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# **Costs in Medicare Medigap/Medicare Supplement Medicare Part D**

**Updated June 2023**



**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**

# **Costs in Medicare Part B and Part A**



# 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**

**Income-Related Monthly Adjustment Amount (IRMAA) for Higher Income Medicare Beneficiaries in 2023**

<b>2021 Modified Adjusted Gross Income (MAGI)</b>	<b>Part B Monthly Premium</b>	<b>Part D (Prescription Drug) Monthly Premium</b>
Individuals with a MAGI of \$97,000 or <b>less</b> / Married couples with a MAGI of \$194,000 or <b>less</b>	2023 Standard Premium = \$164.90	Your Plan Premium
Individuals with a MAGI \$97,000 - \$123,000/ Married couples with a MAGI \$194,000 - \$246,000	\$230.80	Your Plan Premium + \$12.20
Individuals with a MAGI \$123,000 - \$153,000/ Married couples with a MAGI \$246,000 - \$306,000	\$329.70	Your Plan Premium + \$31.50
Individuals with a MAGI \$153,000 - \$183,000/ Married couples with a MAGI \$306,000 - \$366,000	\$428.60	Your Plan Premium + \$50.70
Individuals with a MAGI \$183,000 - \$500,000/ Married couples with a MAGI \$366,000 - \$750,00	\$527.50	Your Plan Premium + \$70.00
Individuals with a MAGI <b>greater than \$500,000</b> / Married couples with a MAGI <b>greater than \$750,000</b>	\$560.50	Your Plan Premium + \$76.40
Married filing separately with a MAGI less than \$97,000	\$164.90	Your plan premium
Married filing separately with a MAGI \$97,000 - \$403,000	\$527.50	Your Plan Premium +\$70.00
Married filing separately with a MAGI \$403,000 and greater	\$560.50	Your Plan Premium +\$76.40

# **Deductible/Coinsurance**

- **Part B Deductible**

- \$226

- **Part B Coinsurance**

- 20% coinsurance for most services

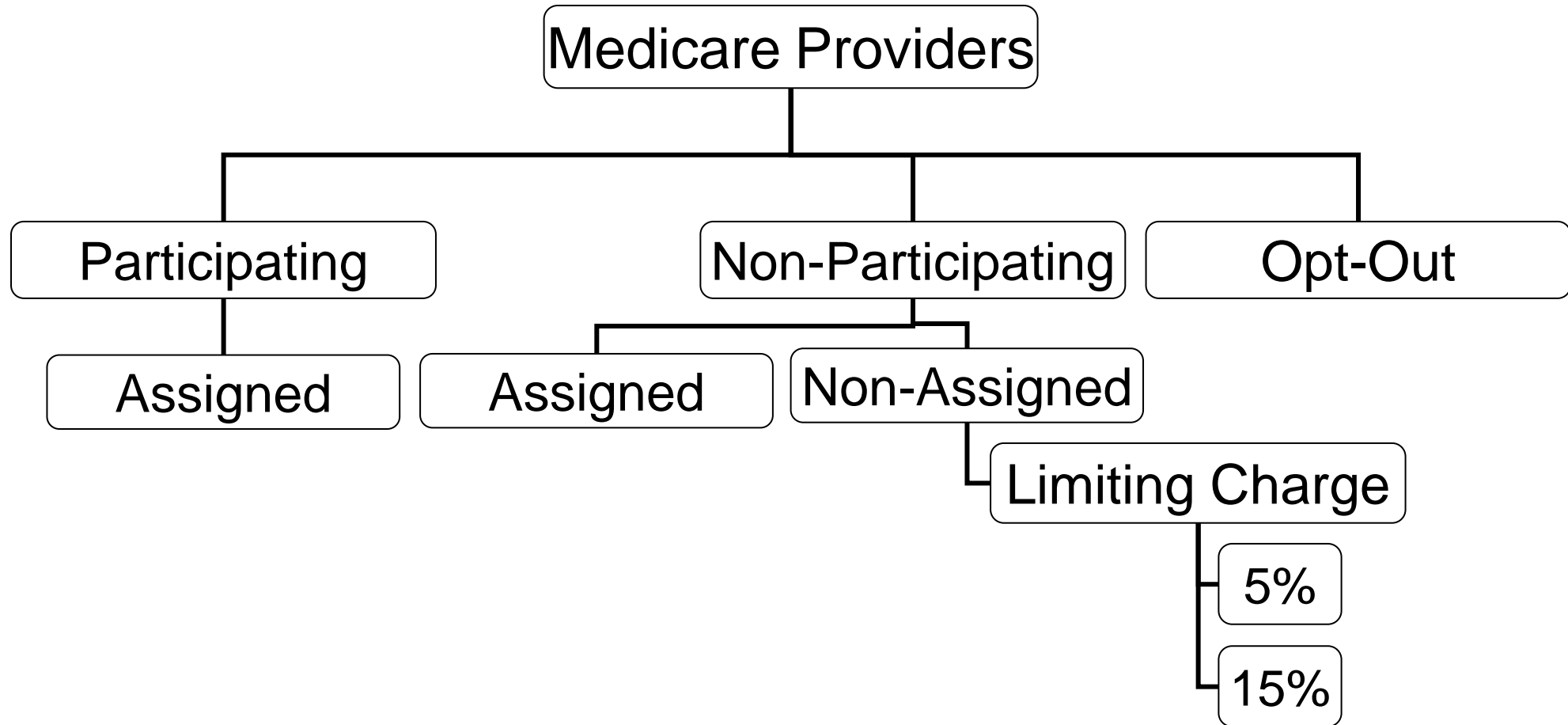
- **Laboratory Tests**

- Not subject to deductible or coinsurance

- **(Most) Preventive Services**

- Not subject to deductible or coinsurance

# Medicare Assignment/Participation/Opt-Out Summary



# Part A Cost-Sharing

- **Inpatient deductible**

(Days 1-60) \$1,600 per benefit period

- **Coinsurance days**

(Days 61-90) \$400 per day

- **Lifetime reserve days**

(60 Days) \$800 per day

- **Skilled nursing facility**

(Days 21-100) \$200 per day

- **Benefit periods**

# **Medigap/ Medicare Supplement**



# Medigap

- Ten plans (A-N)
- All plans cover Part A coinsurance (Days 61-90), (60) lifetime reserve days plus 365 additional days
  - All cover Part A deductible except Plan A
  - Most plans cover entire Part B (20%) coinsurance
- Standard Benefit/Continuous open enrollment
- Up to 6 month waiting period (WP) for pre-existing conditions BUT credit prior coverage toward WP
- [https://www.dfs.ny.gov/consumers/health\\_insurance/supplement\\_plans\\_rates](https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_rates)
- People newly eligible for Medicare in 2020 (or later) CANNOT purchase Plan C or Plan F

## 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 – \$2,700

A	B	C	D	F*	G*	K	L	M	N
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 \$6,940	Out of Pocket limit \$3,470		

## MEDICARE SUPPLEMENT INSURANCE POLICIES (January 2023)

<b>PLAN</b>	<b>Aetna 800-345-6022</b>	<b>Bankers Conseco 800-845-5512</b>	<b>Emblem (formerly GHI) 800-444-2333</b>	<b>Empire Blue Cross Blue Shield 855-306-9355</b>	<b>Globe Life Insurance * 800-331-2512</b>	<b>Humana 800-486-2620</b>	<b>Mutual of Omaha 800-228-9999</b>	<b>TransAmerica Financial 800-752-9797</b>	<b>United Health (AARP) Must be an AARP member to enroll (age 50+) 800-523-5800</b>
<b>A</b>	\$318.21	\$413.54	\$194.87	\$179	\$240/268	\$348	\$351.72	\$213	\$187
<b>B</b>	\$362.44	\$567.63	\$253.28	\$241.11	\$328/368	\$392.90	\$512.25	\$257	\$268.50
<b>C**</b>			\$300.87		\$397/444	\$476.21	\$512.82	\$333	\$342.50
<b>D</b>					\$391/438		\$503.90	\$306	
<b>F**</b>	\$422.90	\$766.41	\$530.29	\$371.28	\$374/419	\$485.87	\$516.15	\$335	\$332.25
<b>F+**</b>		\$75.69	\$74		\$72/\$81	\$101.93			
<b>G</b>	\$406.26	\$705.38	\$302	\$320.63	\$348/390	\$460.14	\$478.04	\$281	\$283.50
<b>G+</b>		\$75.69	\$67.69		\$72/\$81	\$101.80			
<b>K</b>		\$117.63			\$137/154	\$226.75		\$154	\$92.75
<b>L</b>		\$322.45			\$206/231	\$323.93		\$228	\$191
<b>M</b>		\$446.65					\$526.10	\$281	
<b>N</b>		\$439.55	\$220	\$228.15	\$259/290	\$326.35		\$264	\$217.25

# Guaranteed Issue Rights - Outside of NYS

- Open Enrollment Period
  - 6-month period when you are first eligible for Medicare at age 65 and enrolled in Part B
    - Insurers cannot use medical underwriting; must sell you a Medigap plan
- Guaranteed Issue Rights
  - After Open Enrollment Period, insurers may use medical underwriting and decide not to sell you a Medigap policy
    - Unless you have Guaranteed Issue Right
- “You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.”
- Reference: Choosing a Medigap Policy
  - <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

# **Medicare Part D**

# Medicare Prescription Drug Coverage (Part D)

- Optional/Voluntary/Penalty
  - 1% per month of national base beneficiary premium
    - \$32.74 in 2023
- 19 Available Stand-Alone Part D Plans
  - Formulary and Pharmacy Network
- Enrollment Periods
  - October 15 – December 7 (AEP)
  - Special Enrollment Periods
- Part D Plan Cost-Sharing
  - Premium
  - \$505/\$4,660/\$7,400
- 2023 Changes
  - Vaccines covered at 100%; Monthly insulin cost capped at \$35

# EPIC

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

**Aetna Medicare  
Advantage PPO  
(For NYC Retirees)**



## **Aetna Medicare Advantage PPO (For NYC Retirees)**

- Automatically switch to new Aetna Medicare Advantage PPO plan
  - Effective September 1, 2023
- Currently, most NYC retirees have GHI/EBCBS Senior Care plan
  - Works as supplement to Original Medicare
    - Does not cover Part B deductible plus has additional \$50 deductible
  - GHI Senior Care will be discontinued
- Some retirees in HIP VIP Premier Medicare HMO plan
  - Will remain in HIP VIP Premier Medicare HMO
    - Unless opt to enroll in Aetna Medicare Advantage PPO
  - In-Network coverage only (unless emergency)
    - Network providers only in this area

# **Aetna Medicare Advantage PPO (For NYC Retirees)**

- Highlights of Aetna Medicare Advantage PPO
  - Plan can cover any Medicare provider throughout the United States
    - Plan pays Medicare rates for out-of-network providers
- Same cost-sharing in and out of network
  - \$150 Deductible
    - Deductible waived for 2023; Will remain \$150 through 2028
      - \$0 Co-Pay PCP/\$15 Co-Pay for Specialist
      - \$300 Inpatient Hospital Stay (waived for 2023)
- \$1,500 Maximum out of Pocket (MOOP)
  - Combined In and Out-of-Network Part A and Part B Services
- Additional Benefits
  - Including Transportation; Silver Sneakers, Over-The-Counter (OTC)

# **Aetna Medicare Advantage PPO (For NYC Retirees)**

- Drug Coverage
  - Prescription Drug Rider
    - Aetna Medicare Rx by SilverScript
      - \$103.50 monthly (Increasing to \$135.50 in 2024)
    - GHI Senior Care members with rider will continue thru end of 2023
  - Stand-Alone Part D Plan
    - CANNOT have with NYC Medicare Advantage Plus plan
- Can waive NYC health benefits using Retiree Special Enrollment/Waiver Form: <https://www.nyc.gov/assets/olr/downloads/pdf/health/aetna-ma-docs/2023-retiree-special-enrollment-form.pdf>
  - BUT will lose entitlement to reimbursement of Part B premium/IRMAA
    - If waive health benefits, can re-enroll during annual transfer period
      - November 1 – November 30, 2023