

2016 PART A PREMIUMS, DEDUCTIBLES and CO-PAYMENTS

Part A Monthly Premium

- 40 or more quarters \$0
- 30–39 quarters of coverage \$226.00/month
- Less than 30 quarters \$411.00/month

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

- \$1,288 deductible, paid upon admission as a hospital inpatient for 1-60 days
- \$322 per day for 61-90 days
- \$644 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 (*day of discharge not included*)
- Beneficiaries pay \$161.00 per day for days 21-100
- Beneficiaries pay all costs after 100 days
- Does NOT include custodial care

Paying for Hospice Care

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

2016 PART B PREMIUMS

If Your Yearly Modified Adjusted Gross Income in 2014 was		Premium you pay per month for Part B in 2016*:
File Individual Tax Return	File Joint Tax Return	
Income \$85,000 or less: Enrolled in Part B during 2015 and paid premium via Social Security benefits	Income \$170,000 or less: Enrolled in Part B during 2015 and paid premium via Social Security benefits	\$104.90
Income \$85,000 or less: Enrolled in Part B during 2015 but <u>not</u> collecting Social Security cash benefits	Income \$170,000 or less: Enrolled in Part B during 2015 but <u>not</u> collecting Social Security cash benefits	\$121.80
Income \$85,000 or less: New to Part B in 2016	Income \$170,000 or less: New to Part B in 2016	\$121.80
\$85,001-\$107,000	\$170,000-\$214,000	\$170.50
\$107,001-\$160,000	\$214,001-\$320,000	\$243.60
\$160,001-\$214,000	\$320,001-\$428,000	\$316.70
Above \$214,000	Above \$428,000	\$389.80

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

2016 PART B DEDUCTIBLES and CO-INSURANCE

Part B (Medical) Annual Deductible for Original Medicare: \$166.00

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

2016 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 2016 Part D **Income-Related Monthly Adjustment (IRMA)** amounts to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are shown in the following table:

If Your Yearly Modified Adjusted Gross Income in 2014 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	\$12.70
\$107,001-\$160,000	\$214,001-\$320,000	\$32.80
\$160,001-\$214,000	\$320,001-\$428,000	\$52.80
Above \$214,000	Above \$428,000	\$72.90

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

Part D Prescription Coverage Parameters	2015	2016
Annual Deductible	\$320	\$360
Initial Coverage Limit	\$2,960	\$3,310
Out-of-Pocket Threshold	\$4,700	\$4,850
Total Covered Drug Spending at TROOP Threshold	\$6,680	\$7,062.50
Minimum Cost-Sharing in Catastrophic Coverage for Generics/Brands	\$2.65/\$6.60 or 5%	\$2.95/\$7.40 or 5%
LIS Co-Payments	2015	2016
<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	\$1.20 /\$3.60 Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level	\$1.20/ \$3.60 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	\$2.65/ \$6.60 Generics/Brands	\$2.95/ \$7.40 Generics/Brands
<u>LIS Level 4:</u> (135-150% FPL): Partial LIS	\$66 deductible/ 15% co-insurance	\$74 deductible/ 15% co-insurance