

## 2021 MEDICARE PART A PREMIUMS, DEDUCTIBLES and CO-PAYMENTS

### Part A Monthly Premium

- 40 or more quarters \$0
- 30–39 quarters of coverage \$259/month
- Less than 30 quarters \$471/month

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

- \$1,484 deductible, paid upon admission as a hospital inpatient for 1-60 days
- \$371 per day for 61-90 days
- \$742 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 \$185.50 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

## 2021 MEDICARE PART B PREMIUMS

| If Your Yearly Modified Adjusted Gross Income in 2019 was |                       | Premium you paid for Part B in 2020*: | Premium you pay per month for Part B in 2021*: |
|---|-----------------------|---------------------------------------|--|
| File Individual Tax Return                                | File Joint Tax Return |                                       |  |
| \$88,000 or less  | \$176,000 or less     | \$144.60                              | \$148.50                                       |
| \$88,001 - \$111,000                                      | \$176,001 - \$222,000 | \$202.40                              | \$207.90                                       |
| \$111,001 - \$138,000                                     | \$222,001 - \$276,000 | \$289.20                              | \$297.00                                       |
| \$138,001 - \$165,000                                     | \$276,001 - \$330,000 | \$376.00                              | \$386.10                                       |
| \$165,001 - \$500,000                                     | \$330,001 - \$750,000 | \$462.70                              | \$475.20                                       |
| Above \$500,000   | Above \$750,000       | \$491.60                              | \$504.90                                       |

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

## 2021 MEDICARE PART B DEDUCTIBLES and CO-INSURANCE

**Part B (Medical) Annual Deductible for Original Medicare:** \$203 (was \$198 in 2020)

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

### 2021 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 2021 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 2019 was |                       | In addition to Part D Plan Premium, You Pay Monthly Part D Surcharge: |
|---|-----------------------|---|
| File Individual Tax Return                                | File Joint Tax Return |   |
| \$88,000 or less  | \$176,000 or less     | <b>\$0</b>  |
| \$88,001 - \$111,000                                      | \$176,001 - \$222,000 | <b>\$12.30</b>  |
| \$111,001 - \$138,000                                     | \$222,001 - \$276,000 | <b>\$31.80</b>  |
| \$138,001 - \$165,000                                     | \$276,001 - \$330,000 | <b>\$51.20</b>  |
| \$165,001 - \$500,000                                     | \$330,001 - \$750,000 | <b>\$70.70</b>  |
| Above \$500,000   | Above \$750,000       | <b>\$77.10</b>  |

| Medicare Part D Prescription Coverage Parameters  | 2020   | 2021   |
|---|--|--|
| Annual Deductible   | \$435  | <b>\$445</b>   |
| Initial Coverage Limit  | \$4,020  | <b>\$4,130</b>   |
| Out-of-Pocket Threshold   | \$6,350  | <b>\$6,550</b>   |
| Total Covered Drug Spending at TROOP Threshold  | \$9,719.38   | <b>\$10,048.39</b>   |
| Minimum Cost-Sharing in Catastrophic Coverage for Generics/Brands                           | \$3.60/\$8.95 or 5%  | <b>\$3.70/\$9.20 or 5%</b>   |
| Drug Co-Payments for those with LIS   | 2020   | 2021   |
| <u>LIS Level 3:</u> Institutional Medicaid, Medicaid Home & Community Based Waiver or MLTSS | \$0  | <b>\$0</b>   |
| <u>LIS Level 2:</u> (100% FPL or less)<br>Dual Eligible on Medicare and full Medicaid       | \$1.30/\$3.90<br>Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level | <b>\$1.30/\$4.00<br/>Generics/Brands reduced to \$0 if reach Catastrophic Coverage Level</b> |
| <u>LIS Level 1:</u> (101% - 135% FPL)<br>Non-duals help with Part B via SLMB/ QI            | \$3.60/\$8.95<br>Generics/Brands   | <b>\$3.70/\$9.20<br/>Generics/Brands</b>   |
| <u>LIS Level 4:</u> (135-150% FPL): Partial LIS   | \$89 deductible/<br>15% co-insurance   | <b>\$92 deductible/<br/>15% co-insurance</b>   |