

1.     2024 Medicare Part B Deductible & Premiums

As you start to visit your Medicare doctors in 2024, you will have to pay Medicare Part B deductibles again since they reset on January 1, 2024. The deductible for Medicare Part B **increased \$14** from \$226 to **\$240**. The GHI Emblem Health Medicare Part B deductible remains at **\$50**. The part of the **\$240** deductible that you pay when you visit a doctor will depend on the doctor's service and what Medicare allows for the service. The likelihood is that it will be less than the full amount of the deductible. You will pay the amount that is left at future doctor visits. Remember, Medicare will not pay its part of a doctor's bill, which is about 80%, until you have fully met the deductible.

This year the **standard** Medicare Part B premium increased **\$9.80** from \$164.90.10 to **\$174.70**. Although most people pay the **standard** premium, some pay more. For those whose **Medicare adjusted 2022 taxable income** was greater than **\$103,000** if they filed individually or **\$206,000** if they filed jointly, they will pay a Part B & a Part D **surcharge** known as the **Income-Related Monthly Adjusted Amount (IRMAA)** in addition to the **standard amount**. The extra amount that they will pay varies on how much taxable income they received in **2022**.

The good news is that **BOTH** the **standard** and **Part B IRMAA amounts** are still reimbursable. Unfortunately, the **Part D IRMAA surcharge** is **NOT**. While the **Office of Labor Relations (OLR)** reimburses the standard amount automatically, **they require an application** for the **Part B IRMAA reimbursement**. At this time, the date when the **2023** application will be available is unknown.

2.     2024 Medicare Part D Drug Costs

The GHI Enhanced Plan D continues with 3 Stages. Starting January 1, 2024, you start over again in Stage 1 no matter what stage you ended up in on December 31<sup>st</sup>, 2023. As a result, you may have experienced a price change in your prescription costs in January. In Stage I, you pay 25% of the drug cost while the plan (GHI enhanced Plan D) pays the other 75%

If your total drug cost (what you and your plan both pay) exceeds **\$5,030** (up \$370 from 2023) at some point in 2024, you enter Stage II, formerly known as the donut hole. Fortunately, the donut hole has closed for both generic and non-generic drugs; you continue to pay the same 25% of the drug cost while your plan pays 75%

If your true out-of-pocket expense – known as TrOOP – for both Stages I & II exceed **\$8,000** (up \$600 from 2023) you enter Stage III or the Catastrophic Coverage. New to this stage is you have a **\$0** cost for drugs. Yes, you read that right; you are not responsible for any copays in Stage III. Medicare pays 80% of the cost and your plan pays the other 20%.

Note that starting **January 2025**, your out-of-pocket drug costs is capped at **\$2,000**. Also, keep in mind that in **2024** vaccines have **\$0** cost-sharing, insulin is **\$35 a month**, and Covid testing is covered under Part B.

3. **Question of the Month**

**Q.** I am the spouse of a retired CSA member and just paid a \$300 deductible for a recent hospitalization. Is there coverage for the \$300?

**A.** I hope you are feeling well... Yes, there is. Submit the invoice and proof of payment to the CSA Retiree Welfare Fund. After an annual \$100 deductible under the Fund's Supplemental Medical Program, you will get back 80% of \$200 (\$300-\$100) or \$160. Moreover, the CSA Retiree Chapter will reimburse you seamlessly (you do not have to apply) an additional 20% of \$160 or \$32. Total reimbursement: \$192.