

Delaware Medicare Assistance Bureau “DMAB” Newsletter



Delaware Department of Insurance
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2025 Medicare Premiums, Deductibles and Cost-Sharing Amounts

Part A (Hospital Insurance) Beneficiary pays:

- Hospital Deductible: **\$1,676** per benefit period
- Hospital Copayment: **\$0** day for days 1-60
\$419 per day for days 61-90
\$838 per day for days 91-150
- Skilled Nursing Facility Copayment: \$209.50 per day for days 21-100
- Part A Premiums: **\$518** per month for those with fewer than 30 quarters of Medicare-covered employment. **\$285** per month for those with 30-39 quarters of Medicare-covered employment.

Part B (Medical Insurance) Beneficiary pays:

- Part B Premium **\$185** per month or higher, depending on income.
- Annual Deductible: **\$257**
- After their deductible is met, they typically pay 20% of the Medicare-approved amount for most doctor services (including most doctors services while they're in hospital inpatient), outpatient therapy, and durable medical equipment.

[2025 Medicare Parts A & B Premiums and Deductibles | CMS](#)



Medicare Reminders

Medicare Advantage Open Enrollment Period

January 1 – March 31 only if you already enrolled into a Medicare Advantage Plan. You can only make **one** change during this period. Changes will take effect the first day of the month after the plan receives the request.

You can...

- Switch to another Medicare Advantage plan (with or without drug coverage).
- Drop your Medicare Advantage Plan and go back to Original Medicare. If you do this, you'll be able to join a Medicare drug plan.

You can't...

- Switch from original Medicare to a Medicare Advantage Plan.
- Join a Medicare drug plan if you are in Original Medicare.
- Switch from one Medicare drug plan to another if you're in Original Medicare.

General Enrollment Period

January 1–March 31 you can sign up for Part A and/or Part B each year if both apply:

- Someone didn't sign up when they were first eligible.
- They aren't eligible for a Special Enrollment Period.

The coverage will start the first day of the month after you apply. You may have to pay a higher premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.

Annual \$2000 Cap on Prescription Drugs & more

- Starting in 2025, the new \$2000 cap on annual out-of-pocket prescription drug expenses will begin. Once the \$2000 out of pocket is met there is no cost for your prescriptions for the remainder of the year. Your monthly premium does not count towards the \$2000 cap.
- In the effort to bring some relief to people on high-priced medications, you will have the option to enroll in a new payment plan program to spread their out-of-pocket expenses throughout the year, instead of potentially paying them all at once. If you enroll in the payment plan program, you'll receive a monthly bill for your medications from your drug plan. The bill will be separate from the monthly bill for your plan premium if you have one.
- No more coverage gap or "donut hole" in 2025. The new \$2000 out of pocket cap eliminates the coverage gap, simplifying coverage for enrollees. You will have the same cost sharing from the time you meet your deductible until you reach the \$2000 out of pocket cap.

Understanding Medicare Advantage Plans: Supplemental Benefits

What are Medicare Advantage Supplemental Benefits?

A supplemental benefit is an item or service covered by a Medicare Advantage Plan that is not covered by Original Medicare. These benefits do not need to be provided by Medicare providers or at Medicare-certified facilities. Instead, to receive these items or services, you need to follow your plan's rules.

Some commonly offered supplemental benefits are:

Dental

Vision

Hearing

Fitness

Most supplemental benefits must be primary health related. These options can be either:

OPTIONAL meaning that they are offered to everyone who is enrolled in a plan, and you can choose to purchase the benefits if you want to.

-OR-

MANDATORY meaning that they are covered for everyone enrolled in a plan and you cannot decline the coverage (even if you do not need the service).

NOTE: It is crucial to understand a plan's coverage rules regarding supplemental benefits. While a plan may state it covers "dental care," bringing to mind x-rays, fillings, crowns, and dentures, the coverage might only include routine cleanings or have usage restrictions.

Always inquire clarification, seek written answers, and carefully read coverage rules to fully understand the extent of benefits by a Medicare Advantage Plan.

If you have a Medicare Advantage plan, a mid-year statement will be sent out to inform you of the supplemental benefits that you haven't used.

Important: Telehealth Changes in 2025

Medicare telehealth policy changes starting in April 2025 include:

Before the COVID-19 public health emergency (PHE), Medicare telehealth coverage was very limited. During the PHE, telehealth coverage was temporary expanded to include more flexibilities and allow more people to receive care from their homes.

Starting April 2025, most telehealth services will again be more limited. Below are the PHE flexibilities that have been made permanent.

- Still available regardless of geographic area for certain types of care for behavioral/mental health care, monthly End-Stage Renal Disease (ESRD) visits for home dialysis, diabetes self-management training, and Medicare nutrition therapy.
- Still able to be delivered using audio-only communication for behavioral/mental health care.
- Subject to pre-PHE restrictions for other types of care.

FEDERAL GOVERNMENT DETERMINES CIGNA MEDICARE ADVANTAGE NETWORK CHANGE REQUIRES SPECIAL ELECTION PERIOD

Cigna Medicare Advantage enrollees eligible to seek new coverage, including Guaranteed Issue Medigap

Centers for Medicare and Medicaid Services (CMS), a federal agency, has completed a review of the impact of the **Bayhealth-Cigna Medicare Advantage** termination. They have determined that this termination significantly changes the Cigna provider network.

As a result, consumers on Cigna Medicare Advantage plans are eligible for a Special Election Period beginning the month the enrollees are notified and ending two months after the month eligibility notices are received. Individuals who use this Special Election Period to elect Original Medicare will have Medigap Guaranteed Issue rights – they cannot be denied enrollment regardless of health status. The Guaranteed Issue rights begin 60 days before the Medicare Advantage Plan coverage ends and end 63 days after the Medicare Advantage coverage ends.

Consumers engaged in Cigna Medicare Advantage coverage through an employer-sponsored plan should note that provider terminations are subject to the same CMS requirements for determining Special Election Periods. Enrollees should check with their employer to determine any additional coverage options available should they choose to disenroll from the employer-sponsored plan.

Cigna is required to notify affected members of their Special Election Period eligibility with a letter that must include information about the Special Election Period and their right to Guaranteed Issue Medigap coverage. **Consumers are encouraged to contact the Delaware Medicare Assistance Bureau 302-674-7364 upon receipt of their notice from Cigna to discuss enrollment options.**