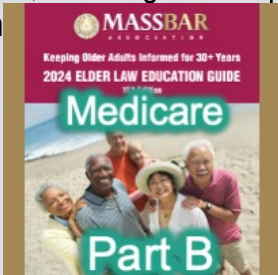


Medicare “beneficiaries” receive “medically necessary and reasonable” (least expensive) treatment. Not all services/tests are provided under Medicare.

* 2024 Part A Monthly premium: Most people don’t pay a monthly premium for Part A (sometimes called “premium-free Part A”). If you buy Part A, you’ll pay up to \$505 each month in 2024. If you paid Medicare taxes for fewer than 30 quarters, the standard Part A premium is \$505 in 2024. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$278 in 2024. This premium is paid for the entire time the person is on Medicare Part A.

**You must pay the amounts listed in the “You Pay” column; Medigap insurance will only pay the deductibles and co-insurance, but does not cover services Medicare itself doesn’t cover. For example, Medigap will NOT add days to the skilled nursing benefit; when Medicare stops at 100, so does Medigap.

5. Chart — Medicare Part B 2024

MEDICARE PART B: 2024			
SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY†
Medical Expenses: • Doctors’ services, inpatient and outpatient • Surgical services and supplies • Podiatrist services • Physical, occupational and speech therapy • Diagnostic tests (e.g., X-rays, hearing exams) • Durable medical equipment • Urgent and emergency services (including ambulances)	Unlimited if medically necessary	• 80% of the approved amount after \$240 deductible, as well as 80% for most outpatient services, including mental health 	• \$240 deductible (pay once per year) • 20% of approved amount after deductible • 20% for tests and durable medical equipment • 20% for all physical and occupational therapy
Outpatient Mental Health Services: • Yearly depression screening • Visits for mental health		• Everything • 80% of the approved amount after \$240 deductible	• Nothing if your provider accepts assignment • 20% of the approved amount after \$240 deductible
Clinical Laboratory Services: • Blood tests, urinalysis and more	Unlimited if medically necessary	100% of approved amount	Nothing for services
Home Health Care: (if you don’t have Part A) • Intermittent skilled care • Home health aide services • Durable medical equipment • Other services and supplies • No custodial care — must be recovering	Unlimited as long as you meet Medicare conditions	• 100% of approved amount • 80% of approved amount for durable medical equipment	• Nothing for services • 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment: Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	20% of Medicare payment amount (after \$240 deductible)
Premiums chart is on page 61.			

MEDICARE PART C: MEDICARE “ADVANTAGE” — MANAGED CARE PLAN

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

+ You must pay the amounts listed in the “You Pay” column; Medigap insurance will only pay the deductibles and co-insurance, but does not cover services Medicare itself doesn’t cover.

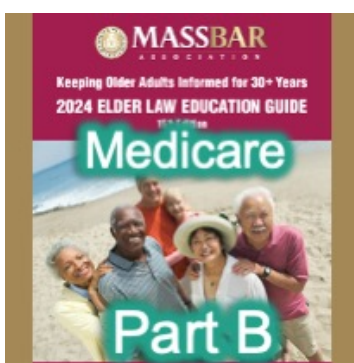
6. Chart — Medicare Part B Premiums 2024

Medicare Part B Premiums 2024			
Premiums are “means adjusted.” Part B premiums must pay for 25% of Part B costs, including reserves. The government pays 75%; the base premium increase cannot exceed the COLA (cost-of-living adjustment) in Supplemental Security Income (SSI) for older adults.			
Full Part B Coverage*			
Beneficiaries who file individual tax returns with modified adjusted gross income:***	Beneficiaries who file joint tax returns with modified adjusted gross income:**	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	0	\$174.70
\$103,001 and less than or equal to \$129,000	\$206,001 and less than or equal to \$258,000	\$69.90	\$244.60
\$129,001 and less than or equal to \$161,000	\$258,001 and less than or equal to \$322,000	\$174.70	\$349.40
\$161,001 and less than or equal to \$193,000	\$322,001 and less than or equal to \$386,000	\$279.50	\$454.20
\$193,001 and less than \$500,000	\$386,001 and less than \$750,000	\$384.30	\$559
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594
* PREMIUM MAY BE HIGHER IF YOU ENROLL LATE. This late penalty applies for your lifetime.			
**For information for beneficiaries who are married and file separate income tax returns, see https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles?mod=anlink%2F .			
*** Modified Adjusted Gross Income (MAGI)			

The figure used to determine eligibility for premium tax credits and other savings for Marketplace health insurance plans and for Medicaid and the Children’s Health Insurance Program (CHIP). MAGI is adjusted gross income (AGI) plus these, if any: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

- For many people, MAGI is identical or very close to adjusted gross income.
- MAGI doesn’t include Supplemental Security Income (SSI).
- MAGI does not appear as a line on your tax return: [https://www.healthcare.gov/glossary/modified-adjusted-gross-income-magi/#:-:text=MAGI%20is%20adjusted%20gross%20income,Supplemental%20Security%20Income%20\(SSI\)](https://www.healthcare.gov/glossary/modified-adjusted-gross-income-magi/#:-:text=MAGI%20is%20adjusted%20gross%20income,Supplemental%20Security%20Income%20(SSI).).

Note that Part B premiums for certain transplant patients are different. Certain Medicare enrollees who are 36 months post-kidney transplant, and therefore no longer eligible for full Medicare coverage, can elect to continue Part B coverage of immunosuppressive drugs by paying a Part B premium.



7. Chart — Medicare Part B Immunosuppressive Premiums 2024

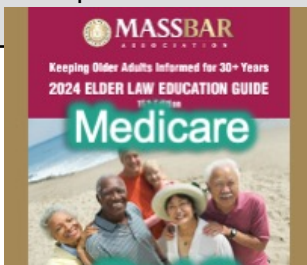
Medicare Part B Immunosuppressive Premiums 2024*			
Immunosuppressive Part B Coverage ONLY			
Beneficiaries who file individual tax returns with modified adjusted gross income**:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	0	\$103
\$103,001 and less than or equal to \$129,000	\$206,001 and less than or equal to \$258,000	\$68.70	\$171.70
\$129,001 and less than or equal to \$161,000	\$258,001 and less than or equal to \$322,000	\$171.70	\$274.70
\$161,001 and less than or equal to \$193,000	\$322,001 and less than or equal to \$386,000	\$274.70	\$377.70
\$193,001 and less than \$500,000	\$386,001 and less than \$750,000	\$377.70	\$480.70
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$412.10	\$515.10

Part D — Insulin Coverage

In 2022, a new rule went into effect that caps insulin at a \$35 co-payment for a one-month supply. All insurers should reflect the correct insulin co-pay of \$35 per month. Insulin pen needles to be used with insulin pens and insulin needles and syringes to be used with insulin vials are covered under Part D and Medicare Advantage plans (if the Medicare Advantage plan covers prescription drugs) and can be put into the [Medicare.gov](https://www.medicare.gov) website. Other insulin supplies, such as alcohol pads and glucose testing equipment, glucometers, test strips, lancets and control solution, are covered under Medicare Part B. Some community pharmacies accept assignment and can provide these additional diabetes supplies, but if your pharmacy doesn't, you may want to try a specialty or mail-order pharmacy or durable medical equipment provider. Most Medicare Advantage plans will cover diabetes testing supplies at the pharmacy because they cover both Part B and Part D items.

TIP: Planning for 2024 and beyond: Leave insulin off your list of drugs when you are on the [medicare.gov](https://www.medicare.gov) website. The \$35 co-pay is a universal rule, so all insurers should charge you \$35/month in 2024 as a standard co-pay that is NOT subject to a deductible. Confirm your insulin brand is on the drug formulary of your Medicare Part D plan or Medicare Advantage plan (if your plan covers prescriptions drugs).

TIP: When starting or adjusting insulin, have your provider write the prescription for insulin with specific directions to increase the insulin dose up to a ceiling amount. This will allow the pharmacist to calculate an accurate amount of insulin you will need per month as you increase the dose. For example, if your provider starts you on 10 units daily and writes the prescription that way, you will get one 3mL pen for the month. If the provider tells you to increase the insulin dose by 2 units every 3-4 days and stop at 20 units daily, that one 3mL pen will only last you 25 days. This would mean you would have trouble refilling the prescription, and you would pay another \$35 co-pay for another prescription of one 3mL pen, which, at 20 units daily, will only last you 15 days. With the prescription reflecting the provider's spoken directions to you, increasing the dose to 20 units daily, you would get two 3mL pens per month.



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