



# MEDICARE 2025

## 2 OPTIONS TO GET IT \*Choose One Option

### \*Traditional Medicare Option (Public)

Part A Free

covers Hospital deductible for 2025 \$1676 per stay  
then Medicare pays 80%

\*Part B \*paid monthly from soc sec check \$185.00 for 2025  
\*or you pay quarterly if not drawing SSA

covers Clinic - Lab- Doctor

once per year deductible for 2025 \$257  
then Medicare pays 80%

you pay 20% after you meet your deductibles

**you will need**

Medicare Supplement/ Medigap "GAP"

40+ companies in Wisconsin with plan options that are all required to cover the same basic coverage. These plans are accepted ANYwhere that Medicare is Accepted! Meaning NO networks! -(with a few exceptions)

These are your big name insurance companies for a complete list please go to [www.medicare.gov](http://www.medicare.gov) or contact your local insurance agent

\*prices range from \$82 to \$165+ a month  
AND Fill in your GAPS of Medicare giving you...  
**100% Medical coverage\* after part B deductible \***  
**No drug coverage in Medicare Supplements**

### Creditable Drug Coverage options

Part D -

Wisconsin Senior Care

Veteran's Prescription coverage

	<u>total monthly costs</u>
part B	\$ 185.00
Plus Averaged cost of* supplement	
plus cost of drug coverage	
plus cost of drug co-pays	

total cost estimate

### \*Medicare Advantage Option (Private)

Combines your

Part A \*Part B

called Part C \*still pay part B \$185.00 monthly

**These plans ALL have a network \*\*\***

**and most require that you stay in network**

(They will cover emergency care out of network and some will cover out of network for routine care at a much higher cost to you)

Has a monthly premium which varies from plan to plan

\* See print out of local advantage plans

**ALWAYS HAS CO-PAYS for each and every Service**

**can you afford the co-pays and maximum out of pocket if needed**

**may or may not include drug coverage**

### Creditable Drug Coverage options

Part D - possibly included in plan

Wisconsin Senior Care

Veteran's Prescription coverage

	<u>total monthly costs</u>
part B	\$ 185.00
plus cost of Advantage plan	
plus cost of drug coverage	
plus cost of drug co-pays	
<b>plus Health Care co-pays</b>	

total cost estimate

\* this form was created by Tina Johnson, Elderly Benefit Specialist, La Crosse County Aging Unit

It is to be used as a reference and educational purposed only.

Questions call 785-6140

**These figures are just an estimate**

**\*Please contact an insurance agent to get specifics**

## MEDICARE SAVINGS PROGRAMS (MSPS): ELIGIBILITY AND COVERAGE 2025

Type of MSP	Financial Eligibility*	Effective Date of MSP Enrollment	Benefits Covered by the MSP
<b>Qualified Medicare Beneficiary (QMB)</b>	<u>Monthly Income**:</u> (at or below 100% FPL + \$20, figures INCLUDE the +\$20) \$1,324.17 if single \$1,782.50 if married  <u>Resources/ Asset Limit:</u> \$9,660 if single, \$14,470 if married	Begins the first of the month following the month eligibility is documented ((Cannot be back dated)	*Part A hospital deductible (\$1,676/per benefit period) *Part A hospital copays: days 61-90 (\$419 daily), days 91-150 (\$838 daily) *Part A monthly premium (up to \$518) *Part B annual deductible (\$257) *Part B monthly premium (\$185 in 2025) *Part B 20% coinsurance (amount varies) *Plus part D - extra help (Low Income Subsidy) with prescription co-pays of approx. \$1.60 generic co-pay to \$12.15 brand name co-pay * <i>Is a Partial Medicaid Source, it provides Medicaid for Medical expenses ONLY, NO dental, No vision, and No transportation</i>
<b>Specified Low-Income Medicare Beneficiary (SLMB)</b>	<u>Monthly Income**:</u> (between 100-120% FPL + \$20, figures INCLUDE the +\$20) \$1,585 if single \$2,135 if married  <u>Resources/ Asset Limit:</u> \$9,660 if single, \$14,470 if married	3 months retroactive from the date of application if your client meets eligibility criteria during those months.	*Part B monthly premium (\$185.00 in 2025) *Plus part D - extra help (Low Income Subsidy) with prescription co-pays of approx. \$1.60 generic co-pay to \$12.15 brand name co-pay
<b>Qualifying Individual (QI) *also known as SLMB+</b> (*May Not be on both SLMB+ and MAP or SLMB+ and a Long Term Care Program or any Medicaid/BudgetCare Plus benefit, including Family Planning and TB MA)	<u>Monthly Income**:</u> (between 121-135% FPL + \$20, figures INCLUDE the +\$20) \$1,780.63 if single \$2,399.38 if married  <u>Resources / Asset Limit:</u> \$9,660 if single, \$14,470 if married	3 months retroactive from the date of application if your client meets eligibility criteria during those months.	*Part B monthly premium (\$185.00 in 2025) *Plus part D - extra help (Low Income Subsidy) with prescription co-pays of approx. \$1.60 generic co-pay to \$12.15 brand name co-pay