

## CALCULATE YOUR MEDICARE PART D PREMIUM FOR 2023

If your filing status and yearly income in 2021 was:

Filed individual tax return	Filed joint tax return	Filed married and separate tax return	You pay each month (in 2022)
\$97,000 or less	\$194,000 or less	\$97,000 or less	your plan premium
above \$97,000 up to \$123,000	above \$194,000 up to \$246,000	not applicable	\$12.20 + your plan premium
above \$123,000 up to \$153,000	above \$246,000 up to \$306,000	not applicable	\$31.50 + your plan premium
above \$153,000 up to \$183,000	above \$306,000 up to \$366,000	not applicable	\$50.70 + your plan premium
above \$183,000 but less than \$500,000	above \$366,000 but	above \$97,000 and less than \$403,000	\$70 + your plan premium
\$500,000 and above	less than \$750,000	\$403,000 and above	\$76.40 + your plan premium

**Note:** These figures do not include any Part D late enrollment penalty, discussed above. The 2022 Part D national base beneficiary premium is \$33.37.

Social Security calculates your Part D IRMAA; if your income goes down or you disagree with the calculations, file a dispute at: Medicare Income-Related Monthly Adjustment Amount — SSA <https://www.ssa.gov/forms/ssa-44.pdf>.

### FROM MEDICARE:

The extra amount you have to pay isn't part of your plan premium. You don't pay the extra amount to your plan. Most people have the extra amount taken from their Social Security check. If the amount isn't taken from your check, you'll get a bill from Medicare or the Railroad Retirement Board. You must pay this amount to keep your Part D coverage. You'll also have to pay this extra amount if you're in a Medicare Advantage Plan that includes drug coverage.

For a list of specific premiums, see [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans).

## Part D — Insulin Coverage

In 2022, a new rule went into effect that caps insulin at a \$35 co-payment for a one-month supply. The medicare.gov 2023 website doesn't seem to be updated (as of 12/1/22) for all insurers to reflect the correct insulin co-pay of \$35 per month. Insulin pen needles to be used with insulin pens and insulin needles and syringes to be used with insulin vials are covered under Part D and Medicare Advantage plans (if the Medicare Advantage plan covers prescription drugs) and can be put into the Medicare.gov website. Other insulin supplies, such as alcohol pads and glucose testing equipment, glucometers, test strips, lancets and control solution, are covered under Medicare Part B. Some community pharmacies accept assignment and can provide these additional diabetes supplies, but if your pharmacy doesn't, you may want to try a specialty or mail-order pharmacy or durable medical equipment provider. Most Medicare Advantage plans will cover diabetes testing supplies at the pharmacy because they cover both Part B and Part D items.

**TIP:** Planning for 2023 and beyond: Leave insulin off your list of drugs when you are on the medicare.gov website. The \$35 co-pay is a universal rule, so all insurers should charge you \$35/month in 2023. Since insulin will have a standard co-pay and the planning tool is not accurately reflecting the \$35 co-pay, it may be confusing. In your calculations, add \$35/month for each different type of insulin to your out-of-pocket costs so you can accurately plan, if you use insulin. The only step you should take is to make sure your insulin brand is on the drug formulary of your Medicare Part D plan or Medicare Advantage Plan (if your plan covers prescriptions drugs).

**TIP:** When starting or adjusting insulin, have your provider write the prescription for insulin with specific directions to increase the insulin dose up to a ceiling amount. This will allow the pharmacist to calculate an accurate amount of insulin you will need per month as you increase the dose. For example, if your provider starts you on 10 units daily and writes the prescription that way, you will get one 3mL pen for the month. If the provider tells you to increase the insulin dose by 2 units every 3-4 days and stop at 20 units daily, that one 3mL pen will only last you 25 days. This would mean you would have trouble refilling the prescription, and you would pay another \$35 co-pay for another prescription of one 3mL pen, which, at 20 units daily, will only last you 15 days. With the prescription reflecting the provider's spoken directions to you, increasing the dose to 20 units daily, you would get two 3mL pens per month.