

BIG CHANGES TO MEDICARE PART D MEAN LOWER COSTS FOR BLOOD CANCER PATIENTS

As part of the Inflation Reduction Act significant reforms have come to Medicare Part D – with more in store for 2025. All of those changes will mean lower out-of-pocket costs for many patients. Providers and patients should be aware of these key dates affecting Medicare beneficiaries.

Questions? Speak one-on-one with an LLS Information Specialist who can assist you through cancer treatment, financial and social challenges and give accurate, up-to-date disease, treatment and support information. Our Information Specialists are highly trained oncology social workers, nurses and health educators. Learn more at lls.org/information-specialists.

To learn more about these changes, visit [here](#).

To learn more about how to spread out your prescription drug costs over the year, visit [here](#).

2024

- Patients' annual out-of-pocket drug costs capped annually
- Depending on the mix of brand and generic drugs taken, patients will pay as little as \$3,300 or as much as \$8,000 in annual drug costs
- Eligibility for low-income subsidy program expands to 150% of federal poverty level
- Medicare Part D premiums cannot increase by more than 6% annually

2025

- Patients' out-of-pocket drug costs capped at \$2,000 annually – regardless of how many prescriptions they have
- Patients will have the option of spreading out their costs over the year rather than facing high out-of-pocket costs in any given month. Payment can be as low as \$167 per month
- Patients will have to enroll if they want to spread their costs out over the year
- Once interested patients enroll in their plan for 2025, they should watch for paperwork in the mail or contact their plans (Note: enrollment forms are not available as of May 2024)