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| **Original Medicare Numbers 2024** | **Your Costs May Include** | | | | | |
| **Part A (Hospital Insurance) Deductible** | $1,632 /benefit period (60 days) | | | | | |
| Co-payment (Hospital) | $408/day for days 61-90 $816/day for days 91-150 | | | | | |
| Co-payment (Skilled Nursing Facility) | $0/day for days 1-20 $204/day for days 21-100 | | | | | |
| **Part B (Medical Insurance) Deductible** | $240 (Once each year) | | | | | |
| **Part B coinsurance (for most services)** | 20% of Medicare approved amount | | | | | |
| **Part B Premium** (Medicare Advantage Plans may have an additional premium) | $174.70  *(May be higher if higher income. See \* below.)* | | | | | |
| **Outpatient Mental Health Services** | 20% of Medicare approved amount | | | | | |
| **Medicare Part D (Prescription Drugs)** | **Part D with Extra Help** (Limited Income Subsidy/LIS) | | | | | |
| **Standard Deductible** **$545** | **Limited Income Subsidy (LIS) has $0 deductible** | | | | | |
| **Initial Coverage Period** - You pay ≈ 25% of plan’s cost until total cost of drugs paid by you and the plan = **$5,030** | **Income Limits\***  Single Couple  ≤ $1,903 ≤ 2,575 | | **Asset Limits\*\***  Single Couple  <$15,720 <$31,360 | | **Copays:**  See below for category that applies | |
| **Donut Hole** - Begins when your total drug costs (paid by you and your plan) reach $5,030 |
| **Premiums:** “[Benchmark plan](https://www.dhs.wisconsin.gov/benefit-specialists/wisconsinlandscapeofmedicareplans.xlsx)” premiums will be $0 | | | | | |
| YOU PAY: 25% on Brand name drugs, 25% on Generics | **Copays\*\* during the Part D coverage phases:** | | | | | |
| **Catastrophic Coverage Level Without Extra Help** -  Begins when total out of pocket costs reach **$8,000**  You pay **$0** for the rest of the calendar year. | There may be LIS copays for drugs until their total drug costs reach the catastrophic coverage period threshold, then are $0. Pharmacies may charge for bubble packaging. | | | | | |
| **Initial Coverage**  Until total drug costs reach $11,447.39  **Catastrophic Copay:** $0 | **Category 1:**  Full Medicaid [FPL](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) 100-150% or [MSP](https://www.dhs.wisconsin.gov/library/collection/p-10062) only | | **Category 2:**  Full Medicaid up to or at 100% [FPL](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) | | **Category 3:** Receive HCBS or institutional Medicaid |
| **Late enrollment penalty** is calculated based on 2024 Base Beneficiary Premium of **$34.70** | $4.50 generics  $11.20 brand name | | $1.55 generics  $4.60 brand name | | $0  HCBS=Home & Community-Based Services |

\*Income limits based on 2024 Federal Poverty Guidelines, with $20 disregard \*\*Assets without $1500/person burial allowance

***Where to Get Help:***

**Medicare: 1-800-633-4227**

**Social Security 1-800-772-1213**

**Medigap Helpline: 1-800-242-1060**

**WI Medigap Prescription Drug Helpline**

**1-855-677-2783**

**Disability Rights WI Drug Helpline**

**1-800-926-4862**

**WI Commissioner of Insurance Office**

**1-800-236-8517**

**Your local SHIP Counselors:** [dhs.wi.gov/medicare-help](https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm)

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| **SeniorCare Rx**  **1-800-657-2038** | **Co-pays and Deductibles**  Annual enrollment fee $30  No Asset Limit |
| **Level 1**  <$2,008.00/month individual or  <$2,725.33/month couple | **No deductible**  $5 for generics  $15 brand names |
| **Level 2a**  $2,008.08 - $2,510.00/mo indiv. or  $2,725.42 - $3,406.67/mo  Couple | **$500 Deduct. Per Person**  Pay SeniorCare rate or Part D  copays until deduct. met |
| **Level 2b**  $2,510.08-$3,012.00/mo individ.  $3,406.75- 4,088.00/mo couple | **$850 Deduct. Per Person**  Pay SeniorCare rate or Part D  copays until deductible met. |
| **Level 3**  More than $3,012.08 /mo indiv.  $4,088.08 /month couple | $850 per person after  Spend-down met |

\*Income limits based on 2024 Federal Poverty Level (FPL) Guidelines.

**\*Medicare Part B & D IRMAA** Monthly premium: Late enrollment penalty may apply:

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| **Part B**  **Premium** | **Single** | **Married filing jointly** | **Married filing separately** | **Part D Premium** |
| $174.70 | $103,000 or less | $206,000 or less | $103,000 or less | Your plan premium |
| $244.60 | Above $103,000 up to $129,000 | Above $206,000 up to $258,000 | N/A | $12.90 + plan premium |
| $349.40 | Above $129,000 up to $161,000 | Above $258,000 up to $322,000 | N/A | $33.30 + plan premium |
| $454.20 | Above $161,000 up to $193,000 | Above $322,000 up to $386,000 | N/A | $53.80 + plan premium |
| $559.00 | Above $193,000 up to $500,000 | Above $386,000 up to $750,000 | Above $103,000 up to $397,000 | $74.20 + plan premium |
| $594.00 | $500,000 or above | $750,000 or above | $397,000 or above | $81.00 + plan premium |

**Medicare Savings Programs** may help with your Medicare Part B premium or other Medicare costs based on your income and assets.

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| **Type of MSP** | **Financial Eligibility**  Based on 2023 Federal Poverty Guidelines | **Benefits Covered** |
| **Qualified Medicare Beneficiary**  **(QMB)** | Income: < 100 % of FPL:  $1,255.00/single;  $1,703.33/married  Assets:  $9,430/single;  $14,130/couple | Part A premium if necessary  Part B premium  Part A and Part B deductibles and coinsurance (amount varies) |
| **Specified Low Income Medicare**  **Beneficiary (SLMB)** | Income: 100 - 120 % of FPL - Up to  $1,506/single; $2,044/married  Assets:  $9,430/single;  $14,130/couple | Part B premium |
| **Specified Low Income Medicare**  **Beneficiary (SLMB+)** | Income: 120 - 135 % of FPL – Up to  $1,694.25/single; $2,299.50/married  Assets:  $9,430/single;  $14,130/couple | Part B premium |