



MONDAY ALERT

New York State Alliance *for* Retired Americans

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December 23, 2024

Phases of Medicare Part D Coverage

From our friends at Medicare Rights

The cost of your Medicare Part D-covered drugs may change throughout the year. If you notice that prices have changed, it may be because you are in a different phase of Part D coverage.

There are four different phases—or periods—of Part D coverage:

- **Deductible period:** Until you meet your Part D deductible, you will pay the full negotiated price for your covered prescription drugs. Once you have met the deductible, the plan will begin to cover the cost of your drugs. While deductibles can vary from plan to plan, no plan's deductible can be higher than \$545 in 2024, and some plans have no deductible.
- **Initial coverage period:** After you meet your deductible, your plan will help pay for your covered prescription drugs. Your plan will pay some of the cost, and you will pay a copayment or coinsurance. How long you stay in the initial coverage period depends on your

drug costs and your plan's benefit structure. For most plans in 2024, the initial coverage period ends after you have accumulated \$5,030 in total drug costs. In 2025, the initial coverage period ends after you have accumulated \$2,000 in out-of-pocket drug costs. Out-of-pocket costs include what you pay for covered drugs during the deductible phase and in copays/coinsurance. After \$2,000 in out-of-pocket costs, you enter catastrophic coverage and pay \$0 for covered drugs for the rest of the year.

- Note: Total drug costs include the amount you and your plan have paid for your covered drugs.
- **Coverage gap:** After your total drug costs reach a certain amount (\$5,030 for most plans), you enter the coverage gap, also known as the [donut hole](#). The donut hole closed for all drugs in 2020, meaning that when you enter the coverage gap you will be responsible for 25% of the cost of your drugs. In the past, you were responsible for a higher percentage of the cost of your drugs. Although the donut hole has closed, you may still see a difference in cost between the initial coverage period and the donut hole. For example, if a drug's total cost is \$100 and you pay your plan's \$20 copay during the initial coverage period, you will be responsible for paying \$25 (25% of \$100) during the coverage gap. Beginning in 2025, this coverage phase will be eliminated, and you will enter catastrophic coverage after meeting the \$2,000 out-of-pocket cap.

- **Catastrophic coverage:** In all Part D plans, you enter catastrophic coverage after you reach \$8,000 (\$2,000 in 2025) in out-of-pocket costs for covered drugs. This amount is made up of what you pay for covered drugs and some costs that others pay. During this period, you owe no cost-sharing for the cost of your covered drugs for the remainder of the year. The out-of-pocket costs that help you reach catastrophic coverage in 2024 include:
 - Your deductible
 - What you paid during the initial coverage period
 - Almost the full cost of brand-name drugs (including the manufacturer's discount) purchased during the coverage gap
 - Amounts paid by others, including family members, most charities, and other persons on your behalf
 - Amounts paid by [State Pharmaceutical Assistance Programs \(SPAPs\)](#), AIDS Drug Assistance Programs, and the Indian Health Service

Costs that do not help you reach catastrophic coverage include monthly premiums, what your plan pays toward drug costs, the cost of non-covered drugs, the cost of covered drugs from pharmacies outside your plan's network, and the 75% generic discount.

Your Part D plan should keep track of how much money you have spent out of pocket for covered drugs and your progression through coverage periods—and this information should appear in your monthly statements.

Note: If you have [Extra Help](#), you do not have a coverage gap. You will pay different drug costs during the year. Your drug costs may also be different if you are enrolled in an SPAP.

It is also important to know that **under certain circumstances, your plan can change the cost of your drugs during the plan year**. Your plan is required to alert you if such changes are made. Your plan cannot change your deductible or premium during the plan year.

NYSOFA Home Delivered Meals

Overview

You may need meals for a short time because you were recently discharged from a hospital and can't make meals until you recover. Or you may need meals for a longer time because you can't do many of the things you did for yourself before. For older New Yorkers who can't prepare meals for themselves, home-delivered meals provide healthy, nutritious, balanced meals to a participant's residence up to five days a week. Up-to-date information about wellness and healthy eating habits is provided to those who receive meals. Registered dietitians offer private nutrition counseling to older people with questions about diabetes, weight loss or gain, and healthy eating.

Who is Eligible?

You are eligible if you are 60 years old or older and have completed an interview that shows you are not able to prepare meals for yourself and don't have help from friends

or family. This is not an income-based program. If you are married, your spouse may get meals even if they are not 60 years old. If a person with a disability younger than 60 is living with you, they may get meals, too. Providing meals to a spouse or person with a disability living with you is done on a case-by-case basis.

The same client interview that helps find out if you are eligible for home delivered meals will provide guidance on other helpful services and programs for older people, as well.

Is There a Cost?

There is no charge for meals, nutrition information or counseling but each person is given the opportunity to make a suggested voluntary contribution for meals. All contributions are used locally to help serve more people. Some programs also provide the opportunity to make a suggested voluntary contribution for nutrition counseling.

How do I Apply?

Contact your [local Office for the Aging](#) or [NY Connects](#).

President of Long Island Chapter of NYSARA Writes a Letter to the Editor About 2024 Congressional District #4 Incumbent

This was written about the Incumbent Congressman in District 4 on Long Island. Editors note Incumbent Anthony D'Esposito was defeated by Laura Gillen by 2+%.

To the Editor:

Re U.S. Rep. Anthony D'Esposito's recent op-ed, "I look forward to representing you again": D'Esposito said some things that were far from the truth. As president of the Long Island chapter of the New York Alliance for Retired Americans, I represent over 10,000 members Island-wide, which includes more than 3,000 members in his district.

I was assigned to secure a meeting with the congressman, as I had done with Peter King several years ago. King gave the alliance's statewide president and me about 20 minutes, and that was two days after a major snowstorm. I would have been happy with 20 minutes with D'Esposito, but despite numerous calls, I was given the runaround by both his district and Washington offices. Maybe if he had met with us, more of those 3,000-plus members would have voted for him. After all, everyone agrees that senior citizens vote in higher percentages than the general population.

He was also inaccurate about his voting for an immigration bill, because he left out the part where he voted against the bipartisan bill that would have solved many immigration problems. But his party leaders wanted him to help kill that bill so it could be used as an issue in the November election.

Representative D'Esposito speaks out of both sides of his mouth, like many politicians do. All I can say about that is, you reap what you sow.

STANLEY B. BERGMAN

East Meadow

Senate Finally Passes Social Security Fairness Act

Legislation to restore Social Security benefits to millions of Americans cleared a key procedural hurdle in the U.S. Senate on Wednesday, following a [73-27](#) vote [to reach cloture on H.R. 82](#), the Social Security Fairness Act. Sixty votes were needed so that the legislation could proceed to a floor vote for final passage.

"Retirees are excited that the Senate reached cloture on legislation to restore full Social Security benefits to millions of Americans," said Alliance Executive Director **Richard Fiesta**.

[Senate passage of H.R. 82](#), the Social Security Fairness Act:

"Retirees are elated that the Senate passed legislation early Saturday to restore full Social Security benefits to more than 2 million Americans. Countless Alliance for Retired Americans members have been working for decades to see this bill become law.

"Because the House also passed the Social Security Fairness Act, H.R. 82, on November 12, this bill can now head to President Joe Biden's desk for signature. We urge him to sign it as soon as possible.

"For too long, the government has taken away Social Security benefits from millions of retired federal, state and local government employees who worked as teachers, police, firefighters, postal workers and general employees — benefits they earned when they worked other jobs.

"The Social Security Fairness Act eliminates the Government Pension Offset (GPO) and Windfall Elimination Provision (WEP), which [unfairly reduce](#) Social Security benefits for public sector retirees who receive a public pension — or the spouse or survivor of a Social Security beneficiary — who worked in a job not covered by the Social Security program.

"The WEP and GPO disproportionately affect lower-income workers and women. As a result of Saturday's vote, millions of Americans will finally have the retirement they earned."

"This landmark legislation has been a long time coming," Fiesta added. "Alliance members have been working for decades to see this bill become law."

Fiesta stressed that for too long, the government has taken away Social Security benefits from millions of retired federal, state and local government employees who worked as teachers, police, firefighters, postal workers and general employees — benefits they earned when they worked other jobs.

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“The WEP and GPO disproportionately affect lower-income workers and women,” Fiesta concluded. “As a result of Wednesday’s vote, millions of Americans are now on the verge of avoiding economic hardship during their retirement.”

Elon Musk, Speaker Johnson and Trump Stopgap Plan to Fund the Government Fails

A Republican [plan](#) to fund the government in the short-term [failed](#) Thursday. Ironically, the failure of Congress to agree on a Continuing Resolution to fund the government past midnight tonight could provide extra time to pass the Social Security Fairness Act if members of the Senate need to remain in Washington.

[Thirty-eight House Republican lawmakers](#) voted against the GOP government spending bill and two Democrats voted in favor of it.

An earlier, bipartisan funding agreement was scuttled Wednesday when tech mogul **Elon Musk** called for lawmakers who supported the continuing resolution to be voted out of office. President-elect Trump then followed suit in denouncing the plan, and the bipartisan deal to keep the government open until March 14 fell apart. Talks are still ongoing as of Friday afternoon.

"GOP extremists want House Democrats to raise the debt ceiling so that House Republicans can lower the amount of your Social Security check. Hard pass," [said](#) House Minority Leader **Hakeem Jeffries**, summarizing the situation on his Bluesky account.

"We cannot allow the GOP to enact tax cuts for billionaires while calling for [cuts to Social Security](#)," said Alliance President **Robert Roach, Jr.** "Both parties agreed to a deal to keep the government operating. A deal is a deal."

Republicans in Congress Are Talking Big About the First 100 Days, but There will be Roadblocks

The processes the *GOP* will need to use to push through President-elect Trump's immediate priorities face some big political and procedural [hurdles](#).

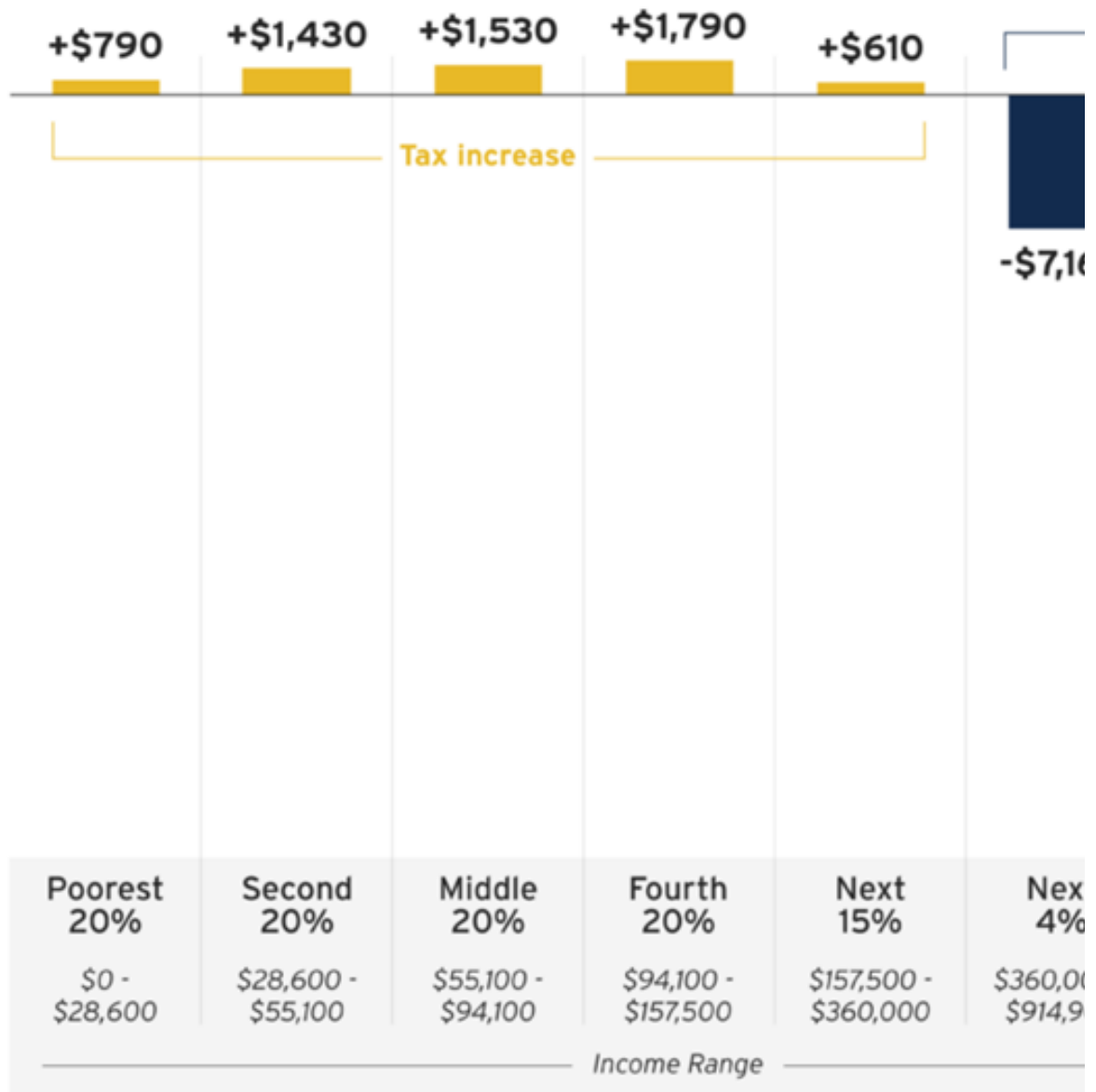
Those priorities include plans to renew approximately \$4 trillion in expiring *GOP* tax cuts. The tax and economic proposals would, in 2026, cut taxes for the richest 5% of Americans and increase them for everyone else, according to an [analysis](#) by the Institute on Taxation and Economic Policy.

Republicans are also almost certainly planning to cut the COVID-19-era subsidy that helps defray the cost of health insurance for people who buy their own policies via the Affordable Care Act exchange. The extra health care subsidies were extended through 2025 in President Biden's Inflation Reduction Act, which also includes various green energy tax breaks that Republicans want to roll back.

The process of quickly enacting the *GOP* priorities could break down at several points along the way. For example, conservative lawmakers wary of voting for a budget that will result in a [\\$50 trillion national debt by the mid-2030s](#) (the current official congressional projection), and "individual power plays," like a single senator threatening not to vote for a final bill because of a last-minute change, could also be hurdles.

Trump Proposals Cut Taxes for the Riche Percent, Raise Taxes for Other Groups

Average tax change by income group in 2026



Source: Institute on Taxation and Economic Policy, October 2024

"In addition to tax breaks for the wealthy and changes that threaten access to health care, Republicans want to limit food stamps and other safety net programs, begin mass deportations and eliminate government jobs," said Alliance Secretary-Treasurer **Joseph Peters, Jr.** "However, there will be opportunities for those opposing those plans to prevent them from coming to fruition along the way."

KFF Health News: Trump's Picks for Top Health Jobs Not Just Team of Rivals but 'Team of Opponents'
Stephanie Armour and Julie Rovner



Robert F. Kennedy, Jr.

Many of President-elect **Donald Trump's** candidates for federal health agencies have promoted policies and goals that put them at odds with one another or with Trump's choice to run the Department of Health and Human Services, **Robert F. Kennedy Jr.**,

setting the stage for internal friction over public health initiatives.

The picks hold different views on matters such as limits on abortion, the safety of childhood vaccines, the covid-19 response, and the use of weight-loss medications. The divide pits Trump picks who adhere to more traditional and orthodox science, such as the long-held, scientifically supported findings that vaccines are safe, against often unsubstantiated views advanced by Kennedy and other selections who have claimed vaccines are linked with autism.