



# Medicare & You

## 2024



# Get started with Medicare



October 1, 2023: Start comparing your current coverage with other options. You may be able to save money or get extra benefits.



October 15 to December 7, 2023: Change your Medicare health or drug coverage for 2024, if you decide to. You can join, switch or drop a Medicare Advantage Plan or Medicare drug plan, or switch to Original Medicare during this Open Enrollment Period each year.



January 1, 2024: New coverage begins if you made a change. If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date.



January 1 to March 31, 2024: If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first day of the month after the plan gets your request.

# What are the Part A and Part B enrollment periods?

- You can only sign up for Part B (and/or Part A if you have to buy it) during these enrollment periods.



# Initial Enrollment Period

- Generally, you can first sign up for Part A and/or Part B during the 7-month period that begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65. If your birthday is on the first of the month, your 7-month period starts 4 months before the month you turn 65 and ends 2 months after the month you turn 65.
- Example: If you turn 65 on June 2, your 7-month period would begin in March and end in September. If you turn 65 on June 1, your 7-month period would begin in February and end in August. If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, in most cases, your coverage begins the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage starts the first day of the prior month. If you sign up the month you turn 65 or during the last 3 months of your Initial Enrollment Period, your coverage starts the first day of the month after you



# Special Enrollment Period

- After your Initial Enrollment Period is over, you may have a chance to sign up for Medicare during a Special Enrollment Period.
- For example, if you didn't sign up for Part B (or Part A if you must buy it) when you were first eligible because you have group health plan coverage based on current employment (your own, a spouses, or a family member's if you have a disability), you can sign up for Part A and/or Part B:
  - Any time you're still covered by the group health plan
  - During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first. Your coverage starts the first day of the month after you sign up. Usually, you won't have to pay a late enrollment penalty if you sign up during a Special Enrollment Period. This period doesn't apply if you're eligible for Medicare based on End-Stage Renal Disease (ESRD), or you're still in your Initial Enrollment Period



# General Enrollment Period

- If you have to pay for Part A but don't sign up for it and/or don't sign up for Part B (for which you must pay premiums) during your Initial Enrollment Period, and you don't qualify for a Special Enrollment Period, you can sign up during the General Enrollment Period from January 1–March 31 each year.
- You may have to pay a higher Part A and/or Part B premium for late enrollment.
- When you sign up during the General Enrollment Period, your coverage starts the first day of the month after you sign up.



# Your Medicare Options



- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).



- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).



- You can use any doctor or hospital that takes Medicare, anywhere in the U.S



- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.



# What are the parts of Medicare?

Part A (Hospital Insurance) Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care.
- Home health care



# Do I have to pay for Part A?

- You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy it.
- If you buy Part A, you'll pay a premium of either \$278 or up to \$506 each month in 2024 depending on how long you or your spouse worked and paid Medicare taxes.
- In most cases, if you choose to buy Part A, you must also have Part B and pay monthly premiums for both. If you choose NOT to buy Part A, you can still buy Part B if you're eligible.
- If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10%. You'll have to pay the higher premium for twice the number of years you could have had Part A but didn't sign up. For example, if you were eligible for Part A for 2 years but didn't sign up, you'll have to pay a 10% higher premium for 4 years.



# What do I pay for Part A-covered services?

- Copayments, coinsurance, or deductibles may apply for each service listed on the following pages.
- If you're in a Medicare Advantage Plan or have other insurance (like Medigap, Medicaid, employer, retiree, or union coverage), your copayments, coinsurance, or deductibles may be different.
- Blood If the hospital gets blood from a blood bank at no charge, you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year.
- Home health services Part A and/or Part B covers home health benefits.
- Hospice care (meaning you have a life expectancy of 6 months or less). You pay: • Nothing for hospice care. • A copayment of up to \$5 per prescription for outpatient drugs for pain and symptom management. • Five percent of the Medicare-approved amount for inpatient respite care.
- Inpatient hospital care: In each benefit period, you pay: • Days 1–60 (of each benefit period): \$0 after you meet your Part A deductible. • Days 61–90 (of each benefit period): A \$400 coinsurance amount each day. • After day 90 (of each benefit period): An \$800 coinsurance amount each day while using your 60 lifetime reserve days. After you use all of your lifetime reserve days, you pay all costs. Part A only pays for up to 190 days of inpatient psychiatric hospital care provided in a freestanding psychiatric hospital during your lifetime.
- Skilled nursing facility care: In each benefit period, you pay: • Days 1–20: \$0 copayment. Note: If you're in a Medicare Advantage Plan, you may be charged copayments during the first 20 days. • Days 21–100: \$200 copayment each day. • Days 101 and beyond: You pay all costs.





# What are the parts of Medicare?

Part B (Medical Insurance) Helps cover:

- Services from doctors and other health care providers

- Outpatient care

- Home health care

- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)

- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)

# How much does Part B coverage cost?

- The standard Part B premium amount in 2024 is \$174.80, a 6% jump from 2023 (\$164.90). Most people pay the standard Part B premium amount every month. Annual Deductible is \$226 in 2023 and should be around the same.
- If your modified adjusted gross income is above a certain amount (in 2023: \$97,000 if you file individually or \$194,000 if you're married and file jointly), you may pay an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.
- To determine if you'll pay the IRMAA, Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago.
- Note: You may also pay an extra amount for your Medicare drug coverage (Part D) premium if your modified adjusted gross income is above a certain amount.
- If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B. Your monthly Part B premium may go up 10% for each full 12 months in the period that you could've had Part B, but didn't sign up. If you're allowed to sign up for Part B during a Special Enrollment Period, you usually don't pay a late enrollment penalty.



# What do I pay for services Part B covers?

- If you're in a Medicare Advantage Plan or have other insurance (like Medigap, Medicaid, employer, retiree, or union coverage), your copayments, coinsurance, or deductibles may be different. Contact your plan for more information.
- Under Original Medicare, if the Part B deductible applies, you must pay all costs (up to the Medicare-approved amount) until you meet the yearly Part B deductible. After you meet your deductible, Medicare will pay its share and you typically pay 20% of the Medicare-approved amount (if the doctor or other health care provider accepts assignment). There's no yearly limit on what you pay out of pocket if you have Original Medicare. There may be limits on expenses you pay through supplemental coverage you may have, like Medigap, Medicaid, employer, retiree, or union coverage.
- You pay nothing for most covered preventive services if you get the services from a doctor or other qualified health care provider who accepts assignment. However, for some preventive services, you may have to pay a deductible, coinsurance, or both. These costs may also apply if you get a preventive service in the same visit as a non-preventive service.



# Original Medicare

- There's no yearly limit for what you pay out of pocket unless you have other insurance (like Medigap, Medicaid, or employer, retiree, or union coverage).



# What are the parts of Medicare?

## Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In many cases, you can only use doctors who are in the plan’s network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower or higher out-of-pocket costs than Original Medicare. You may also have an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn’t cover— like certain vision, hearing, and dental





# What are Medicare Advantage Plans?

- A Medicare Advantage Plan is another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are Medicare-approved plans offered by private companies that must follow rules set by Medicare.
- Most Medicare Advantage Plans include drug coverage (Part D).
- What are the different types of Medicare Advantage Plans? • Health Maintenance Organization (HMO) Plan: • HMO Point-of-Service (HMOPOS) Plan: This HMO plan may allow you to get some services out of network for a higher copayment or coinsurance. • Medical Savings Account (MSA) Plans: • Preferred Provider Organization (PPO) Plan: • Private Fee-for-Service (PFFS) Plan: • Special Needs Plan (SNP):
- With a Medicare Advantage Plan, you may have coverage for things Original Medicare doesn’t cover, like fitness programs (gym memberships or discounts) and some vision, hearing, and dental services (like routine check ups or cleanings).
- To join a Medicare Advantage Plan you must: • Have Part A and Part B. • Live in the plan’s service area. • Be a U.S. citizen or lawfully present in the U.S.





# What are the parts of Medicare?

Part D (Drug coverage) Helps cover:

- The cost of prescription drugs (including many recommended shots or vaccines).
- Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.
- Average monthly Medicare Part D premium is decreasing from \$56.49 in 2023 to \$55.50 in 2024.



# How does Medicare drug coverage work?



There are 2 ways to get Medicare drug coverage (Part D):

- Medicare drug plans. These plans add Medicare drug coverage (Part D) to Original Medicare, some Medicare Cost Plans, some Medicare Advantage Private Fee-for-Service Plans, and Medicare Advantage Medical Savings Account (MSA) Plans. You must have Part A and/or Part B to join a separate Medicare drug plan.
- Medicare Advantage Plans or other Medicare health plans with drug coverage. You get your Part A, Part B, and Medicare drug coverage (Part D) through these plans. Remember, you must have Part A and Part B to join a Medicare Advantage Plan, and not all Medicare Advantage Plans offer drug coverage.



# What are the parts of Medicare?

## Medicare Supplement Insurance (Medigap)

- Medigap plans are standardized
- Original Medicare doesn't pay for all of the cost for covered health care services and supplies. Medicare Supplement Insurance (Medigap) policies sold by private insurance companies can help pay some of the remaining health care costs for covered services and supplies, like copayments, coinsurance, and deductibles.
- Before you can buy Medicare Supplement Insurance (Medigap), you must generally have Part A and Part B. With Medigap, you pay a monthly premium to a private insurance company in addition to the monthly Part B premium you pay to Medicare.

