

## **2024 Medicare changes – brought to you by John Spek of SpekServices.com**

**check SpekServices.com frequently, as this will update,  
also -  
please feel free to send this to family and friends**

### **Social Security increase – COLA – final**

The Social Security Cost of Living Adjustment (COLA) has been announced.

Social Security and Supplemental Security Income (SSI) benefits for more than 71 million Americans will increase 3.2 percent in 2024.. see <https://www.ssa.gov/cola/> for the announcement..

### **Part A increases – final**

CMS has released the 2024 rates for those on Original Medicare Parts A and B

Those who have Medicare Advantage / Part C should already have plan change notices - if you have not seen them - reach out there for help.

Medicare Part A PER ADMISSION deductible - The Medicare Part A inpatient hospital deductible that beneficiaries pay if admitted to the hospital will be \$1,632 in 2024, an increase of \$32 from \$1,600 in 2023.

The Part A inpatient hospital deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period.

Medicare Part A copay:

In 2024, beneficiaries must pay a coinsurance amount of \$408 per day for the 61st through 90th day of a hospitalization (\$400 in 2023) in a benefit period and \$816 per day for lifetime reserve days (\$800 in 2023). For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$204.00 in 2024 (\$200.00 in 2023).

<https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles#:~:text=Medicare%20Part%20B%20Premium%20and%20Deductible&text=The%20standard%20monthly%20premium%20for,deductible%20of%20%24226%20in%202023.>

### **Part B premium increase – final**

CMS has released the 2024 rates for those on Original Medicare Parts A and B

Those who have Medicare Advantage / Part C should already have plan change notices - if you have not seen them - reach out there for help.

The standard monthly premium for Medicare Part B enrollees will be \$174.70 for 2024, an increase of \$9.80 from \$164.90 in 2023.

Medicare part B deductible:

The annual deductible for all Medicare Part B beneficiaries will be \$240 in 2024, an increase of \$14 from the annual deductible of \$226 in 2023.

**Medicare Part B Income-Related Monthly Adjustment Amounts have been announced – please copy the full link below and paste it in your browser**

<https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles#:~:text=Medicare%20Part%20B%20Premium%20and%20Deductible&text=The%20standard%20monthly%20premium%20for,deductible%20of%20%24226%20in%202023.>

## **CMS Notices Regarding LIS (Low Income Subsidy) – final – Sept 29, 2023 -**

### **NOTE: CMS will be doing plan re-assignments**

– if the following applies to you – or **you get a blue letter** from CMS - **schedule an appointment with me.**

CMS will only reassign individuals who meet the following criteria:

1. Are LIS-eligible in 2023 and will remain LIS-eligible in 2024; and
2. The Prescription Drug Plan (PDP) to which the beneficiary was auto assigned, facilitated enrolled or reassigned by CMS will no longer have a Part D premium at or below the LIS benchmark in 2024, and their PDP is not waiving the de minimis (minimum) amount; or,
3. Are enrolled in a PDP that will be non-renewing, regardless of whether they chose or were assigned to the PDP; or,
4. Are in a Medicare Advantage Prescription Drug (MA-PD) Plan that is non-renewing or reducing their service area as of 2024. LIS-eligible beneficiaries in non-renewing MA-PD plans or beneficiaries affected by a service area reduction are reassigned into PDPs only.
5. Are enrolled in an MA plan that will be non-renewing or has a service area reduction (SAR), unless the plan is an MA Private Fee-for-Service or Medical Savings Account (MSA) plan and the individual already has associated enrollment in a stand-alone PDP that is not affected by PDP premium increase reassignment for 2024.

CMS will notify affected beneficiaries by mail. CMS will mail the first of two notices, **printed on blue paper**, to affected beneficiaries in mid-November.

This notice will inform beneficiaries who are being reassigned **of their prospective zero premium PDP and indicate that they will have Original Medicare as their health coverage unless they choose another MA plan**. CMS will mail the second blue notice in late-November.

The second notice will identify which drugs in their current drug regimen are on the formulary of the 2024 plan to which they are being reassigned, and how to request an exception or appeal, or file a grievance.

<https://medicareadvocacy.org/cms-releases-notices-regarding-lis/>

<https://medicareadvocacy.org/wp-content/uploads/2023/10/2024-MA-Reassign-of-LIS-Memo-092923.pdf>

## Part D premium decrease – **final - Jul 31, 2023 -**

The Centers for Medicare & Medicaid Services (CMS) today announced that the average total monthly premium for Medicare Part D coverage is projected to be approximately \$55.50 in 2024. This expected amount is a decrease of 1.8% from \$56.49 in 2023.

<https://www.cms.gov/newsroom/fact-sheets/cms-releases-2024-projected-medicare-part-d-premium-and-bid-information>

## Low Income Subsidy change for 2024 – **final - Jul 31, 2023 –**

The LIS, or the Extra Help, program, will be expanded so that beneficiaries who earn between 135% and 150% of the federal poverty level and meet statutory resource limit requirements will receive the full LIS that, prior to 2024, were available only to beneficiaries earning less than 135% of the federal poverty level; these subsidies provide for \$0 premiums and low-cost, fixed co-payments for covered prescription drugs.

<https://www.cms.gov/newsroom/fact-sheets/cms-releases-2024-projected-medicare-part-d-premium-and-bid-information>

## Part D co-pay and deductible change – **final - Jul 31, 2023 –**

Part D benefit-related updates that will be in place for 2024 include the following:

Cost-sharing for Part D drugs will be eliminated for beneficiaries in the catastrophic phase of coverage.

Part D plans must not apply the deductible to any Part D covered insulin product and must charge no more than \$35 per month's supply of each covered insulin product in the initial coverage phase and the coverage gap phase.

Part D plans must not apply the deductible to an adult vaccine recommended by the Advisory Committee on Immunization Practices and must charge no cost-sharing at any point in the benefit for such vaccines.

<https://www.cms.gov/newsroom/fact-sheets/cms-releases-2024-projected-medicare-part-d-premium-and-bid-information>

**April 20, 2023** - CMS has released the following 2024 parameters for the defined standard Medicare Part D prescription drug benefit:

- *Deductible*: \$545 (up from \$505 in 2023);
- *Initial coverage limit*: \$5,030 (up from \$4,660 in 2023); (donut hole)
- *Out-of-pocket threshold*: \$8,000 (up from \$7,400 in 2023);
- *Total covered Part D spending at the out-of-pocket expense threshold for beneficiaries who are not eligible for the coverage gap discount program*: \$11,477.39 (up from \$10,516.25 in 2023); and
- *Estimated total covered Part D spending at the out-of-pocket expense threshold for beneficiaries who are eligible for the coverage gap discount program*: \$12,447.11 (up from \$11,206.28 in 2023).