

## Massachusetts Medicare Part D Cost Sharing for 2022

### Standard Part D Plan Benefit Design 2022

#### Annual Deductible

- You pay an annual deductible of \$480.



#### Initial Coverage Period

- Your plan pays 75% and you pays 25% up to the initial coverage limit of \$4,430.



#### Coverage Gap

- When you and your plan (combined) have paid \$4,430, you enter the “coverage gap.”
- For brand-name drugs, your plan will cover at least 5% of the cost, as well as 75% of the dispensing fee. The drug manufacturer will give a 70% discount. Your costs for brand-name drugs will be no more than 25% of the cost of the drug and 25% of the dispensing fee.
- For generic drugs, you’ll pay no more than 25% of the cost of the drug and of the dispensing fee.
- Prescription Advantage** and the **Health Safety Net** may help you meet the coverage gap.



#### Catastrophic Coverage

- “Catastrophic coverage” begins when you reach the “out-of-pocket” threshold of \$7,050. That threshold is met through a combination of:
  - Your deductible, coinsurance, and copayments;
  - The discount on brand-name drugs during the coverage gap; and,
  - Your costs during the coverage gap.
- Once you have reached catastrophic coverage, you pay the greater of \$3.95 for generic/preferred drugs and \$9.85 for other covered drugs, or 5%.

### Maximum Resources and Income to Qualify for Low Income “Extra Help” Subsidies

| Lower Resources Level  | Higher Resources Level  |
|--|---|
| <b>Resources:</b><br>\$9,900/individual; \$15,600/married couple | <b>Resources:</b><br>\$15,510/individual; \$30,950/married couple |

Resources include \$1,500/person burial allowance. “Married” means married and living together.

| 100% Federal Poverty Level (FPL)             | 150% Federal Poverty Level (FPL)             |
|--|--|
| \$13,590/individual; \$18,310/married couple | \$20,385/individual; \$27,465/married couple |

For unearned income (such as Social Security), \$20 will be deducted when calculating eligibility for a subsidy. **The FPLs included in this handout are effective as of March 1, 2022.**

### **2022 Massachusetts Low Income Premium Subsidy Amount: \$36.27**

Resource and income limits may not apply if you are a member of a MassHealth program.

## What Can Extra Help Do for You?

### **Full Premium Subsidy, No Deductible, Limited Copayments:**

- People who are on MassHealth Buy-In or MassHealth Senior Buy-In
- People on Supplemental Security Income (SSI)
- “Dual Eligible” beneficiaries: people that are enrolled in both Medicare and MassHealth

|            |                         |               |                          |
|------------|-------------------------|---------------|--------------------------|
| <b>\$0</b> | <b>\$1.35</b>           | <b>\$4.00</b> | <b>\$0 Copay</b>         |
| Deductible | Generic/preferred drugs | Other drugs   | Above catastrophic limit |

MassHealth charges \$1 for certain covered drugs used for diabetes, high blood pressure, and high cholesterol. For all other covered drugs, MassHealth charges \$3.65. Those on MassHealth & Medicare are charged either the MassHealth or Medicare copayment, whichever is less expensive.

### **Full Premium Subsidy, No Deductibles, Reduced Copayments:**

- Individuals or married couples with incomes less than or equal to 135% of the FPL who meet the lower resources level
- Non-institutionalized individuals “deemed eligible” for Extra Help with incomes over 100% FPL

|            |                         |               |                          |
|------------|-------------------------|---------------|--------------------------|
| <b>\$0</b> | <b>\$3.95</b>           | <b>\$9.85</b> | <b>\$0</b>               |
| Deductible | Generic/preferred drugs | Other drugs   | Above catastrophic limit |

### **Full Premium Subsidy, Reduced Deductibles, Reduced Copayments:**

- Individuals or married couples with incomes less than or equal to 135% of FPL who meet the higher resources level

|             |   |   |  |
|-------------|---|---|--|
| <b>\$99</b> | <b>15%</b>                              | <b>Greater of \$3.95 or 5%<br/>drug cost</b>      | <b>Greater of \$9.85 or 5%<br/>drug cost</b> |
| Deductible  | Co-insurance to out-of-pocket threshold | Generics/preferred drugs above catastrophic limit | Other drugs above catastrophic limit         |

### **Partial Premium Subsidy, Reduced Deductibles, Reduced Copayments:**

- Individuals or married couples with income between 136% FPL and 149% FPL
  - Those with incomes from 146-149% FPL will receive a 25% premium subsidy
  - Those with incomes from 141-145% FPL will receive a 50% premium subsidy
  - Those with incomes from 136-140% FPL will receive a 75% premium subsidy

|             |   |   |  |
|-------------|---|---|--|
| <b>\$99</b> | <b>15%</b>                              | <b>Greater of \$3.95 or 5%<br/>drug cost</b>      | <b>Greater of \$9.85 or 5%<br/>drug cost</b> |
| Deductible  | Co-insurance to out-of-pocket threshold | Generics/preferred drugs above catastrophic limit | Other drugs above catastrophic limit         |

## **Questions? Need Legal Help?**

**Call the Medicare Advocacy Project to Apply for Free Legal Assistance:**

**Greater Boston  
Legal Services**  
617-603-1700  
Serving Essex, Middlesex,  
Norfolk, and Suffolk Counties

**Community Legal Aid**  
855-252-5342  
Serving Berkshire, Franklin,  
Hampden, Hampshire, and  
Worcester Counties

**South Coastal Counties Legal  
Services**  
800-244-8393  
Serving Barnstable, Bristol,  
Dukes, Nantucket, and Plymouth  
Counties