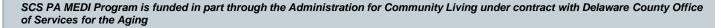
Programs to Help Save Medicare Beneficiaries Money Medicare Cost Sharing Presentation

PRESENTED BY DELAWARE COUNTY PA MEDI MEDICARE PROGRAM







pennsylvania

Medicare Education and Decision Insight



Extra Help Program/Low Income Subsidy (LIS)

• Helps Medicare Beneficiaries dramatically lower their prescription drug costs.

• You may be eligible for assistance if:

- Have a Limited Income and Resources
- Receive Medicare Savings Program (MSP)Assistance for Medicare Part B Premium
- Have a Community Health Choices HMO Medicaid Insurance Plan (Formerly known as Medicaid or the ACCESS Card)

Income Guidelines for Extra Help Program

Full Benefits

<u>Single</u>

Income - (\$1,699/monthly) or less in Income \$20,388/yearly Resources - \$9,900 or less in Resources

<u>Couple</u>

Income - (\$2,289/monthly) or less in Income \$27,468/yearly Resources - \$15,600 or less in Resources

How Does Full Extra Help Assist with Part D Costs

Persons with Full Low Income Subsidy:

- Have No Monthly Premium
- Have No Annual Deductible and No Doughnut Hole
- Pay low co-pays **(\$1.35/\$4.00 or \$3.95/\$9.85)** on prescriptions; depending on income and on whether drug is generic or brand name
- Have No Co-pays for the rest of the year once you reach \$7,050 in total out of pocket costs

Income Guidelines for Extra Help Program

Partial Benefits

<u>Single</u>

Income - (\$1,529/monthly) or less in Income \$18,348/yearly Resources - \$15,510 or less in Resources

<u>Couple</u>

Income - (\$2,060/monthly) or less in Income \$24,720/yearly Resources - \$30,950 or less in Resources

How Does Partial Extra Help Assist with Part D Costs

If you are awarded a Partial Subsidy:

- Get help paying **Part D** Plan Premiums (On a Sliding Scale depending on your income)
- Have your Annual Deductible reduced from <u>\$480</u> to \$99
- Have **No** Doughnut Hole
- Pay <u>15%</u> co-pays for all drugs until out-of-pocket costs reach \$7,050 and then you pay small co-pay <u>\$3.95</u> for Generics/<u>\$9.85</u> for Brand Name for the rest of the year

Income Counted

- Wages
- Interest
- Dividends
- Social Security
- Veteran's Benefits
- Pensions
- Spouse's income if living with him/her

Income Not Counted

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- Certain housing and utility subsidies
- Foster Care Payments
- Weatherization Payments

Resources Counted

- Bank Accounts, including Checking, Savings and Certificates of Deposit
- Stocks and Bonds
- Some trust funds
- Life Insurance
- Vehicles
- Revocable Burial Funds
- Non-Resident Property
- Cash at home or anywhere else

Resources Not Counted

- Primary Residence
- One Vehicle
- Burial Reserves subject to specified limits

Additional Special Benefits

- A Continuous Quarterly Special Enrollment Period to join or switch a Medicare Part D drug plan any time of year. People who get Extra Help do not need to wait for the Annual Medicare Open Enrollment Period (Oct. 15 – Dec. 7) to change plans. Any plan changes will become valid for the following month.
- No Part D late enrollment <u>penalty</u>, even if the beneficiary enrolls late (that is, after they were first eligible to join a Part D plan and if they did not have other drug coverage).

How to Apply for Extra Help

- To apply get assistance from the DELCO PA MEDI Medicare Program
- Apply online at <u>www.ssa.gov</u>
- Apply by calling the Extra Help Application Call Center at 1-800-866-1807
- Complete a paper application

Medicare Savings/Medicare Buy In Programs

- Medicare Savings Program with payment of the Medicare Part B Premium
- The State pays the Part B Premium each month at <u>\$170.10</u> for the year 2022.
- You can apply if you are eligible for Medicare A &B or have a Community Health Choice HMO Insurance Plan (Medicaid).
- Have Income and Assets as indicated below:

PROGRAM	MONTHLY INCOME	ASSETS	
Medicare Saving Program			
QMB	\$1,133 - Single \$1,526 - Couple	\$8,400 - Single \$12,600 - Couple	Pays Part A& B, Copays, and Deductibles
SLMB	\$1,359 - Single \$1,831 - Couple	\$8,400 - Single \$12,600 - Couple	Pays Part B only
QI-1	\$1,529 - Single \$2,060 - Couple	\$8,400 - Single \$12,600 - Couple	Pays Part B only

Applying for Medicare Savings Programs

- To apply get assistance from the DELCO PA MEDI Medicare Program Office
- Complete a paper application
- Apply Online through PA Department of Human Services or the COMPASS Website
 - o <u>www.compass.state.pa.us</u> (Medicare Saving Program only)

Apply Online through PA Social Security Department

o <u>www.ssa.gov</u> (Extra Help & Medicare Savings Programs)

PACE/PACENET

To be eligible for PACE/PACENET

- **65** years of age or older
- Resident of Pennsylvania for at least **90** days
- Not receiving prescription benefits under Medical Assistance
- Meet the **Prior Year** Income Guidelines



Single Person

<u>Previous</u> years income below \$1,208 (\$14,500/yr.)

Married Couple

<u>Previous</u> years income below **\$1,475** (\$17,700/yr.) <u>Cost of Prescriptions</u>

- *** \$6** co-pay for Generic Medications (30-Day Supply)
- *** \$9** co-pay for name Brand Medications- (30-Day Supply)
- × Can get a 90- day supply with PACE & Part D Medicare Plan
- * 90-day supply contingent upon PDP offering 90-day Supply Benefit
- × Assets are not counted

PACENET

<u>Single Person</u>

<u>Previous</u> years income below **\$2,791** (\$33,500/yr.) <u>Married Couple</u>

<u>Previous</u> years income below **\$3,458** (\$41,500/yr.)

Cost of Prescriptions

- × **\$40.74** Monthly Deductible
- **\$8** co-pay for Generic Medications- (30-Day Supply)
- **\$15** co-pay for Brand Name Medications- (30-Day Supply)
- × Can get a 90- day supply with PACE & Part D Medicare Plan
- * * 90-day supply contingent upon PDP offering 90-day Supply Benefit

× Assets are not counted

How To Apply for PACE/PACE NET

- The **DELCO PA MEDI Medicare** Program Office can help
- **Phone**: 1 800 225-7223
- Complete Paper Copy Application
- Email: papace@magellanhealth.com
- Apply Online:

https://pacecares.magellanhealth.com/

- Mail to: PACE/PACE NET PO Box 8806 Harrisburg, PA. 17105-8806
- Fax: 1 888 656-0372

Contact

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