



2024 Medicare Resource Guide

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Definitions

Annual out-of-pocket maximum	A limit on how much you may have to pay for in-network Medicare-covered services each year.
CMS	The Centers for Medicare & Medicaid Services is the federal agency that runs the Medicare program and works with states to manage the Medicaid program. Available 24 hours a day/seven days a week at 1-800-633-4227 (1-800-MEDICARE), by TTY 1-877-486-2018 or at medicare.gov .
Coinsurance	The amount you pay for a medical service or prescription, expressed as a percentage (e.g., 20% coinsurance).
Copayment or copay	A set amount you pay for a medical service or prescription (e.g., \$100 copay for an emergency room visit).
Cost plan	A type of Medicare health plan where Medicare is billed for Part A services and the Cost plan is billed for Part B services. Cost plans have provider networks and may offer Medicare Part D separately.
Cost-sharing	An amount you are required to pay as your share of the cost for a medical service or prescription. Can include copays, coinsurance and/or deductibles.
Deductible	The amount of money you must pay for health care services or prescriptions before Original Medicare, your Medicare health plan, or prescription drug plan begins to pay.
Durable medical equipment (DME)	Certain medical equipment such as a walker, wheelchair, oxygen or CPAP machine that is ordered by your doctor for use in the home.
Election periods	Timeframes when Medicare beneficiaries can change the way they get Medicare coverage. An election period is needed to enroll in, or voluntarily disenroll from, a Medicare health plan and/or a prescription drug plan.
Formulary	List of drugs covered by a prescription drug plan.
HMO plan	A Health Maintenance Organization plan is a type of Medicare Advantage health plan that has a contracted provider network. Members must get care from in-network providers (except in emergencies).
HMO-POS plan	A Health Maintenance Organization-Point of Service plan is a type of Medicare Advantage health plan that has a contracted provider network. Members may also see non-network providers, although often may have higher cost-sharing than at in-network providers.
IRMAA (Income-Related Monthly Adjustment Amount)	Additional amount that Medicare enrollees with higher incomes must pay for Medicare Part B or Part D.
Medicare-approved amount	The amount that Medicare considers payment in full for a particular Medicare-approved service or supply covered by Medicare Part A or Part B.

Definitions continued

Medicare Part A — Hospital insurance	The part of Medicare that covers inpatient hospital services, has no premium (for most enrollees) and is funded by the Hospital Trust Fund, which is supported through payroll tax deductions.
Medicare Part B — Medical insurance	The part of Medicare that covers physician and outpatient services, has voluntary enrollment and is funded by enrollee premiums and the federal general fund.
Medicare Part C — Medicare Advantage plans	Plans that contract with CMS to provide members' Medicare Part A and Part B benefits all in one package. They may provide additional coverage such as preventive dental and often include Medicare Part D.
Medicare Part D — Outpatient prescription drug coverage	The part of Medicare that covers outpatient prescription drugs. It is voluntary and is purchased through private sector companies that contract with Medicare. It is available to anyone who is enrolled in Medicare Part A or Part B.
Original Medicare	This term refers to Medicare Part A and Part B together. They were the only parts of Medicare when the program began in 1965.
Part B drugs vs Part D drugs	<p>Prescription drugs are typically covered under Part D. Some prescription drugs may be covered under Part B depending on what it is used for or how you might receive it.</p> <p>If your doctor administers the drug, it may be covered by Part B. The same drug might be covered by Part D if you fill the prescription at a pharmacy and take it at home. Ask the insurance company about specific drugs.</p>
PDP — Medicare prescription drug plan	A type of Part D plan that only covers Medicare Part D and is separate from an enrollee's medical coverage. May be referred to as a "stand-alone PDP."
PFFS plan	A Private Fee-for-Service plan is a type of Medicare health plan that is offered by a private company. Members can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat them. If you join a PFFS plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. Part D may or may not be offered.
Premium	This is the amount you pay each month for your health plan coverage.
PPO plan	A Preferred Provider Organization plan is a type of Medicare health plan that has a contracted provider network. Members may see non-network providers, although often with a higher cost-sharing than at in-network providers.
Service area	A geographic area where a person must live in order to enroll in the plan.

Medicare Part A — Hospital insurance

Covered services	<ul style="list-style-type: none">• Inpatient hospital care• Lifetime reserve days: Additional days that Medicare will pay for when you are hospitalized for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime.• Skilled nursing facility (SNF) care after a 3-day qualifying stay• Home health care• Hospice care• Blood received during a transfusion in a hospital or skilled nursing facility
Cost-sharing in 2024	<ul style="list-style-type: none">• Inpatient hospital care: you pay \$1,632 for first 60 days, \$408/day for days 61–90, and \$816/day for days 91–150 (lifetime reserve days)• SNF care: days 1–20 paid in full, and then you pay \$204/day for days 21–100• Blood: you must pay for first three pints, and then paid in full
Premium	Most people do not pay a premium if they or their spouse earned 40 or more credits in Social Security covered employment.
What is not covered	<ul style="list-style-type: none">• Custodial care: personal care, such as help with bathing, dressing or eating, which may be provided by a non-skilled individual such as a family member. Not covered by Medicare in most cases.• Care received outside the United States and its territories (in most cases)
Eligibility	<p>You are entitled to Medicare in the following situations:</p> <ul style="list-style-type: none">• You are age 65 and you or your spouse earned at least 40 credits in Social Security covered employment• You have collected Social Security disability for 24 months• You have permanent kidney failure/end-stage renal disease• You have ALS (Amyotrophic Lateral Sclerosis, also known as Lou Gehrig’s Disease) and are collecting Social Security disability <p>You may buy in to Medicare Part A in the following situations:</p> <ul style="list-style-type: none">• You are age 65 and have earned less than 40 Social Security credits• You have a disability and have returned to work
Enrollment	If you are already collecting Social Security, you are automatically enrolled in Part A at age 65. If not, you must contact Social Security to enroll.

Medicare Part B — Medical insurance

Covered services	<ul style="list-style-type: none">• Physician services (includes office visits, surgery, consultation)• Outpatient surgeries and procedures (including physical and occupational therapies)• Ambulance• Durable Medical Equipment (DME)• Part B drugs
Cost-sharing	You pay a \$240 annual deductible, then 20% coinsurance on Medicare's approved amount (the dollar amount that Medicare sets for each covered service or supply).
Premium	<ul style="list-style-type: none">• Most people pay \$174.70 in 2024. Some people with high incomes will pay more.• Individuals with annual incomes over \$103,000, and couples with annual incomes over \$206,000 pay more (see "2024 Part B premiums by income" chart on next page).
What is not covered	<ul style="list-style-type: none">• Preventive dental services• Routine hearing exams, hearing aids• Most outpatient drugs• Care outside the United States and its territories (in most cases)
Eligibility	<p>If you are eligible for Medicare Part A, you may buy Part B at age 65 or at any age if you have collected Social Security disability for 24 months — eligibility begins the 25th month.</p> <p>Part B is a voluntary program. If you are already collecting Social Security, you will be automatically enrolled in Part B. You only need to contact Social Security if you wish to waive it because you plan to maintain employment and employer group coverage.</p>
Enrollment	<p>Your Initial Enrollment Period is the seven month period that begins three months before you turn 65, includes the month of your birthday and the three months following during which you can enroll in Medicare Part B.</p> <p>If you apply prior to your eligibility date, Medicare Part B starts on your eligibility date. If you apply after your eligibility date but within your Initial Enrollment Period, there may be a delay in your start date for Part B (see "When will my Medicare Part B begin?" chart on the next page).</p> <p>If you do not enroll in Part B when first eligible, there may be a penalty of 10% for each full 12 month period during which you were eligible but did not enroll.</p> <p>Exception to penalty: If you or your spouse continues active employment and you are covered by that employer's group plan, you can enroll in Part B later without a penalty (if less than 20 employees, it is best to check with employer first).</p>

2024 Part B premiums by income*

Based on annual income in 2022**

File individual tax return	File joint tax return	File married/ separate tax return	Part B premium you pay each month
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	N/A	\$244.60
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	N/A	\$349.40
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	N/A	\$454.20
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	Above \$103,000 and less than \$397,000	\$559.00
\$500,000 and above	\$750,000 and above	\$397,000 and above	\$594.00

*[medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html](https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html)

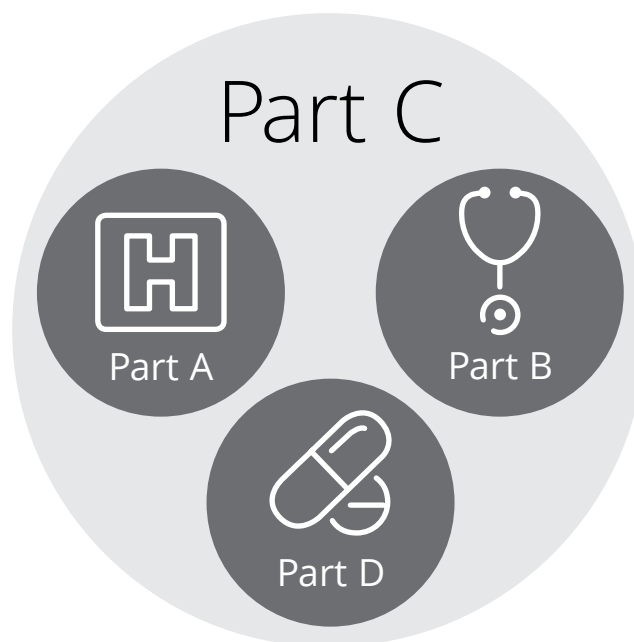
**Income based on Modified Adjusted Gross Income (MAGI)

When will my Medicare Part B begin?

The month you enroll	When your Medicare Part B coverage begins
One to three months before you reach age 65	The month you reach age 65
The month you turn 65, or during the 3 months after	The next month

Medicare Part C — Medicare Advantage (MA)

Covered services	<ul style="list-style-type: none">• At a minimum, must cover all Original Medicare (Part A and Part B) benefits, except hospice (which is covered by Original Medicare)• Plans may also include additional benefits such as vision, hearing and dental services• Many plans also include Medicare Part D
Eligibility	Must have Medicare Part A <u>and</u> Part B, live in plan's service area.
Cost-sharing	Varies by plan, but all Medicare health plans have an annual out-of-pocket maximum
Health screening	No health screening required to determine eligibility for enrollment.
Premium	Varies by plan
Plan types	<ul style="list-style-type: none">• MA-only plan: A Medicare Advantage plan that covers Medicare Part A and Part B benefits but does not include Medicare Part D coverage• MA-PD plan: A Medicare Advantage plan that covers Medicare Part A, Part B and Part D benefits all in one package
Star ratings	Every year, Medicare evaluates plans based on a 5-star rating. Star ratings are a key measure of a health plan's dedication to providing excellent quality of care.



Medicare Part D — Outpatient prescription drug insurance

Covered services	Plan designs must meet or exceed the defined standard benefits. In 2024, the standard benefit is defined below in Coverage phases.
Eligibility	<p>Must have Medicare Part A or Part B to enroll in a standalone prescription drug plan (PDP).</p> <p>Must have Medicare Part A and Part B to enroll in an MA-PD.</p>
Cost-sharing	Varies by plan
Premium	Varies by plan. Individuals with annual incomes over \$103,000 and couples with annual incomes over \$206,000 pay more (see “2024 Part D premiums by income” chart on next page).
Other coverage options and penalty	<p>If you have creditable prescription drug coverage, you might not need to enroll in Part D coverage. Creditable prescription drug coverage pays at least as good, if not better than, the standard Medicare Part D benefit. Examples include VA (Veterans Affairs) drug coverage and drug coverage through most (but not all) employer and union plans. Maintaining creditable prescription drug coverage allows you to enroll in Medicare Part D at a later date without a penalty.</p> <p>Late enrollment penalty is calculated by multiplying 1% of the national average base beneficiary premium for Part D (Year 2024 = \$34.70) for each uncovered month.</p>
What is not covered	Excluded drug classes are not covered by the majority of Part D plans (includes over-the-counter medications, vitamins/dietary supplements, drugs used for weight loss or weight gain and erectile dysfunction drugs).
Coverage phases	<ul style="list-style-type: none"> • Annual deductible: Enrollees pay 100% of their drug costs, up to \$545. However, many plans exclude some tiers from the deductible. • Initial coverage phase: From \$0 to \$5,030 in annual prescription drug costs (your costs plus your Part D plan costs). Enrollees pay 25% of total drug costs. However, most Part D plans charge a mix of copays and coinsurance in this phase rather than a standard 25% coinsurance rate. • Coverage gap: You pay 25% of the cost for your medications until you reach Catastrophic coverage. • Catastrophic coverage: Once you have reached \$8,000 in annual “out-of-pocket” costs, you pay nothing.

2024 Medicare Part D premiums by income

Based on annual income in 2022*

Individuals with annual incomes over \$103,000 and couples with annual incomes over \$206,000 pay an additional amount known as the Income Related Monthly Adjustment Amount (IRMAA).

File individual tax return	File joint tax return	File married/ separate tax return	You pay
\$103,000 or less	\$206,000 or less	\$103,000 or less	plan premium
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	N/A	plan premium + \$12.90
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	N/A	plan premium + \$33.30
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	N/A	plan premium + \$53.80
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	Above \$103,000 up to \$397,000	plan premium + \$74.20
\$500,000 and above	\$750,000 and above	\$397,000 and above	plan premium + \$81.00

*Income based on Modified Adjusted Gross Income (MAGI)

Medicare Supplement (Medigap)

Purchased to get protection for medical costs not covered by the Original Medicare plan. The chart below provides some basic information about these plans.

Covered services	Sold by private insurance companies to help pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover such as deductibles, copays and coinsurance.
Eligibility	Must have Medicare Part A and Part B and live in the plan’s service area at the time of enrollment. A person may enroll in a Medicare Supplement plan for up to six months after they enroll in Medicare Part B without undergoing a health screening. This is known as “guaranteed issue”.
Health screenings	During the first six months, no health screening is allowed, however, after the first six months of Medicare Part B entitlement, plans may screen for health conditions and may charge a higher premium based on health screening results.
Part D coverage	Prescription drug coverage is not included. Individuals who want Part D need to select a stand-alone prescription drug plan.
Premium	Members pay a premium to the insurance company.
Primary regulator	Minnesota Department of Commerce
Plan type	Most Medicare Supplement plans do have have a provider network, and members can go to any provider that accepts Medicare. However, one type of Medicare Supplement plan, called Select plans, feature a provider network.

Comparing Medicare health plans

	Medicare Advantage plans from UCare	Medicare Cost	Medicare Supplement (Medigap) from UCare
Maximum out of pocket limits	✓	✓	Extended Basic ✓
Hospital care and doctor visits	✓	✓	✓
Preventive care beyond Original Medicare coverage Typically includes: Annual physical exam, flu shots, routine eye exam, routine hearing exam	✓ (all plans except entry-level plan)	✓ Varies by plan	✓ Covers up to \$120 per year
Part D prescription drug coverage included	✓ (all plans except two medical-only plans)	May be available through a rider	X
Skilled nursing (no prior 3-day hospital stay required)	✓	X	X
Coverage when traveling within the U.S.	✓	✓	✓
Service area (where you must live to enroll)	All MN counties + some WI counties	Available in some MN counties	All MN counties

Key:

- ✓ The plan includes this benefit, feature or requirement.
- X The plan does not include this benefit, feature or requirement.

	Medicare Advantage plans from UCare	Medicare Cost	Medicare Supplement (Medigap) from UCare
Network size	Broad network plans include most MN providers. Two additional partner plan networks built around provider care systems.	Typically broad networks.	See any provider that accepts Medicare.
Regulated by	Medicare	Medicare	State
Administration	All Part A and Part B benefits administered through private health insurance company, such as UCare.	Part A costs are covered by Original Medicare. Part B costs are covered by the private health insurance company.	Part A and Part B costs are paid first by Original Medicare, then private health insurance company. Only covers Medicare-approved Part A and Part B services unless specifically noted by the plan. Members receive billing statements and paperwork from Medicare and the insurance company.

Benefits vary by plan. UCare Value and UCare Value Plus plans do not include Part D prescription drug coverage and are designed for those who already receive Part D benefits through Veterans Affairs or similar organizations or, for those who choose not to enroll in Part D.

Medicare Savings Programs

Programs help lower out-of-pocket costs for Medicare enrollees with limited income and resources. Pays the Part B premium for those who qualify and may also pay their Medicare deductibles and coinsurance. Application for Medicare Savings Programs is done through the County Human Services Office.

Program	Monthly income guidelines	Asset guidelines
Medical Assistance (MA)	\$1,235 single \$1,663 couple	\$3,000 single \$6,000 couple
Qualified Medicare Beneficiary (QMB)	\$1,235 single \$1,663 couple	\$9,090 single \$13,630 couple
Service Limited Medicare Beneficiary (SLMB)	\$1,478 single \$1,992 couple	\$9,090 single \$13,630 couple
Qualified Individual (QI)	\$1,660 single \$2,239 couple	\$9,090 single \$13,630 couple

Extra Help for Part D

In 2024, people with Medicare who have incomes up to 150% of the federal poverty guidelines and resources at or below the limits will be eligible for full benefits under the Part D Low-Income Subsidy (LIS) program. The Inflation Reduction Act now extends full LIS benefits to individuals with incomes between 135% and 150% of federal poverty guidelines. For those who qualify, the Part D deductible is reduced or eliminated, copays and coinsurance are reduced and there is no coverage gap. To apply, contact the Social Security Administration at [ssa.gov](https://www.ssa.gov) or 1-800-772-1213 (TTY users call 1-800-325-0778).

Your situation	2023 income limit	2023 resource limit
Individual	\$21,870	\$16,600
Married couple	\$29,580	\$33,240

Social Security offices

City	Address	Phone
Minnesota		
Alexandria	2633 Jefferson St., Alexandria, MN 56308	1-888-224-8869
Austin	404 2nd St., Austin, MN 55912	1-866-504-5010
Bemidji	2900 Hannah Ave. NW., Bemidji, MN 56601	1-866-258-6345
Bloomington	6161 W. American Blvd., #100, Bloomington, MN 55438	1-866-964-7349
Brainerd Lakes Area	8331 Brandon Rd., Baxter, MN 56425	1-866-331-9087
Brooklyn Center	3280 Northway Dr., Brooklyn Center, MN 55429	1-866-931-0341
Duluth	Wells Fargo Bank Bldg, 230 West Superior St., #500, Duluth, MN 55802	1-855-863-3560
Fairmont	456 S. State St., Fairmont, MN 56031	1-877-405-0414
Fargo	657 Second Ave. N., Fargo, ND 58102	1-877-335-4114
Fergus Falls	1023 W. Lincoln Ave., Fergus Falls, MN 56537	1-877-402-0827
Grand Forks	402 Demers Ave., Grand Forks, ND 58201	1-888-617-0456
Hibbing	1122 E. 25th St., Hibbing, MN 55746	1-866-964-4320
Mankato	Mankato Pl., 12 Civic Center Plaza, #1550, Mankato, MN 56001	1-877-457-1734
Marshall	507 Jewett St., Marshall, MN 56258	1-855-210-0122
Minneapolis	1811 Chicago Ave., #2, Minneapolis, MN 55404	1-855-257-0985
Rochester	2443 Claire Ln. NE., #100, Rochester, MN 55906	1-877-405-3631
Saint Cloud	3800 Veterans Dr., #100, Saint Cloud, MN 56303	1-800-772-1213
Saint Paul	332 Minnesota St., #E300, Saint Paul, MN 55101	1-866-667-7481
Winona	53 E. Third St., #307, Winona, MN 55987	1-877-600-2853
Wisconsin		
Rice Lake	1702 W. Knapp St., Rice Lake, WI 54868	1-888-823-3923
Superior	4221 Tower Ave., Superior, WI 54880	1-877-628-6578

Useful resources

Minnesota Senior LinkAge Line®	Available at 1-800-333-2433
Publications available at medicare.gov	<ul style="list-style-type: none">• Your Guide to Medicare Preventive Services• Your Medicare Benefits• Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare• Medicare and Other Health Benefits: Your Guide to Who Pays First• Medicare Hospice Benefits• Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports• Your Guide to Medicare Prescription Drug Coverage
Publication/other	Health Care Choices for Minnesotans on Medicare at mnhealthcarechoices.com
Minnesota Association of County Veterans Service Officers	macvso.org/directory.aspx
TriCare and TriCare for Life	tricare.mil/plans
SeniorCare Prescription Drug Assistance Program	dhs.wisconsin.gov/seniorcare/index.htm



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