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# 2024 Medicare Update

**Updated March 2024**



**Department for  
the Aging**



**Health Insurance  
Information, Counseling  
and Assistance Program**



Administration for Community Living



**SHIP**  
State Health Insurance  
Assistance Program

**Medicare Questions? Call Aging Connect at 212-244-6469**

# **Medicare Enrollment**

## **Part B**

# Medicare (Part B) Enrollment

- Initial Enrollment Period
  - 7 months surrounding month of eligibility
  - Enroll in first 3 months
    - Part B starts 1st of month turn 65
  - Enroll in last 4 months
    - Part B starts 1st of next month
- Special Enrollment Period
  - Covered under active/current employment
    - (Self or Spouse; Not Domestic Partner)
      - Starting first month eligible for Medicare
        - » Can delay enrollment in Part B without penalty

# **General Enrollment Period**

- **For beneficiaries who were not able to enroll in IEP or SEP**
- **General Enrollment Period (GEP)**
- **January – March**
  - Part B effective 1<sup>st</sup> of following month
- **May be subject to late enrollment penalty**
- **Part B Late Enrollment Penalty**
  - 10% for every full 12 months without Part B
    - 10% of the current year's standard premium
      - Even if paying a higher IRMAA premium based on income
- **No limit on amount of percentage penalty**
  - Late enrollment penalty is lifetime

# **United States Postal Service (USPS) and Medicare**

# **USPS Retirees and Medicare**

- NEW Postal Service Health Benefits (PSHB) Program
  - PSHB is a new, separate program within the Federal Employees Health Benefits (FEHB) Program
    - Coverage under the PSHB Program will be effective January 1, 2025
- IMPORTANT: Postal Annuitants/Retirees as of January 1, 2025 without Medicare Part B
  - Are NOT required to enroll in Part B to continue health insurance coverage in new PSHB Program
    - Covered spouse and eligible family members will also not be required to enroll in Part B
- Note: If you are a retiree as of January 1, 2025, and already enrolled in Part B, you are required to remain enrolled in Part B to continue PSHB coverage

# USPS Retirees and Medicare

- Active employee aged 64 or older as of January 1, 2025
  - NOT required to enroll in Part B upon retirement
- Active employee under age 64 as of January 1, 2025
  - Will be required to enroll in Part B upon retirement
- Retire on or after January 1, 2025, and you are under 64
  - Required to enroll in Part B when turn 65
- Retired employees as of January 1, 2025 (regardless of age)
  - NOT required to enroll in Part B upon eligibility for Medicare
- Exceptions to requirement to enroll in Part B:
  - Residing outside of United States and its territories
  - Enrolled in VA health care benefits
- Special Enrollment Period for Postal Retirees
  - April 2024 – September 2024 (Can enroll in Part B effective January 2025)
    - USPS will pay any late enrollment penalty

# USPS Retirees and Medicare

- Question: Why Enroll in Part B if not required to do so?
  - FEHB insurer may waive plan cost-sharing if enroll in Part B
    - Check with individual insurer to confirm
  - Having Part B allows Federal retiree to suspend FEHB to enroll in Medicare Advantage plan
    - In order to save FEHB premium
- Reference: PSHB Special Enrollment Period (SEP)
  - <https://www.keepingposted.org/pshb-sep.htm>
- Reference: PSHB Lunch and Learn Seminars
  - <https://www.keepingposted.org/pshb-lunch-learn-seminars.htm>



# **Original Medicare**



# MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a

**HOSPITAL (PART A)**

**MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016**

**03-01-2016**

## **Medicare Part B (2023 – 2024)**

- **2023**
- **Deductible**  
– \$226
- **Premium**  
– \$164.90
- **2024**
- **Deductible**  
– \$240
- **Premium**  
– \$174.70

# Higher Income (IRMAA) Part B Premiums

MAGI	2024 Part B	2024 Part D
\$103,000/\$206,000 or less	\$174.70 (25%)	\$0.00
Up to \$129,000/\$258,000	\$244.60 (35%)	\$12.90
Up to \$161,000/\$322,000	\$349.40 (50%)	\$33.30
Up to \$193,000/\$386,000	\$454.20 (65%)	\$53.80
Up to \$500,000/\$750,000	\$559.00 (80%)	\$74.20
Above \$500,000/\$750,000	\$594.00 (85%)	\$81.00

# Mental Health

- **Mental Health Service Providers - Expansion**
  - Previously, Medicare mental health providers limited to:
    - Psychiatrist (MD)
    - Clinical Psychologist (PhD)
    - Social Worker
- **As of January 1, 2024**
  - New Medicare provider types:
    - Marriage and family therapists (MFTs)
    - Mental health counselors (MHCs)
- **Mandated to accept assignment**
  - All non-physician mental health providers

# Physical Therapy

- Prior to 2018, Medicare had an annual dollar limit on therapy
- Dollar limit was eliminated but dollar thresholds remain
  - \$2,330 (2024) for physical/speech therapy combined
  - Separate \$2,330 (2024) for occupational therapy
    - Therapist to add KX modifier to claims to certify medical necessity
  - \$3,000 for physical and speech therapy combined (medical review)
  - Separate \$3,000 for occupational therapy
    - (Remains at \$3,000 until 2028)
    - Medicare contractor may review medical records to be sure therapy services were medically necessary
  - Some therapists treat \$3,000 as limit/cap to avoid potential medical review

# Medicare Part A (2023 – 2024)

- **2023**
  - **Deductible**
    - \$1,600
  - **Coinsurance Days (61-90)**
    - \$400 (Per Day)
  - **Lifetime Reserve Days**
    - \$800 (Per Day)
  - **Skilled Nursing Facility**
    - \$200 (Days 21-100)
  - **Premium**
    - \$506 (Less than 30 Quarters)
    - \$278 (30-39 Quarters)
- **2024**
  - **Deductible**
    - \$1,632
  - **Coinsurance Days (61-90)**
    - \$408 (Per Day)
  - **Lifetime Reserve Days**
    - \$816 (Per Day)
  - **Skilled Nursing Facility**
    - \$204 (Days 21-100)
  - **Premium**
    - \$505 (Less than 30 Quarters)
    - \$278 (30-39 Quarters)

# **Medigap/ Medicare Supplement**



# Medigap

- Ten plans (A-N)
- Benefits are standard
- NYS continuous open enrollment
- Up to six month waiting period for pre-existing (PE) conditions
  - Credit prior coverage toward waiting period
- NYS Dept of Financial Services – Medigap Information:
  - [https://www.dfs.ny.gov/consumers/health\\_insurance/supplement\\_plans\\_rates](https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_rates)
- Reference: A Closer Look at Medicare and Related Benefits for New Yorkers
  - [2023-hiicap-english-guidebook.pdf \(nyc.gov\)](https://www.nyc.gov/2023-hiicap-english-guidebook.pdf)

## BENEFITS INCLUDED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS

**Basic Benefit:** Included in all plans

•**Hospitalization:** Part A copayment, coverage for 365 additional days after Medicare benefits end, and coverage for 60 lifetime reserve days copayment.

•**Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses).

•**Blood:** First 3 pints of blood each year.

•**Hospice:** Part A cost sharing.

### High Deductible Plan F and Plan G – **\$2,800 in 2024**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F*</b>	<b>G*</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit**	Basic Benefit**	Basic Benefit	Basic Benefit**
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess	Part B Excess				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of Pocket limit <b>\$7,060</b>	Out of Pocket limit <b>\$3,530</b>		

## MEDICARE SUPPLEMENT INSURANCE POLICIES (March 2024)

PLAN	Aetna 800-345-6022	Bankers Conseco 800-845-5512	Emblem (formerly GHI) 800-444-2333	Empire Blue Cross Blue Shield  *NOT Available for New Members	Globe Life Insurance 800-331-2512	Humana  800-486-2620	Mutual of Omaha 800-228-9999	TransAmerica Financial 800-752-9797	United Health (AARP) Must be an AARP member to enroll (age 50+) 800-523-5800
<b>A</b>	\$318.21	\$413.53	\$194.87		\$267/\$299	\$348	\$351.72	\$230.50	\$203.25
<b>B</b>	\$362.44	\$624.28	\$253.28		\$328/368	\$392.90	\$512.25	\$277.94	\$291.75
<b>C**</b>			\$300.87		\$397/444	\$476.21	\$512.82	\$360.08	\$372.25
<b>D</b>					\$391/438		\$503.90	\$330.88	
<b>F**</b>	<b>\$422.90</b>	<b>\$842.93</b>	<b>\$530.29</b>		<b>\$389/\$436</b>	<b>\$485.87</b>	<b>\$516.15</b>	<b>\$362.17</b>	<b>\$361.00</b>
<b>F+**</b>		\$75.69	\$74		\$90/\$101	\$103.23			
<b>G</b>	<b>\$406.26</b>	<b>\$775.81</b>	<b>\$302</b>		<b>\$348/390</b>	<b>\$528.85</b>	<b>\$478.04</b>	<b>\$303.85</b>	<b>\$308.00</b>
<b>G+</b>		\$75.69	\$67.69		\$72/\$81	\$103.10			
<b>K</b>		\$129.29			\$137/154	\$226.75		\$165.84	\$101.00
<b>L</b>		\$322.45			\$234/262	\$323.93		\$246.18	\$207.75
<b>M</b>		\$446.64					\$526.10	\$303.13	
<b>N</b>		<b>\$483.39</b>	<b>\$220</b>		<b>\$329/369</b>	<b>\$375</b>		<b>\$285.05</b>	<b>\$242.75</b>

# **Medicare Savings Program and Medicaid**

# MEDICARE SAVINGS PROGRAMS

Medicare Savings Programs 2024

**NO** resource/asset limit

**QMB: \$1,752 Individual/\$2,371 Couple**

**Covers Part B premium, deductible, coinsurance, most Part D costs**

**QI: \$2,355 Individual/\$3,189 Couple**

**Covers Part B premium and assists with Part D costs**

# MAGI Medicaid Transition to Medicare

- People with MAGI Medicaid are maintaining their Medicaid coverage when they become Medicare eligible
- What should they do?
  - Enroll in Part A and Part B
    - Cannot delay enrollment in Part B without penalty
  - Automatically get Extra Help/LIS
    - Enroll in Part D or Medicare Advantage plan
- Automatically enrolled in QMB
  - BUT QMB is effective following month
    - Beneficiary responsible for 1<sup>st</sup> month of Part B premium

# **Medicare Part D**

## Medicare Part D (2023 – 2024)

- Deductible
    - \$505
  - Initial Coverage Limit
    - \$4,660
  - Out-of-Pocket Threshold
    - \$7,400
  - Full LIS Co-Pays
    - \$4.15/\$10.35
  - Up to or at 100% FPL
    - \$1.45/\$4.30
  - Partial LIS Cost-Sharing
    - \$104 Deductible/15%
- Deductible
    - \$545
  - Initial Coverage Limit
    - \$5,030
  - Out-of-Pocket Threshold
    - \$8,000
  - Full LIS Co-Pays
    - \$4.50/\$11.20
  - Up to or at 100% FPL
    - \$1.55/\$4.60
  - Partial LIS Cost-Sharing
    - Not Applicable



# **Inflation Reduction Act - Changes to Part D**

- 2023. Vaccines and Insulin
  - Vaccines covered under Part D covered at 100%
  - Out-of-pocket cost for insulin limited to \$35/month
- 2024. Full Extra Help/LIS will be expanded
  - Prior to 2024, incomes up to 135% of FPL eligible for Full LIS, while those with incomes between 135% and 150% FPL receive Partial LIS
    - People with Medicare who were enrolled in partial Extra Help were automatically converted to full Extra Help; they did not need to take action
- 2024. \$0 Cost-Sharing in Catastrophic Coverage
  - Eliminates 5% cost-sharing
- 2025. New out-of-pocket limit for Part D will be \$2,000.
  - (Amount subject to change each year)
  - Will be able to spread \$2,000 limit across monthly payments

# EPIC

1. \$75,000 Single/\$100,000 Couple

2. Fee or Deductible Plan

3. Supplements Part D but Does Not Cover Deductible

4. Maximum Co-Pay \$20

5. SEP to Switch Part D Plans

1-800-332-3742

Fillable Application:

<https://www.health.ny.gov/forms/doh-5080-fillin.pdf>



## and Medicare Working Together

### What is EPIC?

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program administered by the Department of Health. It provides seniors with co-payment assistance for Medicare Part D covered prescription drugs **after any Part D deductible is met**. EPIC also covers many Medicare Part D excluded drugs.

- **Fee Plan** members pay an annual fee to EPIC based on their income. The EPIC co-payments range from \$3 - \$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- **Deductible Plan** members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

EPIC also pays Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below \$23,000 if single or \$29,000 if married.

Those with higher incomes must pay their Part D plan premiums.

- To help them pay, their EPIC deductible is lowered by the annual cost of a Medicare Part D basic plan.
- EPIC deductibles for income in shaded areas on the Deductible Plan schedule will be less than the amounts shown.

### Who can join?

- A resident of New York State 65 or older with annual income up to \$75,000 if single or \$100,000 if married.
- An eligible senior with a Medicaid spend down not receiving full Medicaid benefits.

### Medicare Part D Enrollment

**All EPIC members must have Part D** in order to receive EPIC benefits. Because EPIC is a qualified State Pharmaceutical Assistance Program, members are able to join a Part D plan during the year once enrolled in EPIC. They also can change their Medicare Part D plan one time during the year.

### "Extra Help" can save money!

If EPIC determines a senior may be eligible for Extra Help, EPIC will mail a Request for Additional Information (RAI) form. The senior is then required, by law, to provide the additional information to obtain EPIC coverage.

- Seniors who already receive Extra Help can send a copy of their determination letter from Social Security Administration with their form.
- If approved for full Extra Help, the senior will have lower co-payments and will not have a Medicare Part D coverage gap. Medicare and EPIC will pay all or most of the monthly Part D plan premium.
- EPIC will use the information on the RAI form to apply for Extra Help on the senior's behalf and it will not be used for EPIC determination.

### How to Apply

- Complete the application, sign it and mail it to the address below.
- Apply separately or spouses living together can both use the same form.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.

For more information call the toll-free EPIC Helpline at **1-800-332-3742 (TTY 1-800-290-9138)**. Download an application at: [http://health.ny.gov/health\\_care/epic/application\\_contact.htm](http://health.ny.gov/health_care/epic/application_contact.htm) choose which language version or write:

EPIC  
P.O. Box 15018  
Albany, New York 12212-5018

# **EPIC and GlaxoSmithKline and Viiv Healthcare**

- GSK withdrew from EPIC Manufacturers Rebate Program
  - EPIC stopped supplementing Part D coverage of GSK drugs
    - As of July 2023
- List of GSK drugs that EPIC is no longer covering:
  - Advair Diskus; Advair HFA; Anoro Ellipta; Arnuity Ellipta; Avodart; Beconase AQ; Breo Ellipta; Coreg; Coreg CR; Epivir HBV; Flovent Diskus; Flovent HFA; Imitrex; Incruse Ellipta; Jalyn; Lamictal; Lamictal XR; Nucala; Serevent Diskus; Trelegly Ellipta; Valtrex; Ventolin HFA; Wellbutrin SR
- Viiv Healthcare will no longer be participating as of April 2024
  - Dovato; Epivir; Juluca; Rukobia; Tivicay; Triumeq
    - Drugs for AIDS/HIV

# **Medicare Advantage**

# Medicare Advantage (MA)

- Eligibility
  - Must Have Parts A and B
  - Must Live in Service Area of Plan
- Enrollment
  - October 15 – December 7 (Annual Election Period)
  - January 1 – March 31 (MA Open Enrollment Period)
- Benefits/Costs
  - Covers at least what Medicare does
  - Additional benefits (Hearing Aids/Dental/Vision)
  - Fixed co-payments for most services

# Maximum Out of Pocket (MOOP)

- Medicare Advantage (MA) plans have MOOP limit
  - Limit on Part A and Part B out of pocket costs for calendar year
    - If you reach limit, MA plan will cover 100% of Part A and Part B services for remainder of calendar year
- MOOP does NOT include:
  - MA plan premium
  - Part D drug costs
  - Non-covered services (including dental/vision)
- In-Network MOOP limit (HMO)
  - \$8,850 in 2024 (\$8,300 in 2023)
- In and Out of Network Combined (PPO)
  - \$13,300 in 2024 (\$12,450 in 2023)

# **Summary and References**

# Your Medicare Options

## Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

**Supplemental coverage**



This includes Medicare Supplement Insurance ([Medigap](#)). Or, you can use coverage from a former employer or union, or [Medicaid](#).

## Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



**Some extra benefits**

Some plans also include:

**Lower out-of-pocket costs**



# References

- **Medicare**
  - [www.medicare.gov](http://www.medicare.gov) 1-800-MEDICARE 24/7
- **HIICAP**
  - [www.nyc.gov/aging](http://www.nyc.gov/aging) 212-AGING-NYC or 212-244-6469
- **Medicare Rights Center – Medicare Interactive**
  - [www.medicareinteractive.org](http://www.medicareinteractive.org)
- **Social Security**
  - [www.ssa.gov](http://www.ssa.gov) or 1-800-772-1213