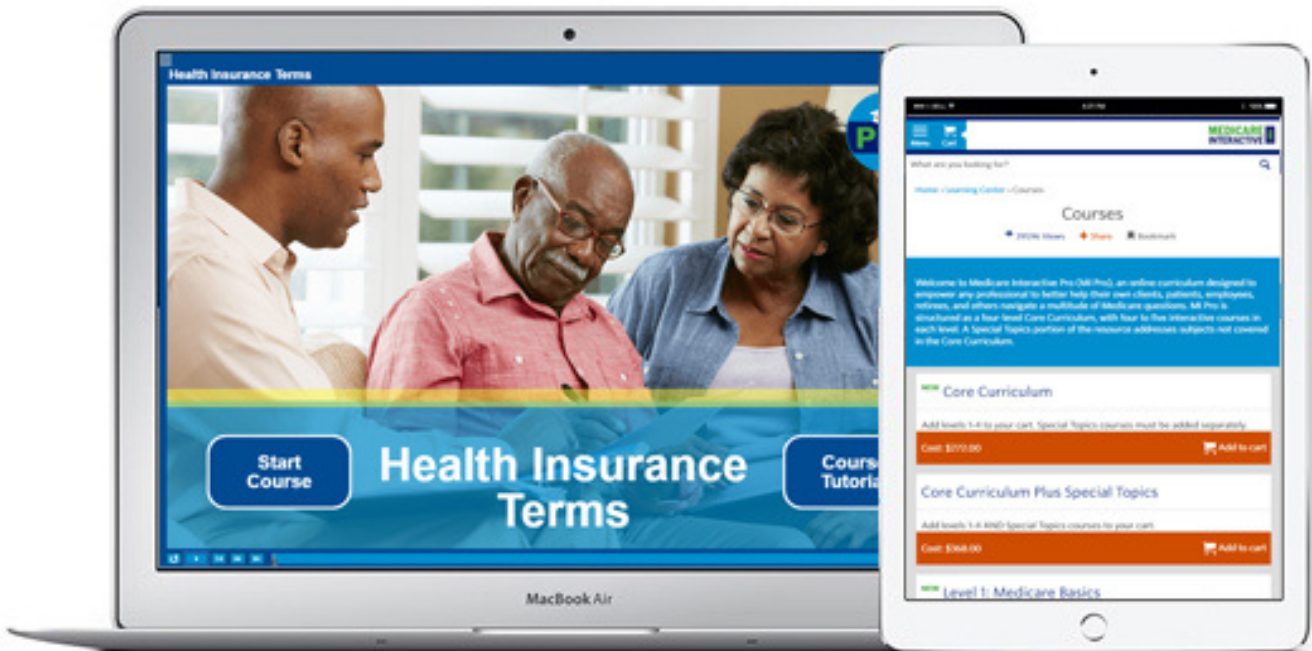
They also cannot charge higher copayments than Original Medicare for certain care. This includes chemotherapy, dialysis, and skilled nursing facility (SNF) care. They can charge you more than Original Medicare for other services, including home health, durable medical equipment, and inpatient hospital services.

Important!

Many Medicare Advantage Plans have a network of doctors, hospitals, and pharmacies, and provide services only in a certain part of the country. Be sure to always review the plan's cost and coverage before enrolling.



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Become Medicare Smart

Learn All About Medicare on
Medicare Interactive Pro (MI PRO)

MI Pro is an online curriculum designed to empower any professional to better help their own clients, patients, employees, retirees, and others navigate a multitude of Medicare questions. MI Pro is structured as a four-level Core Curriculum, with four to five courses in each level.

VIEW COURSES



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