

2019 MEDICARE PART A PREMIUMS, DEDUCTIBLES and CO-PAYMENTS

Part A Monthly Premium

- 40 or more quarters \$0
- 30–39 quarters of coverage \$240.00/month
- Less than 30 quarters \$437.00/month

Part A (Hospital) Deductibles and Co-Payments per Benefit Period in Original Medicare

- \$1,364 deductible, paid upon admission as a hospital inpatient for 1-60 days
- \$341 per day for 61-90 days
- \$682 per day for days 91-150 (*lifetime reserve days; non-renewable*)
- All costs for each day beyond 150 days

Skilled Nursing Facility Care Co-Payments in Original Medicare

- Covered in full for the first 20 days after a minimum 3-day qualifying hospital stay
- Beneficiaries pay \$170.50 per day for days 21-100
- Beneficiaries pay all costs after 100 days

Paying for Hospice Care

- Co-payment up to \$5 per outpatient prescription drug
- 5% of Medicare-approved amount for inpatient respite care

2019 MEDICARE PART B PREMIUMS

If Your Yearly Modified Adjusted Gross Income in 2017 was		Premium you paid for Part B in 2018*:	Premium you pay per month for Part B in 2019*:
File Individual Tax Return	File Joint Tax Return		
\$85,000 or less	\$170,000 or less	\$121 - \$134	\$135.50 <i>(Some will pay less than \$135.50, if paid less than \$134 in 2018 due to "hold harmless" provision protecting benefits from decreasing as result as of raise in Medicare premium.)</i>
\$85,001 - \$107,000	\$170,000 - \$214,000	\$187.50	\$189.60
\$107,001 - \$133,500	\$214,001 - \$267,000	\$267.90	\$270.90
\$133,501 - \$160,000	\$267,001 - \$320,000	\$348.30	\$352.20
\$160,001 - \$500,000	\$320,001 - \$750,000	\$428.60	\$433.40
NEW TIER Above \$500,000	NEW TIER Above \$750,000	\$428.60	\$460.50

*plus any late-enrollment penalties you may be assessed.

2019 MEDICARE PART B DEDUCTIBLES and CO-INSURANCE

Part B (Medical) Annual Deductible for Original Medicare: **\$185.00** (was \$183 in 2018)

Co-insurance for most services in Original Medicare: 20% of Medicare approved amount after annual Part B deductible

2019 MEDICARE PART D MONTHLY ADJUSTMENT

The Affordable Care Act requires Part D enrollees whose incomes exceed the same thresholds that apply to higher income Part B enrollees to pay a monthly adjustment amount. Enrollees will pay the regular plan premium to their Part D plan and will pay the income-related adjustment to Medicare. The 2019 Part D **Income-Related Monthly Adjustment Amounts (IRMAA)** to be paid by beneficiaries who file an individual tax return or who file a joint tax return are shown in the following table:

If Your Yearly Modified Adjusted Gross Income in 2017 was		In addition to Part D Plan Premium, You Pay Monthly Part D Surcharge:
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$0
\$85,001-\$107,000	\$170,000-\$214,000	\$12.40
\$107,001 - \$133,500	\$214,001 - \$267,000	\$31.90
\$133,501 - \$160,000	\$267,001 - \$320,000	\$51.40
\$160,001 - \$500,000	\$320,001 - \$750,000	\$70.90
NEW TIER Above \$500,000	NEW TIER Above \$750,000	\$77.40

Medicare Part D Prescription Coverage Parameters	2018	2019
Annual Deductible	\$405	\$415
Initial Coverage Limit	\$3,750	\$3,820
Out-of-Pocket Threshold	\$5,000	\$5,100
Total Covered Drug Spending at TROOP Threshold	\$7,508.75	\$7,653.75
Minimum Cost-Sharing in Catastrophic Coverage for Generics/Brands	\$3.35/ \$8.35 or 5%	\$3.40/ \$8.50 or 5%
Drug Co-Payments for those with LIS	2018	2019
<u>LIS Level 3:</u> Institutional Medicaid, Medicaid Home & Community Based Waiver or MLTSS	\$0	\$0
<u>LIS Level 2:</u> (100% FPL or less) Dual Eligible on Medicare and full Medicaid	\$1.25/ \$3.70 Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level	\$1.25/ \$3.80 Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level
<u>LIS Level 1:</u> (101% - 135% FPL) Non-duals help with Part B via SLMB/ QI	\$3.35/ \$8.35 Generics/Brands	\$3.40/ \$8.50 Generics/Brands
<u>LIS Level 4:</u> (135-150% FPL): Partial LIS	\$83 deductible/ 15% co-insurance	\$85 deductible/ 15% co-insurance