

What's New?

Extra Help

Extra Help is a federal program that helps pay for most of the out-of-pocket costs of Medicare prescription drug coverage. You are eligible for the program if your income and assets are below federally set limits. Up until 2024, you would qualify for either full or partial Extra Help, depending on your income and assets.

In 2024, the Extra Help program is expanding so that all people with Medicare earning less than 150% of the federal poverty level will be eligible for full Extra Help.

The 2024 income limits have not been released yet. Until they are released, you may qualify based on your 2023 income if you also have limited assets. The 2023 monthly income limit was \$1,843 for individuals and \$2,485 for couples.

To actively apply or learn more about eligibility, contact your Social Security Administration branch. [Find your local branch](#) or call the national line at 800-772-1213.

In 2024, those with full Extra Help will pay a low or no premium for their drug plan, a \$0 deductible, and \$4.50 copayments for generic and \$11.20 copayments for brand-name drugs. Those with Medicaid pay lower copays.



Reminders

Drug Savings and COVID-19 Coverage

\$35 Insulin

Copays for insulin for people with Medicare are limited to \$35 per one month's supply. This applies to all insulin covered by your Part D plan or under Medicare Part B.

No Cost-Sharing for Vaccines

You owe no copays or deductibles for vaccines covered by your Part D plan, including the shingles and RSV vaccines.

COVID-19 Vaccine

Original Medicare Part B covers COVID-19 vaccines and boosters, regardless of whether you have Original Medicare or a Medicare Advantage Plan. You owe no cost-sharing (deductibles, copayments, or coinsurance).

COVID-19 Testing

COVID-19 testing is covered under Medicare Part B. You pay nothing for the test if you have Original Medicare and see a participating provider or if you have a Medicare Advantage Plan and see an in-network provider.



Part A Costs

Hospital Insurance



Premium

If you've worked 10 years or more	Free
If you've worked 7.5 to 10 years	\$278/month
If you've worked less than 7.5 years	\$505/month

Deductible

For each benefit period*	\$1,632
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Hospital Coinsurance

First 60 days of inpatient care each benefit period*	\$0
For days 61-90 each benefit period*	\$408/day
After day 90 in a benefit period	\$816/ lifetime reserve day**

Skilled Nursing Facility Coinsurance

First 20 days of inpatient care each benefit period*	\$0
For days 21-100 each benefit period	\$240/day

*A benefit period begins the day you start getting inpatient care. It ends when you haven't received inpatient hospital or skilled nursing facility care for 60 days in a row.

**You have 60 lifetime reserve days that can only be used once. They are not renewable.

Part B Costs

Medical Insurance



Premium

Standard premium if your annual income is below \$103,000 (\$206,000 for couples)

\$174.70/month

People with high incomes have a higher Part B premium. [Visit Medicare Interactive to learn more \(los costos de la Parte B para las personas con altos ingresos\)](#).

People with limited incomes may be eligible for the Medicare Savings Program for help paying their Part B premium. [Visit Medicare Interactive to learn more \(los programas de ahorros de Medicare\)](#).

Deductible

Annual amount

\$240/year

Coinsurance

For most Part B-covered services

20%

Part D Coverage Phases

How much you and your Part D plan pays will change during the year. There are four different coverage phases for Medicare prescription drug coverage.

1. Deductible Period

If your plan has a deductible, you will have to pay the full cost of your drugs (100%) until you meet that amount.

2. Initial Coverage Period

Begins after you meet the deductible.



3. Coverage Gap

Begins when you and your plan together have paid \$5,030 for your covered drugs (does not include the premium).

Brand-name drugs



Generic drugs



4. Catastrophic Coverage

Begins when you have reached \$8,000 in out-of-pocket costs for covered drugs. You pay nothing for covered drugs during catastrophic coverage



Medicare Advantage

Medicare Part C

In a Medicare Advantage Plan Part C of Medicare (MA or MAPD) you must continue to pay the Medicare Part B premium. Some Medicare Advantage Plans may also charge you an additional premium. In some cases, the plan may pay part of your Part B premium (These plans are called Give-back Plans)

Medicare Advantage Plans may have a deductible for hospital visits, doctor visits, or prescription drugs, but some do not. Plans usually charge you a fixed copayment when you visit a doctor, instead of the 20% coinsurance you pay under Original Medicare.

All plans must include a limit on the amount of money you spend out of pocket during the year.



In 2024, the maximum out-of-pocket limit for most plans is \$8,550.

They also cannot charge higher copayments than Original Medicare for certain care. This includes chemotherapy, dialysis, and skilled nursing facility (SNF) care. They can charge you more than Original Medicare for other services, including home health, durable medical equipment, and inpatient hospital services.

Important!

Medicare Advantage Plans have a network of doctors, hospitals, and pharmacies, and provide services only in a certain part of the country. Be sure to always review the plan's cost and coverage before enrolling.



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