



MEDICARE SAVINGS REPORT

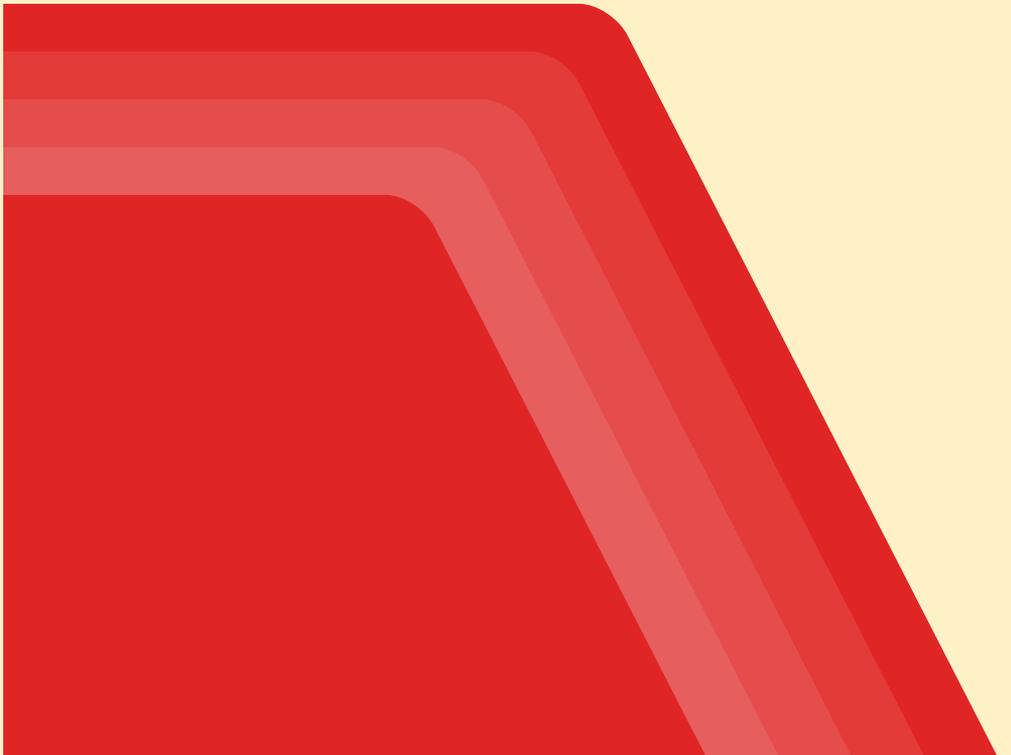


JOHNS HOPKINS
HEALTH PLANS

You may not realize it, but your choice of Medicare coverage is both a health and financial decision.

Not only will this decision affect who will provide your care, and what's covered—it will also determine how much you will pay out of your own pocket.

You can use this guide to help you understand your costs and how to manage them.



Health care is a **BIG** expense for Americans.

And those costs are rising.

Over the past several decades, health care costs have risen dramatically in the United States, topping \$4.4 trillion in 2023.¹

If you're like many Americans, health care is one of your largest expenses. And you can expect to spend more each year after you turn 65. If you live on a fixed or limited income, or you already have health challenges, that's a big concern.



How the Medicare program works

Medicare is the federal health insurance program that provides health care coverage to millions of retired or disabled Americans. It is designed to protect the health and well-being of those who are eligible to use it.

The parts of Medicare and their costs to you

There are four parts to Medicare

Part A

Original Medicare—Hospital coverage

Part B

Original Medicare—Medical coverage

Part C

Medicare Advantage plans

Part D

Prescription drug coverage



Original Medicare Part A is hospital coverage. It helps pay costs associated with in-patient care.

Most people 65 or older do not have to pay a premium for Part A, but hospital in-patient deductibles and co-insurance apply in most cases.

Original Medicare Part B is medical coverage. It helps pay your outpatient medical costs, like doctor visits and lab work.

Most people pay a monthly premium for Part B, usually deducted from their Social Security checks. Premiums are set each year by the Centers for Medicare and Medicaid Services (CMS). Your yearly income determines how much you'll have to pay.

2024 Part B premium and deductible:²

Average monthly premium = \$174.70

Average yearly deductible = \$240.00

If your income is higher than \$103,000 (\$206,000 per couple), you might have a higher Part B premium.

You will always pay your Part B premium, even if you choose to add optional coverage. And you will also pay copays and co-insurance for your care.

These are the expenses that help determine what you'll spend on health care each year.



Original Medicare does not cover prescription drugs

Even though 90% of older adults regularly take at least one prescription drug (and almost 80% take two)³, most medications are not covered by Original Medicare. Instead, you'll need to enroll in additional coverage, like:

- A Medicare Part C Medicare Advantage plan that includes drug coverage **OR**
- A stand-alone Medicare Part D prescription drug coverage plan

How much you pay for your medication will depend on two things:

Your coverage stage and the plan you've selected.

The three stages of your prescription drug coverage are set by the Medicare Part D program and apply to all Medicare members

Stage 1: Annual Deductible

You pay 100% of the cost of your prescription drugs until your deductible is met. The highest your deductible can be is \$590. If your plan has no deductible, you will start in stage 2.

Stage 2: Initial Coverage

In this stage you will pay co-insurance for your prescription drugs. Once you have reached the annual out-of-pocket limit of \$2,000, you move to stage 3.

Stage 3: Catastrophic Coverage

Once you reach this stage, you will no longer pay for your prescriptions. Your Part D plan will be responsible for paying your share of the cost for your prescribed medications.



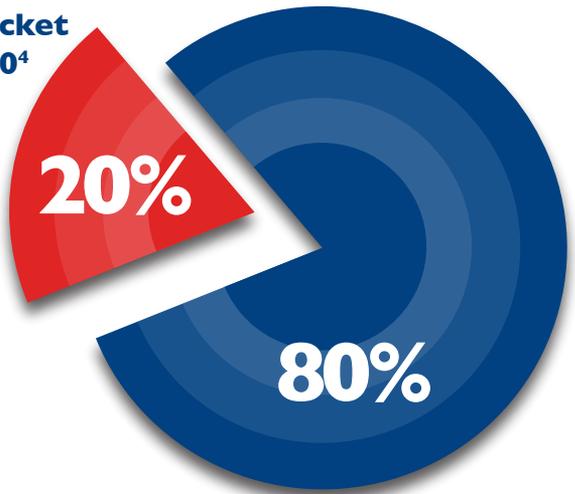
Medicare determines the drug coverage stages, but the price you will pay for your prescriptions can vary by plan. That's why it's important to check the costs and coverage of your medications before enrolling in a Part C or Part D plan. This can make a big difference in how much you spend on your health care each year.

New for 2025!

- \$2,000 limit on out-of-pocket spending
- No more “Donut Hole” or coverage gap
- **Medicare Prescription Payment Plan allows you to pay your prescription out-of-pocket costs in regular monthly payments**



Average out-of-pocket costs in 2022 \$7,000⁴



IMPORTANT: Medicare does not pay for all your hospital and medical expenses

Original Medicare pays about 80%.

You are responsible for paying the rest, without limits.

Why does this matter?

Health care expenses can really add up, especially if you have a chronic condition or long-term illness that requires frequent trips to the doctor or long-term treatment. But even if you're healthy, an accident or sudden illness can be a big hit to your budget.

Medical expenses are the leading cause of bankruptcies in the U.S. ⁴

Your out-of-pocket costs can include:

- Monthly premiums
- Deductibles
- Copays
- Co-insurance

Without additional coverage, there is NO LIMIT to the amount you will have to pay out of your own pocket. But you do have options that cost less, limit your risk and protect your finances.

One way to lower your health care expenses

Keeping your out-of-pocket costs low is a big part of managing your health care spending.

A Medicare Advantage (Part C) plan can help you spend less and get more from your Medicare coverage.

Medicare Advantage plans

- Cover many benefits Original Medicare does not cover
- Affordable with low or no monthly premiums
- Often include prescription drug coverage and other needed health benefits
- All-in-one plans are easy to use



More and more people are moving to Medicare Advantage

Here's why more than half of the Medicare-eligible people in the United States are enrolled in a Medicare Advantage plan.

A Medicare Advantage plan includes your:

- Medicare Part A hospital coverage
- Medicare Part B medical coverage

Plus

- Low or no-cost options of many common out-of-pocket expenses
- Most plans include prescription drug coverage
- Most plans include dental, vision and hearing coverage
- Most plans include extra health and wellness benefits like transportation, fitness, allowance for over-the-counter products and much more
- Maximum out-of-pocket limits (see next page)

Medicare Advantage members save an average of \$2,400 per year vs. people with Original Medicare only.⁵



Your maximum out-of-pocket benefit

Protection from unlimited health care costs

Most Medicare Advantage plans offer a maximum out-of-pocket benefit (or MOOP), which limits what you may have to spend on health care expenses in a given year. Once you reach that limit, you will not have to pay for any covered medical or hospital services. All your costs are covered by your plan.

A Medicare Advantage MOOP:

- Protects your hard-earned savings
- Lowers your financial risk
- Provides security for fixed or limited incomes

Remember, Original Medicare does not have a limit on out-of-pocket expenses. You're responsible for your 20%—including premiums, deductibles, copays and co-insurance—all year long.



What's the best plan for YOU?

It's important to find a plan that fits your health, budget and lifestyle. And cost is just one of the things you should consider.

While saving money and controlling what you spend on your health care each year is important, there's more to compare when choosing the right coverage:

- Make sure you'll have access to the doctors and hospitals you prefer. Call to confirm your providers are in network
- Check to see that your prescription drugs are covered. Compare your costs, too, because the prices can be very different between plans.
- Compare plan benefits and match them to your personal health needs. You decide what's important to you, and make sure you're covered.

You have a choice when it comes to your Medicare coverage. That's why it's important to review your options carefully to make sure you have the best plan for you.



Your enrollment period

Every year, Medicare's Annual Enrollment Period is Oct. 15–Dec. 7

Most people can change their Medicare coverage only once a year. This Medicare Annual Enrollment Period (AEP) gives you the opportunity to carefully review your options, consider your health care needs, compare plan costs and benefits, and make your choice.

You may qualify for an Initial Enrollment Period or Special Enrollment Period outside of AEP. Call and talk to a Medicare Expert to find out if you qualify, and when you can enroll.

Finding the right Medicare coverage at the right price can seem like a lot of work—but you don't have to do it alone. You can count on Johns Hopkins Advantage MD (HMO/PPO) to answer your questions and help you every step of the way.

1-888-403-7662 (TTY: 711)

8 a.m. to 8 p.m., 7 days a week



Talk to an expert

You have a trusted source for all your Medicare questions and enrollment assistance when you need it—

Johns Hopkins Advantage MD.

Your Medicare Expert is ready to help you:

- Check for your preferred doctors and hospitals
- Check your prescription drug coverage and costs
- Review your benefits and make sure your health needs are covered
- Compare your options and help you choose the right plan

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Why choose Advantage MD?

With Johns Hopkins Advantage MD, you're getting more than a typical Medicare plan. You're connecting with a comprehensive health care plan that combines your coverage and your care—and protects you from rising health care costs.

For more than 125 years Johns Hopkins has been taking care of our neighbors.

We're ready to take care of you, too.





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Or visit: **HopkinsMedicare.com**

1. <https://go.cms.gov/3PKFpAh>
2. 2025 Information not available at time of printing. For more information visit [Visit Medicare.gov](https://www.Medicare.gov) or [SocialSecurity.gov](https://www.SocialSecurity.gov) to get the most up-to-date amounts
3. <https://www.merckmanuals.com/home/older-people%20%99s-health-issues/aging-andmedications/aging-and-medications>
4. <https://www.retireguide.com/retirement-planning/risks/medical-bankruptcystatistics/#:~:text=Medical%20expenses%20directly%20cause%2066.5,the%20year%20because%20of%20it.>
5. State of Medicare Advantage Report, Better Medicare Alliance, July 2022

Johns Hopkins Advantage MD is a Medicare Advantage Plan with a Medicare contract offering HMO and PPO products. Johns Hopkins Advantage MD D-SNP is an HMO D-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Johns Hopkins Advantage MD, HMO, PPO or D-SNP (HMO) depends on contract renewal.