

Mysteries of Medicare: What's New for 2021?

Premiums, copays and deductibles

Medicare annually reviews premiums and deductibles. Cost changes for 2021 are below.

For Part A (hospital) the deductible increased from \$1408 to \$1484 per spell of illness.

Part B (medical) premium increased from \$144.60 to \$148.50 each month. For those receiving Social Security, the premium will be deducted from your monthly check.

The Part B deductible increased from \$198 to \$203 for the calendar year.

Part D (drugs) premiums, deductibles and copay vary by plan. The maximum deductible for 2021 is \$445. The Part D coverage gap (formerly known as the doughnut hole) starts when drug costs reach \$4130. Copay is 25% of cost until reaching catastrophic coverage level at \$6550.

A Part D Senior Savings Model limits Part D copays for insulin dependent diabetics. Drug plans that participate cannot charge more than a \$35 monthly copay for insulin. Note that not all Part D plans participate in the savings plan and not all insulins qualify for the reduced copay.

Income Related Monthly Adjustment Amount (IRMAA) levels moved up to allow more income before additional Parts B and D premium charges apply.

Coverage changes:

The pandemic has increased the use of telemedicine. Formerly limited to certain services in areas with limited physician coverage, telehealth services have been expanded to cover all physician services that can safely be provided by telephone or online viewing during the current state of emergency.

Acupuncture, previously a non-covered service, is now covered for chronic low back pain. Pain must have at least a 12 week duration and no known cause. Treatments are limited to 12 visits in a 90 day period. If there is improvement, 8 additional visits may be approved. Service is limited to 20 visits in a 12 month period.

The FDA has authorized two COVID-19 vaccines for emergency use and both are covered Medicare services. Additional vaccines may be added to the emergency authorization when requests are submitted to the FDA. In addition, COVID-19 testing and some treatments are covered. Most are provided without copays but insurance cards may be requested.

All Medicare Advantage (MA) Plans must now allow End Stage Renal Disease (ESRD) patients to enroll. The MA plans must cover everything that is covered by Original Medicare but the costs and restrictions may be different from those allowed by Original Medicare.

In the past, supplemental benefits provided by MA plans had to be health-related. Over the years the list of covered benefits has expanded. MA plans can now offer Special Supplemental Benefits for the Chronically Ill (SSBCI) to any subscriber that has a chronic illness and not all services have to be health-related. Examples include transportation for non-medical needs, pest control, equipment to improve indoor air quality and home modifications like wider doorways and easier to use door knobs. Individual assessments will determine eligibility.

If you have any questions about these changes or other Medicare services you can call the APPRISE Help line 610-344-5004, option 2, Monday-Friday 8:30-5. Leave a message and a certified counselor will call you back within 24 hours.