

# 2024 Medicare Part D Phases

Medicare determines the spending limits and how much a person and the plan pays in each benefit phase every year. These annual changes can affect your costs for your prescriptions.

**Please note:** the dollar and percentage amounts listed below apply to you in **2024**.

## DEDUCTIBLE PHASE

### YOU PAY

100% of medication costs until your deductible is met (if your plan has a deductible). A deductible is a fixed dollar amount that you pay before your health plan begins to pay for prescription drugs. The deductible amount varies by plan.

## INITIAL COVERAGE PHASE (starts after deductible is paid or immediately if you don't have a deductible)

### YOU PAY

A copayment or coinsurance for your prescription drugs. A copayment is a fixed dollar amount. Coinsurance is a percentage amount.

### WE PAY

The remaining cost of your prescription drug outside of your copayment/coinsurance.

**\$5,030**

When your spending and the plan's total spending reaches \$5,030, you have reached your **total drug cost**.

## COVERAGE GAP (starts when the total drug costs in 2024 reach \$5,030)

### YOU PAY

25% of the total cost for generic and brand medications covered under your plan.

**\$8,000**

Once you have paid this amount during the year, which includes your out-of-pocket costs (deductible, copayments and coinsurances), you enter the catastrophic phase.

## CATASTROPHIC PHASE (starts when your out-of-pocket costs reach \$8,000)

### YOU PAY

\$0 for generic and brand drugs.

### WE PAY

The remainder of the drug cost.

**You will remain in the catastrophic phase for the rest of the calendar year.**

To know where you are within the Medicare Part D Phases, please see your Explanation of Benefits (EOB). This monthly report shows what you, the plan, and others paid on your behalf.

## WANT MORE INFORMATION?

Refer to your Evidence of Coverage (EOC) for your specific deductible, copayment or coinsurance amounts.

You can also contact Customer Care at 1-877-883-9577 (TTY: 711). Advocates are available Monday to Friday, 8:00 a.m. - 8:00 p.m. From October 1 to March 31 advocates are available 7 days a week, 8:00 a.m. - 8:00 p.m.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

This information is not a complete description of benefits. Call 1-877-883-9577 (TTY: 711) for more information.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)。