

2025 Standard Drug Costs

Part D Benefit Parameters for Defined Standard Benefit, Low-Income Subsidy (LIS)/Extra Help, & Retiree Drug Subsidy

| | 2024 (for comparison) | 2025* |
|--|------------------------------|----------------|
| Standard Benefit | | |
| Deductible ⁽¹⁾ | \$545 | \$590 |
| Initial Coverage Limit ⁽²⁾ | \$5,030 | Not Applicable |
| Out-of-Pocket Threshold ⁽²⁾ | \$8,000 | \$2,000 |
| Cost-Sharing in Catastrophic Coverage ⁽³⁾ | \$0 | \$0 |
| Full Subsidy-Full Benefit Dual Eligible (FBDE) | | |
| Beneficiaries | | |
| Institutionalized ⁽⁴⁾ | \$0 | \$0 |
| Home and Community-Based Services ⁽⁵⁾ | \$0 | \$0 |
| With income up to or at 100% of the federal poverty level (FPL) ⁽⁶⁾ | \$1.55/\$4.60 | \$1.60/\$4.80 |
| With income between 100% and 150% of the FPL ⁽⁷⁾ | \$4.50/\$11.20 | \$4.90/\$12.15 |
| Full Subsidy-Non-FBDE Beneficiaries | | |
| Applied or eligible for QMB/SLMB/QI or SSI, with income between 135% and 150% of the $FPL^{(8)}$ | \$4.50/\$11.20 | \$4.90/\$12.15 |
| Retiree Drug Subsidy Amounts ⁽⁹⁾ | | |
| Cost Threshold | \$545 | \$590 |
| Cost Limit | \$11,200 | \$12,150 |

*These parameters reflect additional plan coverage required for covered insulin products under section 1860D-2(b)(9) of the Act, as added by section 11406 of the Inflation Reduction Act (IRA), and ACIP-recommended adult vaccines under section 1860D-2(b)(8) of the Act, as added by section 11401 of the IRA.

- (1) Your deductible is the amount you must pay each year for your prescriptions before your Medicare drug plan pays its share.
- (2) All Medicare plans will include a \$2,000 cap in 2025 on what you pay out-of-pocket for prescription drugs covered by your plan. If your out-of-pocket spending on covered drugs reaches \$2,000 (including certain payments made on your behalf, like through the Extra Help program), you'll automatically get "catastrophic coverage." That means you won't have to pay out-of-pocket for covered Part D drugs for the rest of the calendar year.
- (3) You won't have to pay any coinsurance or copayments during the catastrophic coverage phase for covered Medicare prescription drugs.





NOTE: Manufacturer discounts are paid under the Manufacturer Discount Program for applicable drugs when dispensed to an "applicable beneficiary" (an individual who, on the date of dispensing a covered Part D drug, is enrolled in a Part D plan or Medicare Advantage Plan with drug coverage (MA-PD plan), isn't enrolled in a qualified retiree prescription drug plan and has incurred True Out-of-Pocket (TrOOP)-eligible costs that exceed the defined standard deductible).

- (4) If you're a Full-Benefit Dual Eligible (FBDE) living in an institution (like a nursing home), you don't pay a copayment.
- (5) If you're an FBDE getting Home and Community-Based Services, you don't pay a copayment.
- (6) If you're an FBDE and your income is up to or at 100% of the FPL, this is what you pay in 2024 and 2025 for generic drugs (or brand-name drugs treated as generic) or for brand-name covered drugs.
- (7) If you're an FBDE and your income is between 100%–150% of the FPL, this is what you pay in 2024 and 2025 for generic drugs (or brand-name drugs treated as generic) or for brand-name covered drugs.
- (8) If you would've been eligible for the partial Extra Help benefit absent the enactment of the IRA, you'll be eligible for the full Extra Help benefit. You'll have a deductible of \$0 and copayments of \$4.50/\$11.20 in 2024 and \$4.90/\$12.15 for 2025.
- (9) The updated cost threshold is rounded to the nearest multiple of \$5, and the updated cost limit is rounded to the nearest multiple of \$50. For CY 2024, the cost threshold is \$545, and the cost limit is \$11,200. For CY 2025, the cost threshold is \$590, and the cost limit is \$12,150.

To see "Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies," visit <u>CMS.gov/files/document/2025-announcement.pdf</u>.