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THE SOCIAL SECURITY & MEDICARE
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Are These Annual Rx Prices Higher Than Your Entire Retirement Savings?

The total cost for a single year of treatment with the nation's most expensive specialty drugs can cost more than the entire retirement savings for many retirees. The annual cost of the cancer drug Idhifa, for example, is $300,858. According to a new study by the non-partisan Kaiser Family Foundation, the median out-of-pocket cost that Medicare Part D beneficiaries will pay for out-of-pocket or specialty drugs in 2019 would be $16,551. Patients suffering from multiple sclerosis could pay an estimated out-of-pocket of $7,409 in 2019 for Glatiramer acetate. Even on the "low side," the annual out-of-pocket for Hepatitis C drug, Zepatier runs $2,622.

The explosive cost of specialty drugs, that offer major treatment advances for people with life-threatening diseases, is not only threatening access to these treatments, but threatens to drain retirement savings, and leave widows and widowers in poverty after the death of a spouse. Unlike Medicare Advantage plans, and health insurance plans covering working-age adults, Medicare Part D has no annual out-of-pocket maximum to

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COLA for 2020 May Be Zero. No, This is Not Normal!

At 2.8%, the annual Cost-of-Living Adjustment (COLA) that Social Security beneficiaries received in 2019 was the highest in seven years. The average monthly retiree benefit of $1,425 increased by almost $40, but since October of last year, consumer price index data indicate that growth in inflation has stalled. In fact, if

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Great Minds Think Alike and Boggle at Prescription Drug Prices

By Mary Johnson, editor

Recently we asked for your stories and comments on how rising prescription drug costs impact you. The following story illustrates new administrative efforts by Medicare to "educate" beneficiaries about their options for less expensive prescription meds, by sending out letters listing lower cost medications. The question we need to ask our lawmakers is why is this necessary? Does the Center for Medicare & Medicaid Services (CMS) believe we are impoverishing ourselves by using more expensive drugs if a less expensive alternative was effective to begin with? Unfortunately sometimes the older, less expensive drugs don't work as well, and with metastatic cancer drugs, quality of life can be at stake. Our sincere thank you to Janice S., a retiree living in Illinois, for sharing the following.

I was diagnosed with metastatic breast cancer. My doctor first prescribed Femara. Within a few weeks I knew I was not going to be able to continue with this medication because I was experiencing severe bone and joint pain. My doctor then chose Aromasin. This was obviously the drug for me.

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How Can We Help the Oldest Retirees?

By Shannon Benton, Executive Director, The Senior Citizens League

Shannon Benton, Executive Director

As more people live to very old ages, they face financial risks for which many people may be unprepared. Poverty rates increase with age, from 7.9% for new retirees, to 12.1% for those age 85 and older. High out-of-pocket medical costs, a decline in the cognitive ability to handle finances, and the loss of a spouse or aging alone, are three common risks for retirees 85 and older. At the same time, income from savings (if there is any) may be less reliable.

Many Members of Congress and policy experts agree that improving Social Security benefits would help retirees in this age group avoid falling into poverty. A proposal that has been widely considered would introduce a targeted benefit boost at age 85.

Policy experts have suggested several ways to target benefits to those 85 and over. Here are two of them:

- Increase benefits by 5% for all retirees age 85 and over in 2019. This means if you are 86 and your monthly benefit, for example, is currently $1,200, you would get a boost of $60 a month. If your benefit were higher, say, $1,800, you would get a boost of $90 a month.
- The second way is to increase benefits by the same dollar amount for everybody age 85 and up. For example, the increase in 2019 would be 5% of the average monthly retiree benefit in 2018—about $1,400. That would boost monthly benefits for everyone age 85 and up by $70 ($840) for the year.

TSCL strongly agrees retirees age 85 and up are in particular need of such a benefit boost. Ongoing studies by TSCL have found that people retired for more than 18 years have lost 34% of the buying power of their Social Security benefits since 2000. In particular, our research indicates that $70 per month would be a very modest remedy, considering that an average Social Security benefit in 2000 of $816 per month only increased to $1,193 by 2018. Our study found that, to keep up with rising costs, the average benefit would need to have increased to $1,602 just to maintain the same level of buying power as 2000. A $70-per-month boost would be a strong first step in the right direction to strengthening retirement security for the oldest Americans. The cost of such a boost could be paid for by lifting the taxable maximum wage cap and applying the Social Security payroll tax to more, or even all, earnings.

Source: "Modernizing Social Security: Helping the Oldest Old," Alicia H. Munnell and Andrew D. Eschtruth, Center for Retirement Research at Boston College, October 2018.

Can You Help?

Social Security's financing imbalance threatens the long-term solvency of the program, and the benefits of more than 60 million beneficiaries. You can help us in the fight to protect Social Security from benefit and COLA cuts.

Help us help you with a donation.

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Send your donation to: The Senior Citizens League, PO Box 97173, Washington, DC 20090-7174

Or donate online at: www.SeniorsLeague.org.

High Drug Cost Stories Lead to Congressional Investigation of Pharmaceutical Pricing

Jessie Gibbons, Legislative Director

By Jessie Gibbons, Legislative Director

This year, The Senior Citizens League has heard from supporters like never before about some extreme costs of prescription drugs. One supporter told us she pays $1,800 for a three-month supply of insulin as a type 2 diabetic. She said: *"I do not have that kind of money! My doctor has been giving me samples to keep me afloat but I cannot expect him to do that forever…I will have to sell my house to pay for insulin. "*

Another supporter told us: *"I was paying $114 for a three-month supply of Aromasin. A few days ago, I discovered the new price would be $478 for three months … Pfizer has raised the price far too high for seniors on Medicare living on fixed incomes."*

And one more supporter said: *"At present I am spending $85 out of pocket each month and I fear that will only get worse as I age."*

The good news is that reducing drug costs appears to have bipartisan support. Two critical congressional committees—the Senate Finance Committee and the House Oversight and Reform Committee—have launched investigations into the pricing practices of the pharmaceutical industry.

Congressman Elijah Cummings (MD-7)—Chairman of the House Oversight and Reform Committee—announced his committee's investigation into twelve of the largest pharmaceutical companies in January. He said, *"The goals of this investigation are to determine why drug companies are increasing prices so dramatically, how drug companies are using the proceeds, and what steps can be taken to reduce prescription drug prices."* The first hearing that his committee held in the 116th Congress examined the causes of rising drug prices.

In the Senate, Finance Committee Chairman Chuck Grassley (IA) has also prioritized this critical issue. His first hearing as chairman was titled "Drug Pricing in America: A Prescription for Change" and, in his opening statement, he vowed to get to the bottom of the growing problem. Following that hearing in January, Chairman Grassley called upon seven of the most profitable pharmaceutical companies to testify before the committee, saying: *"Patients and taxpayers deserve to hear from leaders in the industry about what's behind this unsustainable trend. "*

In addition to congressional committee work in the 116th Congress, several new bills have been introduced that would reduce prescription drug costs. Several of them—including the following three—have already won bipartisan support in the new Congress.

- *The Medicare Prescription Drug Price Negotiation Act* (H.R. 275), which was introduced by Congressmen Peter Welch (VT) and Francis Rooney (FL-19), would require the federal government to negotiate lower Medicare Part D prices on behalf of Medicare beneficiaries.
- *The Safe and Affordable Drugs from Canada Act* (S. 61), introduced by Senators Chuck Grassley (IA) and Amy Klobuchar (MN), would allow individuals to safely import prescriptions from approved pharmacies in Canada.
- *The Preserve Access to Affordable Generics and Biosimilars Act* (S. 64), also introduced by Senators Grassley and Klobuchar, would prohibit anti-competitive pay-for-delay deals that keep much cheaper generic and biosimilar medicines off the market.

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The Social Security & Medicare Advisor © 2019 is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314. TSCL website: www.SeniorsLeague.org. Editor: Mary Johnson.

CONGRESSIONAL CORNER

Two Social Security Provisions Unfairly Penalize Millions of Teachers, Firefighters and Public Sector Workers

Rep. Rodney Davis (IL-13)

Rep. Rodney Davis (IL-13)

Every day, thousands of our neighbors and friends protect our cities, educate our students, and provide crucial services to our communities. While these public servants have made careers out of giving back, our federal government unfortunately uses antiquated policies to take back the benefits that these workers have earned.

As part of efforts to strengthen the Social Security system, Congress included the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) in the Social Security Act of 1983. While its intentions were noble, these changes did little to secure the Social Security system, and have instead unfairly penalized millions of public sector employees.

These three-decade-old policies have been proven to be harmful and unhelpful, which is why I introduced H.R. 141, the Social Security Fairness Act of 2019, which will eliminate these counterproductive policies. Nationwide, nearly 1.5 million people are affected by the WEP, meaning those who receive a public pension from a job not covered by Social Security see those benefits reduced. For example, a teacher who spends his or her summers working a second job, or a first responder who leaves the force after years of service, but is not ready to retire, can see their benefits reduced by as much as 40 percent.

In 2012, the GPO reduced, by nearly two-thirds, the Social Security benefits of nearly 600,000 surviving spouses who also collect a government pension. Nine out of 10 public employees affected by the GPO lose their entire spousal benefit, even though their spouse paid Social Security taxes for years.

As a nation, we should want young adults and workers from all walks of life to aspire to serve their communities and become public servants. However, policies like these only discourage citizens from becoming teachers, firefighters, and public health workers.

I have proudly introduced this important legislation every single Congress since coming to the House of Representatives in 2013. Despite having over 100 bipartisan cosponsors each Congress, the bill has unfortunately received little attention from House leadership.

In September 2018, myself and my colleague, Rep. Garret Graves (R-LA) offered this bill as an amendment to the Family Savings Act, which was part of Rep. Kevin Brady's "Tax 2.0" package. Unfortunately, the amendment was ultimately defeated, but highlighting this important issue. It continues to be my priority.

Social Security is a promise that the federal government has made to its citizens. It is a promise on which millions of Americans rely on, and one that needs to be there for them when they retire. I am proud to sponsor H.R. 141, and I look forward to continuing to work with my colleagues on both sides of the aisle in any capacity available, to ensure that we keep the promises we made to our public-sector employees. ■

Legislative Update: High Drug Cost Stories Lead to Congressional Investigation of Pharmaceutical Pricing; *continued from page 3*

The Senior Citizens League is proud to endorse these three bipartisan bills and, in the months ahead, we will urge lawmakers to sign them into law. For frequent progress updates on these bills and the work of the Senate Finance and House Oversight Committees, follow TSCL on Twitter or visit the Legislative News section of our website. Additionally, you can share your story about rising drug prices online at www.SeniorsLeague.org. ■

BEST WAYS TO SAVE

3 Experts Share Their Best Tips For Saving Money

Recently we asked 3 specialists to share their ideas for saving money and living in retirement. Here's what each told us:

- *Kevin L. Lawrence, MD pulmonologist of Sentara Martha Jefferson Medical Group* says, "Know your Medicare drug plan. Often doctors have a choice of several prescriptions that they can prescribe to treat your condition, but plans vary a lot on which drugs they cover. Plans can require you to try older, less expensive medications or can suddenly drop coverage of a drug you already take. Get a copy of your drug plan's formulary by calling your drug plan or downloading a copy from your drug plan's website. Take it with you to your doctors' appointments. You may also try accessing and bookmarking your drug plan's formulary on your smart phone."
- *Mark Miller, writes and publishes "Retirement Revised"* website and newsletter, as well as writing for *The New York Times*. He recently featured a story on the high cost of getting your Medicare sign up wrong. "Medicare requires enrollees to sign up during a limited window before and after their 65th birthday. Failing to do so leads to stiff late-enrollment penalties that continue for life, and potentially expensive, long waits for coverage to begin. There is one major exception: People who are still employed when they turn 65 can stay with employer-provided group coverage." Read more by Mark Miller at www.RetirementRevised.com.
- *Millicent G., a retiree living in the Williamsburg, Virginia* area who's a specialist in stretching retirement income shared the following—Always buy store brands whenever possible, but compare prices with several stores. Over-the-counter drugs, vitamins, bandages at Walmart (the Equate brand) tend to be lower than large pharmacies or grocery stores which can be double or more than those found at Walmart. Check out "special deals" every year to get the best price on cable TV, phone and internet services. Comparison shop for all types of insurance yearly. Use the library to borrow movies as well as books. Buy dried beans, peas, rice, barley, etc. instead of canned or pre-prepared items, then cook and freeze a big batch. ■

Are These Annual Rx Prices Higher Than Your Entire Retirement Savings? continued from page 1

protect people with the highest drug costs.

Specialty-tier drugs are defined by Medicare, as those that cost more than $670 per month in 2019, and include drugs used to treat cancer, hepatitis C, multiple sclerosis (MS), and rheumatoid arthritis. Even when Part D enrollees reach the Medicare Part D catastrophic coverage phase, when co-insurance drops to 5%, beneficiaries who take these drugs can continue to face thousands of dollars in annual out-of-pocket costs, according to the Kaiser study. The study found that annual out-of-pocket costs for specialty drugs in 2019 are expected to average $7,994 across the 28 specialty-tier drugs that are covered by drug plans.

Prices like these are not only unaffordable for most Medicare recipients, these costs also place pressure on Medicare's finances, since Medicare pays 80% of Part D costs during the catastrophic phase of coverage. Although drug plans vary significantly, the 2019 "standard Part D benefit" has a $415 deductible and a 25% co-insurance up to an initial coverage limit of $3,820 in total drug costs. That includes both what consumers and their drug plans pay. Once total costs exceed that amount, beneficiaries hit the Part D "doughnut hole" or coverage gap. Under that stage of coverage, beneficiaries pay 25% coinsurance on the discounted price of brand name drugs, and 37% co-insurance for generics until they have spent a total out-of-pocket of $5,100. At that point beneficiaries enter the catastrophic phase of coverage, but are still on the hook for 5% of the cost of their prescriptions.

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Are These Annual Rx Prices Higher Than Your Entire Retirement Savings? continued from page 5

President Trump recently released a proposal that could change the way drugs are sold in the U.S. Patients have been forced to pay out-of-pocket costs based on the rising list price of drugs. The proposal would require that often-secretive discounts or rebates, received by pharmacy benefit managers from drug companies, would have to be credited at the pharmacy when a patient fills a prescription. For patients who need expensive drugs, out-of-pocket costs are likely to go down.

But not all beneficiaries will come out ahead. Some treatments have little or no competition, and patients needing those drugs might not see any extra savings. And for people who don't take pricey drugs, monthly Part D costs are likely to rise because premiums are expected to go up when insurers won't be able to keep rebates to improve bottom lines.

Several new bills have recently been introduced in Congress that would reduce prescription drug costs. A number of them have bipartisan support. To read more details about these bills see—"Stories About High Drug Costs Lead To Congressional Investigation of Pharmaceutical Pricing."

How much are you spending on prescription drugs? Please tell us by taking our 2019 Senior Survey online at www.SeniorsLeague.org. ■

Sources: "The Out-of-Pocket Cost Burden For Specialty Drugs in Medicare Part D in 2019," Juliette Cubanski, Wyatt Koma, Tricia Neuman, Kaiser Family Foundation, January 2019. "How Trump's Latest Plan to Cut Drug Prices Will Affect You," Katie Thomas and Reed Abelson, The New York Times, *February 5, 2019.*

COLA for 2020 May Be Zero. No, This is Not Normal!; continued from page 1

the current trend continues, it suggests the COLA payable in 2020 could be zero, according to projections by *Advisor* editor, and COLA researcher, Mary Johnson.

Consumer price index data show that the rate of inflation has changed significantly over the past decade, and has yet to return to the average rate during the decade prior to the 2010 Great Recession. From 1999 to 2008, COLAs averaged 3%. Since 2010, however, the COLA, which is tied to the increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), has averaged just 1.4%. Since that year, inflation has been so low that there was no COLA payable three times—in 2010, 2011, and 2016. In 2017, inflation was almost zero at just 0.3 percentage point. This is not normal, and research on the costs experienced by older Americans indicates the COLA often doesn't reflect inflation that retirees actually experience.

An ongoing study of the buying power of Social Security benefits, a special project of TSCL, has found that since 2000, COLAs increased Social Security benefits by a total of 46%, but the typical expenses of older households grew more than twice as fast—96.3%. For every $100 a retired household spent in 2000, the same household can only buy about $66 worth of goods and services today.

The COLA as currently calculated is failing to protect the buying power of the beneficiaries for whom it is intended. TSCL supports legislation, the *3% COLA Act,* that would ensure a more fair and adequate COLA two ways. It would base the annual boost on an index that more accurately reflects of the costs of older Americans—the Consumer Price Index for the Elderly (CPI-E). In addition, the legislation would require an annual minimum COLA of no less than 3%.

Such a minimum guarantee would go a long way to protect beneficiaries in years when there is no COLA. Had such a 3% minimum COLA guarantee been in effect since 2009, the average benefit of $1,075 in 2009 would be $215 per month/ $2,580 year higher today—about 18%. A minimum COLA would also eliminate the problem of benefits remaining flat for years, at a time during periods when Medicare Part B premiums increase more than the COLA raises benefits.

There are still several months of data still to come in, and our COLA estimate could change. The 2020 COLA will be announced later this fall. ■

ASK THE ADVISOR

What is Medicare-For-All?

Q: My husband and I keep hearing about "Medicare-for-all." Can you give us some information about what is being discussed, particularly how it would be financed?

A: The new Congress is beginning to debate the next steps for expanding healthcare by extending Medicare coverage to more people. A growing body of research has found that, even though our nation pays the highest healthcare costs of any industrialized nation in the world, our health outcomes are worse than those nations'.

So far, more than eight different Medicare expansion proposals have been put forward, and more are expected. According to an analysis by the non-partisan Kaiser Family Foundation, the proposals fall into four general categories. The categories include proposals that would:

Create Medicare-for-All, a single national health insurance program for all U.S. residents;

Create a new public plan option, based on Medicare that would be offered to individuals and some, or all employers, through the Affordable Care Act's (ACA) healthcare marketplace;

Create a Medicare buy-in option for older individuals (around 50 to 55 & up) who are not yet eligible for the current Medicare program; and

Create a Medicaid (the low-income healthcare program) buy-in option that states can choose to offer to individuals through the ACA marketplace.

According to the Kaiser Family Foundation many Americans like the idea of "Medicare-for-All." A Kaiser poll found, that 77% of the public including most Republicans (69%), favor allowing people between the ages of 50 to 64 to buy health insurance through Medicare. Seventy-five percent of the public, including most Republicans (64%), favor allowing people who aren't covered by their employer, to buy insurance through their state's Medicaid program.

The poll however, went on to probe public attitudes, after giving survey participants common arguments for and against a national Medicare-for-all plan. The public's attitudes shifted significantly depending on what people hear. For example, those participating in the poll were more favorable to the proposal after hearing Medicare-for-all would guarantee health insurance as a right, and would lower out-of-pocket costs, but turned unfavorable when they learned the proposal would require most Americans to pay more in taxes, or could lead to delays for people seeking care.

So far, lawmakers have not coalesced around any single approach, and more proposals are expected. Democrats in the House will begin holding hearings on expanding Medicare this spring. The Congressional Budget Office is working on an assessment that will help lawmakers understand the variables that need to be considered.

TSCL will be closely following this debate in the coming months. What we do not want to see is a legislative initiative for an expansion of Medicare without a sound and fair plan for the financing of new benefits. Most Medicare expansion proposals are expensive, and would require major new sources of revenues. Expanding Medicare may also mean that people would lose former healthcare coverage, while the new coverage under "Medicare-for-all" may cost some people, including middle-income households, far more than they paid before.

TSCL feels that it will take Members of Congress from both sides of the political aisle to change our nation's health insurance system in a bipartisan way that extends Medicare to more people. It will be important to avoid the kind of political and legal challenges that have plagued the Affordable Care Act since it became law.

What you can do: TSCL is conducting our annual senior survey to collect information about healthcare costs, and to learn more about the attitudes of older Americans on proposals to change Medicare. Take the 2019 Senior Survey online at www.SeniorsLeague.org. ■

Great Minds Think Alike and Boggle at Prescription Drug Prices; continued from page 1

That was almost 10 years ago. Today my cancer is in remission. I seem to have no side effects and the lesions on my liver have faded and seem to be healed over. I had every reason to believe that Aromasin was the medication I would take for the rest of my life. I am now 82.

NOT TRUE. Pfizer has raised the price far too high for seniors on Medicare and living on a fixed income. Prior to the increase I was paying $114.00 for a 3-month supply, or $456.00 a year. A few days ago I discovered the new price for this year was $478.80 for a 3-month supply or $1,915.20 annually.

Medicare sent a letter to those of us using this medication suggesting that I change to a different med and included two possible suggestions, one of which is a generic of the first medication prescribed ten years ago. It cost only a few dollars.

That may be okay for some, but I have had such great success. Why change to something else and put myself through all those fears again? My solution right now is to change where I purchase the medication. Canada, here I come and the devil with Medicare.

Medicare is trying to nudge people towards using less expensive older drugs, as this story describes. Most of us jump at the chance to lower our drug costs whenever we can, but sometimes the alternative may not work as well. If this happens to you, I strongly suggest that you take the letter from Medicare and show it to your doctor. I'm willing to bet your doctor won't be pleased to see Medicare "prescribing" other drugs for his or her patients.

If you experience a steep rapid price increase like this, where the drug doubles or quadruples as it did for Janice, first check with your drug plan to learn whether the drug is still covered by your plan. You can double check the price you have been quoted by using the Medicare drug plan finder at *www.Medicare.gov*. If the drug is covered and the price has increased like this example, please contact your Members of Congress, starting with your Representative in the House and share details about the cost increase of your drug. Members of the House have announced hearings in coming weeks to investigate this sort of price gouging and your Representative will be interested in hearing your story.

The Senior Citizens League is sharing these stories with Members of Congress as well. If you would like to share your story you may do so online at www.SeniorsLeague.org. ■

SOCIAL SECURITY & MEDICARE QUESTIONS

Can You Tell Me What to Expect in the Part D Doughnut Hole?

Q: I read that the Medicare Part D doughnut hole is closing. What does that mean? I recently started on Lantus insulin, which my drug plan covers, but with the other drugs I take, I expect to hit the doughnut hole with my April refill.
A: You are fortunate to already be in a Medicare drug plan that covers Lantus, because not all Part D plans do. If your drug plan had been one of the several Medicare Part D plans that doesn't cover Lantus, this drug could cost as much as $340 per 100/ml vial. Many diabetics need about 3 vials per month to control their blood sugar, which would cost more than $13,000 over a 12-month period. But since you are in a plan that covers Lantus and presumably the other drugs that you take, here's what to expect when you exhaust 2019's Part D initial coverage limit of $3,820 in total drug costs, which includes what both you and your drug plan pays.

Once the costs that both you and your drug plan have paid exceed the above limit, then you will pay 25% co-insurance for brand drugs in 2019, and your drug plan will pay 5%. There's a manufacturer discount of 70%. For generics, you will pay 37% and plans pay 63%. This phase of coverage—which is called the "doughnut hole" or coverage gap—lasts until you have a spent a total of $5,100 out-of-pocket on prescription costs. Please note that what you pay in premiums does not count toward out-of-pocket costs. Once you have spent $5,100, which counts the manufacturer discount portion of the drug cost in the doughnut hole,

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Social Security & Medicare Questions: Can You Tell Me What to Expect in the Part D Doughnut Hole? continued from page 8

then you reach the Part D catastrophic threshold. Medicare pays 80%, plans pay 15% and enrollees pay the greater of either 5% of total drug costs or $3.40/$8.50 for each generic/ brand-name drug respectively.

Assuming you might need 9 (100/ml of Lantus) every 90 days, here's how the Medicare Drug Plan Finder shows typical costs: Please note this example is from the state of Virginia, and costs vary somewhat depending on where you may live.

Initial coverage stage: $244.61 from the lowest-cost drug plan *but, as you have discovered, the total cost of the drug is so expensive that you rapidly use up the initial $3,820 in the first three months once you factor in the portion that your drug plan pays.*

Doughnut hole or coverage gap stage: $305.76.

Catastrophic coverage stage (if you spend a total of more than $5,100 counting all your prescriptions): $61.15

Unlike other types of health insurance, Part D plans do not have a fixed annual out-of-pocket maximum, and you could potentially continue to spend even more than $5,100 this year. While that's a huge sum for just prescription drugs, the out-of-pocket threshold "resets" and it starts all over again next year. Unless Congress takes action, the out-of-pocket threshold is scheduled to make a steep increase in 2020 to $6,250, due to an expiring provision of the 2010 Affordable Care Act.

How much are you spending on prescriptions? Be sure to take TSCL's 2019 Senior Survey and let us know at www.SeniorsLeague.org. TSCL is working with Members of Congress to enact legislation that would allow Medicare to negotiate drug prices and supports bills that would cap or reduce out-of-pocket spending. ■

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