



# 2015 Cost-of-Living Adjustments for Medicare Benefits

#### **SUMMARY**

The Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) has announced cost-of-living adjusted figures for Medicare Part A and Part B for 2015. In April this year, CMS announced the updated amounts for the Medicare Part D standard prescription drug benefit for 2015. As a convenience, those figures are also provided in this Client Action Bulletin.

### DISCUSSION

# Part A Premiums, Cost Sharing, and Payroll Tax

The following table summarizes the Medicare Part A premium, deductible, and payroll tax amounts for 2015:

2015	2014
\$407	\$426
\$224	\$234
\$1,260	\$1,216
\$315	\$304
\$630	\$608
\$157.50	\$152.00
1.45%	1.45%
0.90%	0.90%
	\$407 \$224 \$1,260 \$315 \$630 \$157.50

### **Part B Deductible and Premiums**

Medicare Part B is supplemental medical insurance and covers physician and outpatient services and durable medical equipment. The Part B deductible in 2015 for all beneficiaries will remain the same as 2014, at \$147.

Since 2007, Medicare Part B has included a standard premium and an adjusted premium based on beneficiaries' income levels. Individuals whose modified adjusted gross incomes (AGIs) exceed a threshold level (indexed in 2011 to \$85,000; \$170,000 for couples) are subject to the higher premium amounts. The Affordable Care Act (ACA), however, froze the income threshold for higher-income beneficiaries at the 2010 income levels through 2019. In general, the taxable year used to determine



the modified AGI is the one beginning in the second calendar year preceding the year involved (e.g., 2013 income is used to determine the 2015 premium level), with determinations for a more recent year available to individuals upon request.

The following table shows the standard and adjusted Part B premiums for 2015:

Individual Income in 2013	Joint Income in 2013	2015 Part B Premium
\$85,000 or less	\$170,000 or less	\$104.90
\$85,001 - \$107,000	\$170,001 - \$214,000	\$146.90
\$107,001 - \$160,000	\$214,001 - \$320,000	\$209.80
\$160,001 - \$214,000	\$320,001 - \$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70

### Part D Standard Benefit

For 2015, the updated amounts for the standard Part D drug benefits are:

Part D Standard Benefit	2015	2014
Deductible	\$320	\$310
Initial Coverage Limit	25% after deductible, up to a coverage limit of \$2,960	25% after deductible, up to a coverage limit of \$2,850
Gap Amount ("Donut Hole") <sup>1</sup>	Between \$2,960 and \$6,680	Between \$2,850 and \$6,455
Maximum Out-of-Pocket Threshold	\$4,700	\$4,550
Minimum Copay in Catastrophic Coverage Portion of Benefit <sup>2</sup>		
Generic/Preferred Multisource Drugs	\$2.65	\$2.55
Other Drugs	\$6.60	\$6.35
Retiree Drug Subsidy Amounts		
Cost Threshold	\$320	\$310
Cost Limit	\$6,600	\$6,350
National Monthly Average Premium (Base beneficiary premium) <sup>3</sup>	\$33.13	\$32.42

<sup>&</sup>lt;sup>1</sup> An ACA provision closes the gap by 2020 by providing decreasing participant coinsurance (from 100% to 25%) and discounts in covered drugs in the gap.

## ACTION

Employers that sponsor retiree health programs that are coordinated with Medicare should take into account the adjusted figures and may have to modify their administrative and payroll systems to accommodate the new limits. Employers that pay retirees' Part B premiums, for example, will have to determine how to administer their programs with the income-related premiums in mind. Communications that specify the various Medicare limits also should be reviewed for accuracy and modified if necessary before materials are given to participants.

For additional information about the 2015 Medicare cost-of-living adjustments, please contact your Milliman consultant.

<sup>&</sup>lt;sup>2</sup> A beneficiary pays the greater of 5% or the minimum copay when the catastrophic coverage limit is reached (after the gap amount.

<sup>&</sup>lt;sup>3</sup> Actual Part D premiums paid by individual beneficiaries equal the base beneficiary premium adjusted by a number of factors and thus vary from one Part D plan to another.