

2020 MEDICARE PART A PREMIUMS, DEDUCTIBLES and CO-PAYMENTS

Part A Monthly Premium

- 40 or more quarters \$0
- 30–39 quarters of coverage \$252/month
- Less than 30 quarters \$458/month

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

- \$1,408 deductible, paid upon admission as a hospital inpatient for 1-60 days
- \$352 per day for 61-90 days
- \$704 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 \$176 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

2020 MEDICARE PART B PREMIUMS

If Your Yearly Modified Adjusted Gross Income in 2018 was		Premium you paid for Part B in 2019*:	Premium you pay per month for Part B in 2020*:
File Individual Tax Return	File Joint Tax Return		
\$87,000 or less	\$174,000 or less	\$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 of raise in Medicare premium.)</i>	\$144.60
\$87,001 - \$109,000	\$174,001 - \$218,000	\$189.60	\$202.40
\$109,001 - \$136,000	\$218,001 - \$272,000	\$270.90	\$289.20
\$136,001 - \$163,000	\$272,001 - \$326,000	\$352.20	\$376.00
\$163,001 - \$500,000	\$326,001 - \$750,000	\$433.40	\$462.70
Above \$500,000	Above \$750,000	\$460.50	\$491.60

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

2020 MEDICARE PART B DEDUCTIBLES and CO-INSURANCE

Part B (Medical) Annual Deductible for Original Medicare: \$198 (was \$185 in 2019)

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

2020 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 2020 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 2018 was		In addition to Part D Plan Premium, You Pay Monthly Part D Surcharge:
File Individual Tax Return	File Joint Tax Return	
\$87,000 or less	\$174,000 or less	\$0
\$87,001 - \$109,000	\$174,001 - \$218,000	\$12.20
\$109,001 - \$136,000	\$218,001 - \$272,000	\$31.50
\$136,001 - \$163,000	\$272,001 - \$326,000	\$50.70
\$163,001 - \$500,000	\$326,001 - \$750,000	\$70.00
Above \$500,000	Above \$750,000	\$76.40

Medicare Part D Prescription Coverage Parameters	2019	2020
Annual Deductible	\$415	\$435
Initial Coverage Limit	\$3,820	\$4,020
Out-of-Pocket Threshold	\$5,100	\$6,350
Total Covered Drug Spending at TROOP Threshold	\$8,139.54	\$9,719.38
Minimum Cost-Sharing in Catastrophic Coverage for Generics/Brands	\$3.40/\$8.50 or 5%	\$3.60/\$8.95 or 5%
Drug Co-Payments for those with LIS	2019	2020
<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/\$3.80 Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level	\$1.30/\$3.90 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	\$3.40/\$8.50 Generics/Brands	\$3.60/\$8.95 Generics/Brands
<u>LIS Level 4:</u> (135-150% FPL): Partial LIS	\$85 deductible/ 15% co-insurance	\$89 deductible/ 15% co-insurance