

# MAINE TOWNSHIP GENERAL ASSISTANCE

LAURA J. MORASK  
TOWNSHIP SUPERVISOR

1700 BALLARD RD  
PARK RIDGE, ILLINOIS 60068-1006  
(847) 297-2510 FAX (847) 297-5914

MARSHAWARNICK  
DIRECTOR OF GENERAL ASSISTANCE

## **MEDICARE D PRESCRIPTION COVERAGE APPOINTMENT NOTICE**

\_\_\_\_\_ AT \_\_\_\_\_  
(DAY, DATE) (TIME)

The following documents must be brought to this appointment:

- Illinois Photo I.D.
- Medicare Card
- Medical Insurance Card
- Actual Bottles of Medicine

To apply for the Extra Help Benefit, bring the following:

- Bank Statements
- Investment Statements
- Life Insurance Policies
- Tax Returns
- Pension Letters
- Pay Check Stubs

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MARSHAWARNICK  
DIRECTOR OF GENERAL ASSISTANCE

Dear Applicant,

I have enclosed information and an application regarding Medicare Savings Programs for you. The Department of Human Services (DHS) will determine which of the three Medicare Savings Programs you are eligible to receive.

**Please read the entire packet carefully.**

Complete the application AND include copies of your:

- Medicare Card
- Illinois Driver's License/Illinois State ID
- Social Security Card
- Health Insurance card front & back – if applicable

**MAIL TO:** LOCAL ADMINISTRATOR  
NORTHERN DISTRICT OFFICE  
ILLINOIS DEPARTMENT OF HUMAN SERVICES  
8001 N. LINCOLN AVE, 6<sup>TH</sup> FLOOR  
SKOKIE, IL 60076



# Medicare Savings *for* Qualified Beneficiaries

You could save up to **\$1,461.60** a year in Medicare expenses.

*The State of Illinois can help.*

## Learn about State of Illinois programs that can save you money.

Many Illinoisians with Medicare can save up to \$1,461.60 each year by participating in Medicare cost sharing programs. These programs may pay for Medicare premiums. You can keep more of your Social Security check by enrolling. Many people use the extra money to help pay for living expenses or prescription drugs.

Many of the people who can save those costs never apply. Are you one of them?

## How do I know if I qualify?

1. You must have Medicare Hospital Insurance (Part A). If you're not sure whether you have it, look on your Medicare card or call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778) to find out. The call is free.
2. Your income must be below certain limits. Look at the table provided on this flyer to see if you might qualify.
3. Your resources (not counting your home) cannot exceed \$7,280 for yourself or \$10,930 if you have one or more dependents living with you.

Financial resources are things like bank accounts, stocks and bonds.

Some things are not counted: the home you live in, one car, burial plots and furniture.

The State of Illinois will not place a claim on your estate for the amount of Medicare cost-sharing expenses paid by the State.

## How Does It Work?

The State of Illinois may pay some or all of the following Medicare expenses depending on your income:

**Premiums** — These amounts would no longer be deducted from your Social Security check.

**Deductibles and Coinsurance** — If your doctor accepts assignment, he or she will bill the State for these amounts when you seek healthcare.



| <b>Your Monthly Income Limits*</b>                           | <b>Program May Pay*</b>  | <b>Cost Sharing Program Name</b>                             |
|--|--|--|
| \$990 Individual<br>or<br>\$1,337 Couple                     | Premiums, deductibles, coinsurance up to<br>\$104.90/month-\$1,258.80/year<br>\$121.80/month-\$1,461.60/year | <b>Qualified Medicare Beneficiary (QMB)</b>                  |
| \$1,187 Individual<br>or<br>\$1,603 Couple                   | Medicare Part B premiums up to<br>\$104.90/month-\$1,258.80/year<br>\$121.80/month-\$1,461.60/year           | <b>Specified Low-Income Medicare Beneficiary (SLIB/SLMB)</b> |
| \$1,336 Individual<br>or<br>\$1,804 Couple                   | Medicare Part B premiums up to<br>\$104.90/month-\$1,258.80/year<br>\$121.80/month-\$1,461.60/year           | <b>Qualified Individual-1 (QI-1)</b>                         |
| * 2016 levels, these limits may increase slightly each year. |  |  |

## 2016 Medicare Deductible, Coinsurance & Premium Amounts



### *Medicare Part A* **Hospital**

- Deductible: **\$1,288**
- Coinsurance:
  - 1st through 60th day: **\$0**
  - 61st through 90th day: **\$322.00/day**
  - 91st through 150th day: **\$644.00/day**

### **Skilled Nursing Facility**

- Coinsurance:
  - 1st through 20th day: **\$0**
  - 21st through 100th day: **\$161.00/day**

### **Part A Premium**

If you or your spouse paid Medicare taxes while working, you may not have to pay a premium for Medicare Part A.

### *Medicare Part B*

- Deductible: **\$166.00/year**
- Premium: **\$104.90/month** Enrolled before 2016
- Premium: **\$121.80/month** Enrolled beginning 2016

## How Do I Apply?

To learn more about Medicare Cost Sharing or to request an application, call:

Department on Aging (DoA)  
1-800-252-8966  
(TTY: 1-888-206-1327);

or

Department of Human Services (DHS)  
1-800-843-6154  
(TTY: 1-800-447-6404).

The call is free.

You may download an application from the Internet at  
<http://www2.illinois.gov/hfs/MedicalProvider/MedicalProgramForms/Pages/medicalnumeric.aspx>

A face to face interview is not required. After you apply, DHS will send you a notice to tell you if you can get help with your Medicare cost sharing expenses.





State of Illinois

Department of Healthcare and Family Services  
Department of Human Services

**AGENCY USE  
ONLY**  
**Date Received**

## Mail-In Application For Payment of Medicare Premiums, Deductibles and Coinsurance

This application is available in Spanish.  
Esta solicitud está disponible en español.

Recycle any instruction pages  
sent with this application.

**Case Number**

**Apply now.** Print in ink. Answer all the questions. If you wish, you may have someone help you complete this application. If you need more space for any answers, use an extra sheet of paper.

**Note:** This is NOT an application for medical assistance, cash assistance, or food stamps. If you want to apply for these programs, contact your local Department of Human Services (DHS) Family Community Resource Center (FCRC) or visit their website at [www.dhs.state.il.us](http://www.dhs.state.il.us).

If you are interested in registering to vote, please go to [www.elections.il.gov/](http://www.elections.il.gov/) or call the Department of Human Services Helpline at 1-800-843-6154 (TTY: 1-800-447-6404). If you would like assistance or need translation services, please contact your FCRC.

### PERSONAL INFORMATION

Name  
(Last, First) \_\_\_\_\_

Do you live in a nursing home or assisted living facility? ☐ Yes ☐ No

If yes, write the name of the home or facility: \_\_\_\_\_

Street Address  
(Where you currently live) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address  
(If different from above) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex of Applicant  
☐ Male ☐ Female

What language do you use the most?

☐ English ☐ Spanish ☐ Other (Specify) \_\_\_\_\_

For more information, call 1-800-843-6154 or for persons using TTY 1-800-447-6404. The call is free.

List all persons living with you. Include your spouse and children under the age of 18.

| Name     | Date of Birth | Relationship |
|----------|---------------|--------------|
| 1) _____ | 1) _____      | 1) _____     |
| 2) _____ | 2) _____      | 2) _____     |
| 3) _____ | 3) _____      | 3) _____     |

**Are you a U.S. Citizen?**

☐ Yes ☐ No

If no, write alien registration number: \_\_\_\_\_

Send in copy of your registration card.

**Your answers to these questions will not affect our decision.**

**Are you Hispanic or Latino?**

☐ Yes ☐ No

**What is your race? (Mark all that apply)**

☐ White

☐ Native American Indian or Alaska Native

☐ Black or African American

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Other \_\_\_\_\_

**HEALTH INSURANCE** You must report all health insurance you have now.

**Medicare Coverage (Send in copy of Medicare card with the application.)**

Do you have Medicare Part A? ☐ Yes ☐ No

Do you have Medicare Part B? ☐ Yes ☐ No

If yes, when did your coverage begin? \_\_\_\_\_

If yes, when did your coverage begin? \_\_\_\_\_

Medicare Claim Number: \_\_\_\_\_

**List private health insurance, group health insurance, or a plan through your most recent employer.**

Do you have health insurance? ☐ Yes ☐ No If yes, list the name of the insurance.

Name of Insurance Company: \_\_\_\_\_ Certificate/Policy #: \_\_\_\_\_

If insurance is through employer/union, enter employer or union.

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check all the following benefits provided:

☐ Major Medical

☐ Dental

☐ Vision

☐ Long Term Care

☐ Prescriptions

For more information, call 1-800-843-6154 or for persons using TTY 1-800-447-6404. The call is free.

**ASSETS**

List any property that you or your spouse own. Do not list the house you live in.

| Address  | Current Value | If you are still paying for this item, how much do you owe? |
|----------|---------------|---|
| 1) _____ | \$ _____      | \$ _____  |
| 2) _____ | \$ _____      | \$ _____  |

List any car, truck, motorcycle, boat, trailer, or other vehicle that you or your spouse owns.

| Owner(s) | Year  | Make/Model/Type | Current Value | If you are still paying for this item, how much do you owe? |
|----------|-------|-----------------|---------------|---|
| 1) _____ | _____ | _____           | \$ _____      | \$ _____  |
| 2) _____ | _____ | _____           | \$ _____      | \$ _____  |

Tell us if you or your spouse pays child support or spousal support.

| Name of Person | How much do you pay? | How often do you pay? |
|----------------|----------------------|-----------------------|
| 1) _____       | \$ _____             | _____                 |
| 2) _____       | \$ _____             | _____                 |

Do you or your spouse own any of the following assets? Check all that apply. ☐ Yes ☐ No

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Checking Account   | <input type="checkbox"/> Savings               | <input type="checkbox"/> Mutual Funds          | <input type="checkbox"/> Trust Funds            |
| <input type="checkbox"/> Annuity Deposits   | <input type="checkbox"/> Funeral/Burial Plans  | <input type="checkbox"/> Government Bonds      | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Burial Plots       | <input type="checkbox"/> Nursing Home Accounts | <input type="checkbox"/> Money Market Accounts | <input type="checkbox"/> Stocks/Bonds           |
| <input type="checkbox"/> Mineral/Oil Rights | <input type="checkbox"/> IRA                   | <input type="checkbox"/> Other                 | List, if other: _____                           |

| Owner    | Type of Asset | Account/Policy # | Value    | Name of Bank, Company, etc. |
|----------|---------------|------------------|----------|-----------------------------|
| 1) _____ | 1) _____      | 1) _____         | \$ _____ | 1) _____                    |
| 2) _____ | 2) _____      | 2) _____         | \$ _____ | 2) _____                    |
| 3) _____ | 3) _____      | 3) _____         | \$ _____ | 3) _____                    |
| 4) _____ | 4) _____      | 4) _____         | \$ _____ | 4) _____                    |

Do you or your spouse have life insurance?

| Policy Owner | Insurance Company | Policy Number | Face Value | Cash Value |
|--------------|-------------------|---------------|------------|------------|
| 1) _____     | 1) _____          | 1) _____      | \$ _____   | \$ _____   |
| 2) _____     | 2) _____          | 2) _____      | \$ _____   | \$ _____   |

For more information, call 1-800-843-6154 or for persons using TTY 1-800-447-6404. The call is free.

## INCOME AND EARNINGS

Tell us about the money that you or your spouse gets from any source. List the income amount before deductions (such as taxes or insurance). Income includes, but is not limited to:

|                              |                    |                               |
|------------------------------|--------------------|-------------------------------|
| Social Security              | SSI                | Wages/Self-Employment         |
| Railroad Retirement Benefits | Veteran's Benefits | Trust or Annuity Payments     |
| Pensions/Retirement Benefits | Rental Income      | Royalties, Oil/Mineral Rights |

| Name of Person Who Receives Income | Type of Income | Employer or Source of Income | Amount   | How Often Received? | Claim Number (if applicable) |
|------------------------------------|----------------|------------------------------|----------|---------------------|------------------------------|
| 1) _____                           | 1) _____       | 1) _____                     | \$ _____ | 1) _____            | 1) _____                     |
| 2) _____                           | 2) _____       | 2) _____                     | \$ _____ | 2) _____            | 2) _____                     |
| 3) _____                           | 3) _____       | 3) _____                     | \$ _____ | 3) _____            | 3) _____                     |

If you or your spouse get money from a job, answer the following questions or send us pay stubs received during the last month. You can get certain deductions if you tell us about them. These deductions may help you become eligible. If you do not provide this information to us, we will make the decision from the information you provided.

| What are your earned income deductions? | What are your spouse's earned income deductions? |
|---|--|
| Federal Tax \$ _____                    | Federal Tax \$ _____                             |
| State Tax \$ _____                      | State Tax \$ _____                               |
| FICA \$ _____                           | FICA \$ _____                                    |
| Medicare \$ _____                       | Medicare \$ _____                                |
| Retirement \$ _____                     | Retirement \$ _____                              |
| Union Dues \$ _____                     | Union Dues \$ _____                              |
| Insurance \$ _____                      | Insurance \$ _____                               |

If you or your spouse gets money from a job or self-employment answer the following questions:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you buy or bring lunch to work?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your spouse buy or bring lunch to work?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you buy uniforms or special tools for work?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how much monthly: \$ _____                       |                              |                             |
| Does your spouse buy uniforms or special tools for work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how much monthly: \$ _____                       |                              |                             |
| Do you pay for child care so you can work?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how much monthly: \$ _____                       |                              |                             |
| Does your spouse pay for child care so they can work?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how much monthly: \$ _____                       |                              |                             |

| How do you get to and from work?  | How does your spouse get to and from work?  |
|---|---|
| <input type="checkbox"/> Bus<br>Amount: \$ _____<br>How often paid: _____                     | <input type="checkbox"/> Bus<br>Amount: \$ _____<br>How often paid: _____                     |
| <input type="checkbox"/> Taxi<br>Amount: \$ _____<br>How often paid: _____                    | <input type="checkbox"/> Taxi<br>Amount: \$ _____<br>How often paid: _____                    |
| <input type="checkbox"/> Train<br>Amount: \$ _____<br>How often paid: _____                   | <input type="checkbox"/> Train<br>Amount: \$ _____<br>How often paid: _____                   |
| <input type="checkbox"/> Car<br>Weekly miles: _____   | <input type="checkbox"/> Car<br>Weekly miles: _____   |
| <input type="checkbox"/> Other (describe): _____<br>Amount: \$ _____<br>How often paid: _____ | <input type="checkbox"/> Other (describe): _____<br>Amount: \$ _____<br>How often paid: _____ |

For more information, call 1-800-843-6154 or for persons using TTY 1-800-447-6404. The call is free.



## Read and Sign

We will keep what you tell us private as required by law.

If we pay medical bills for you, you give your right to collect medical support payments to the State of Illinois. You agree the state may seek reimbursement for services the state covered for you if those services should have been paid for by any other health coverage you may have.

You agree that the state may release information about medical services that you have received through any program paid for by medical assistance for any purpose authorized by law.

You must tell your caseworker within 10 days if any of the following happens:

- Your income or assets change.
- The number of people in your family who live with you changes.
- You move to a new home in Illinois.
- You move out of Illinois.

Anyone who misuses your medical benefits may be committing a crime.

**I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If unable to sign, make a mark and have a witness sign next to your mark.)

If someone completed this application for you, they must sign and complete the information below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

## Final Checklist - Keep this page for your records.

- ✓ Did you answer all the questions?
- ✓ Did you sign and date the application?
- ✓ Do you have copies of all the proofs we said you would need?
- ✓ Mail your application along with copies to your local Family Community Resource Center. You may call 1-800-843-6154 (TTY 1-800-447-6404) to find the office near you. The call is free.

## Next Steps

- If any information changes after you send in the application, call 1-800-843-6154 (TTY 1-800-447-6404). The call is free.
- We will review your application as quickly as possible.
- If we find something missing, we will send you a letter telling you what else to send.
- Please allow 45 days for us to make a decision.

If you are not satisfied with the actions taken on this application, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-435-0774 (TTY: 1-877-734-7429) or by writing to the Department at 401 South Clinton Street, 6th Floor, Chicago, IL 60607. The call is free. Use this address only to ask for a fair hearing. **DO NOT SEND APPLICATION TO 401 SOUTH CLINTON.**

Medical benefits programs comply with all state and federal laws, rules and regulations pertaining to equal access regardless of sex, race, disability, national origin, religion, or age. The State of Illinois is an equal opportunity employer that practices affirmative action. The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

To file a complaint of discrimination, contact any or all of these offices:

Illinois Department of Human Services (DHS)  
Bureau of Civil Affairs  
401 South Clinton Street, 4<sup>th</sup> Floor  
Chicago, Illinois 60607

Illinois Department of Healthcare  
and Family Services (HFS)  
EEO/AA Office  
401 South Clinton Street, 7<sup>th</sup> Floor  
Chicago, Illinois 60607

U.S. Department of Health and  
Human Services (HHS)  
Director, Office for Civil Rights  
Room 506-F,  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Call  
(202) 619-0403 (voice) or  
(202) 619-3257 (TTY)

# OTHER BENEFIT PROGRAMS OFFERED BY THE STATE OF ILLINOIS

## You may also qualify for these programs:

- **Home and Community Based Services** - You or your family members may also qualify for one of the Illinois home and community based services programs. These programs allow eligible individuals to either remain in their own home or live in a community setting, rather than an institutional setting such as: a hospital, nursing home or intermediate care facility for the developmentally disabled. For more information, visit [www.hfs.illinois.gov/hcbswaivers/](http://www.hfs.illinois.gov/hcbswaivers/)
- The **Low Income Home Energy Assistance Program (LIHEAP)** helps qualified households pay for winter energy services. The amount of the benefit depends on income, household size, fuel type and geographic location. For more information, visit [www.liheapillinois.com](http://www.liheapillinois.com)
- The **Illinois Department of Human Services' Child Care Program** provides low-income, working families with access to quality, affordable child care. Parents can learn about childcare in their community and see if they qualify for a subsidy by contacting their local Child Care Resource and Referral agency (CCR&R). Visit [www.ilchildcare.org](http://www.ilchildcare.org) or call 1-800-649-1884 to find your local CCR&R. The call is free.

## Here are other medical programs your friends or neighbors might use:

- **Veteran's Care** offers access to affordable, comprehensive healthcare to veterans across Illinois. Veterans pay an affordable monthly premium and receive medical, dental and vision coverage. For additional information, please visit [www.illinoisveteranscare.com](http://www.illinoisveteranscare.com) or call 1-877-4VETS-RX (TDD: 1-877-504-1012). The call is free.
- **Illinois Cares Rx** provides a safety net for seniors and persons with disabilities so they won't have to pay more out of pocket under the Medicare drug plan. To find out more, visit [www.illinoiscaresrx.com](http://www.illinoiscaresrx.com) or call the Illinois Health Benefits hotline at 1-800-226-0768 (TTY: 1-866-675-8440). The call is free.
- The **Illinois Rx Buying Club** provides an average discount of 24% at many Illinois pharmacies. To get more information or to enroll visit [www.illinoisrxbuyingclub.com](http://www.illinoisrxbuyingclub.com) or call 1-866-215-3462 (TTY: 1-866-215-3479). The call is free.
- **Health Benefits for Workers with Disabilities** is a comprehensive healthcare program for employed persons with disabilities. Working individuals between the ages of 16 and 64 may be eligible. To download an application, visit [www.hbwdillinois.com](http://www.hbwdillinois.com) or call 1-800-226-0768 (TTY: 1-866-675-8440). The call is free.
- The **Illinois Breast and Cervical Cancer Program (IBCCP)** provides cancer screening and treatment for eligible women between 35 and 64 years old (younger women may be eligible in some cases). To find out if you qualify visit [www.cancerscreening.illinois.gov](http://www.cancerscreening.illinois.gov) or call the Women's Health Line 1-888-522-1282 (TTY: 1-800-547-0466). The call is free.
- The **Illinois Healthy Women (IHW)** program provides family planning and related services for women between 19 and 44 years old. To find out if you qualify, visit [www.ihowillinois.com](http://www.ihowillinois.com) or call the Health Benefits hotline at 1-800-226-0768 (TTY: 1-866-675-8440). The call is free.



[www.socialsecurity.gov](http://www.socialsecurity.gov)



Social Security

# Understanding The Extra Help With Your Medicare Prescription Drug Plan

2016



Social Security Administration  
SSA Publication No. 85-10508  
ICN 470112  
Unit of Issue - Package of 25  
March 2016 (Recycle prior editions)

*Produced and published at U.S. taxpayer expense*

Printed on recycled paper

[www.socialsecurity.gov](http://www.socialsecurity.gov)

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## Contacting Social Security

### Visit our website

At our website, [www.socialsecurity.gov](http://www.socialsecurity.gov), you can:

- Create a **my Social Security** account to review your *Social Security Statement*, verify your earnings, print a benefit verification letter, change your direct deposit information, and more.
- Apply for Extra Help with Medicare prescription drug plan costs;
- Apply for retirement, disability, and Medicare benefits;
- Get the address of your local Social Security office;
- Request a replacement Medicare card;
- Find copies of our publications; and
- Get answers to frequently asked questions.

### Call us

Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you are deaf or hard of hearing.

We provide general information by automated phone service 24 hours a day. You can also use this automated response system to tell us a new address or request a replacement Medicare card. We can answer your case-specific questions from 7 a.m. to 7 p.m., Monday through Friday. You'll generally have a shorter wait time if you call after Tuesday.

We treat all calls confidentially, and a second Social Security representative monitors some telephone calls, because we want to make sure you receive accurate and courteous service.



## What is Extra Help with Medicare prescription drug plan costs?

Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income also may be able to get Extra Help with the costs — monthly premiums, annual deductibles, and prescription co-payments — related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about \$4,000 per year. Many people qualify for these big savings and don't even know it. To find out if you qualify, Social Security will need to know the value of your savings, investments, real estate (other than your home), and your income. We need information about you and your spouse, if you are married and living together.

To help Social Security determine if you are eligible for Extra Help, you will need to file an *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020).

## Resources and income

### What is the resource limit?

To qualify for Extra Help, your resources must be limited to \$13,640 for an individual or \$27,250 for a married couple living together.

Resources include the value of the things you own. Some examples are:

- Real estate (other than your primary residence)
- Bank accounts including checking, savings and certificates of deposit
- Stocks
- Bonds, including U.S. Savings Bonds
- Mutual funds
- Individual Retirement Accounts (IRAs)
- Cash at home or anywhere else.

## What does not count as a resource?

### We do not count:

- Your primary residence;
- Your personal possessions;
- Your vehicle(s);
- Resources you couldn't easily convert to cash, such as jewelry or home furnishings;
- Property you need for self-support, such as rental property or land you use to grow produce for home consumption;
- Non-business property essential to your self-support;
- Life insurance policies;
- Burial expenses;
- Interest earned on money you plan to use for burial expenses; and
- Certain other money you are holding is not counted for nine months, such as:
  - Retroactive Social Security or Supplemental Security Income (SSI) payments;
  - Housing assistance;
  - Tax advances and refunds related to earned income tax credits and child tax credits;
  - Compensation you receive as a crime victim; and
  - Relocation assistance from a state or local government.

You should contact Social Security for other resource exclusions.

### What is the income limit?

To qualify for Extra Help, your annual income must be limited to \$17,820 for an individual or \$24,030 for a married couple living together. Even if your annual income is higher, you may still be able to get some help. Some examples where your income may be higher and you can still get Extra Help include if you or your spouse:

- Support other family members who live with you
- Have earnings from work
- Live in Alaska or Hawaii

### What doesn't count as income?

Not all cash payments count as income. For example, we don't count:

- Supplemental Nutrition Assistance Program (food stamps);
- Housing assistance;
- Home energy assistance;
- Medical treatment and drugs;
- Disaster assistance;
- Earned income tax credit payments;
- Assistance from others to pay your household expenses;
- Victim's compensation payments; and
- Scholarships and education grants.

You should contact Social Security for other income exclusions.

## Applying for Extra Help

### How do I apply?

Applying for Extra Help is easy. Just complete Social Security's *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020). Here's how:

- Apply online at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp);
- Call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) to apply over the phone or to request an application; or
- Apply at your local Social Security office.

After you apply, Social Security will review your application and send a letter to you to let you know if you qualify for Extra Help. After you qualify, you can choose a Medicare prescription drug plan. If you do not select a plan,

the Centers for Medicare & Medicaid Services will do it for you. The sooner you join a plan, the sooner you begin receiving benefits.

If you aren't eligible for Extra Help, you still may be able to enroll in a Medicare prescription drug plan.

## Late Enrollment Penalty

### Medicare Prescription Drug Plan Penalty

If you don't enroll in a Medicare drug plan when you're first eligible, you may pay a late enrollment penalty if you join a plan later. You'll have to pay this penalty for as long as you have Medicare prescription drug coverage. However, you won't pay a penalty if you get Extra Help or other eligible prescription drug plan coverage.

**NOTE:** *The Medicare prescription drug plan late enrollment penalty is different than the Medicare Part B late enrollment penalty. If you don't enroll in Part B when you're first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay Part B coverage.*

For information about enrollment periods, visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-MEDICARE** (**1-800-633-4227**; TTY **1-877-486-2048**).

### Why should I apply online?

Our online application is secure and offers several advantages. It takes you through the process step-by-step with a series of self-help screens. The screens will tell you what information you need to complete the application and will guide you in answering the questions fully. You can apply from any computer and at your own pace. You can start and stop at any time during the process, so you can leave the application and return later to update or complete any of the required information. We are careful to protect your personal information.

## What do I need to know?

Most of the questions on the application are about resources and income. If you are married and living with your spouse, we need to know this information about both of you. Family members, caregivers and other third parties can help you complete the application. The worksheet on the next page can help you decide if you are eligible and can assist you in completing the actual application for Extra Help. The worksheet is **not** an application.

### To prepare:

- Identify the things you own alone, with your spouse, or with someone else, but **do not** include your home, vehicles, burial plots, life insurance policies, or personal possessions;
- Review all your income; and
- Gather your records in advance to save time.

### The records you'll need are:

- Statements that show your account balances at banks, credit unions, or other financial institutions;
- Investment statements;
- Stock certificates;
- Tax returns;
- Pension award letters; and
- Payroll slips.

We won't ask for proof to support the information you provide, but we'll match your information with data available from other government agencies to make sure it is correct.

We need to know information about your (and your spouse's, if you are married and living together) resources and income.

| Resources   | Value    |
|---|----------|
| Bank accounts, including checking, savings, and certificates of deposit                                 | \$ _____ |
| Stocks, bonds, savings bonds, mutual funds, individual retirement accounts (IRAs), or other investments | \$ _____ |
| Cash at home or anywhere else   | \$ _____ |
| Any real estate other than your home  | \$ _____ |

| Income  | Monthly Amount |
|---|----------------|
| Social Security benefits  | \$ _____       |
| Railroad Retirement benefits  | \$ _____       |
| Veterans benefits   | \$ _____       |
| Other pensions or annuities   | \$ _____       |
| Alimony   | \$ _____       |
| Net rental income   | \$ _____       |
| Workers' compensation   | \$ _____       |
| Other income (e.g., unemployment, private or state disability payments) | \$ _____       |

| Income                            | Annual Amount |
|-----------------------------------|---------------|
| Wages                             | \$ _____      |
| Net earnings from self-employment | \$ _____      |

## If you're an American Indian or Alaska Native

Pages 5 and 6 provide a list of resources and income that don't count toward the resource and income limits for the Extra Help benefit. American Indians and Alaska Natives may have other resources and income that are excluded.

For example, **Social Security will not count** the following resources and income:

- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Up to \$2,000 per year received by an American Indian that is derived from individual interests in trusts or restricted lands; and
- Payments to members of specific Indian tribes as provided by federal legislation.

You should contact Social Security for other resource and income exclusions.

## If you're a family member, caregiver, or other third party

You can help Medicare beneficiaries apply for Extra Help with their Medicare prescription drug plan costs. If you assist someone with the application, you must answer the questions as if that person were completing the application. To find out if someone is eligible, Social Security will need to know the value of his or her savings, investments, real estate (other than the home), as well as income. We need information about whomever you are helping and his or her spouse, if they are married and living together. The information on page 8, and worksheet on page 9, can help you with the application.

You can help someone apply for Extra Help online by visiting our website or calling our toll-free number to request the *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020). You also can visit your local Social Security office for assistance.

## How do I choose a specific plan?

Visit [www.medicare.gov](http://www.medicare.gov), and use the following tools to help you decide.

- **Compare Medicare prescription drug plans** — You can find and compare the prescription drug plans in your state that meet your personal needs and enroll in the prescription drug plan you select; and
- **Formulary Finder** — You can enter information about the specific medications you take and get information to help you find the plans in your state that match your prescription drug needs.

To learn more about Medicare prescription drug plans and special enrollment periods, please visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE.

## What factors should I consider when comparing Medicare drug plan choices?

**Coverage** — Medicare drug plans will cover generic and brand-name drugs. Most plans will have a formulary, which is a list of drugs covered by the plan. The drugs covered by the plans can change, but the list always must meet Medicare's requirements.

**Cost** — Monthly premiums and your share of prescription costs will vary depending on which plan you choose. If you qualify for Extra Help because you have limited resources and income, you will get help with some or all of these costs.

**Convenience** — Drug plans must contract with pharmacies in your area. Check with the plan to make sure the pharmacies in the plan are convenient to you.



## How do I join a Medicare prescription drug plan?

- **On the plan's website** — Visit the drug plan company's website. You may be able to join online;
- **On Medicare's website** — Join a drug plan at [www.medicare.gov](http://www.medicare.gov) using Medicare's online enrollment center;
- **By paper application** — Contact the company offering the drug plan you choose, and ask for an application. After you fill out the form, mail or fax it back to the company; or
- **By phone** — Call the plan or call 1-800-MEDICARE, and talk to a customer service representative.

## Can state agencies help with Medicare costs?

When you file your application for Extra Help, you also can start your application process for the Medicare Savings Programs. These state programs provide help with other Medicare costs. Social Security will send information to your state unless you tell us not to on the Extra Help application. Your state will contact you to help you apply for a Medicare Savings Program.

These Medicare Savings Programs help people with limited resources and income pay for their Medicare expenses. The Medicare Savings Programs help pay for your Medicare Part B (medical insurance) premiums. For some people, the Medicare Savings Programs also may pay for Medicare Part A (hospital insurance) premiums, if any, and Part A and B deductibles and co-payments.

Medicaid or medical assistance is a joint federal and state program that helps pay medical costs for some people who have limited resources and income. Each state has different rules about eligibility and applying for Medicaid. Contact your state Medicaid office for more information.

## Appealing the decision

### What can I do if I disagree with the information used to determine my eligibility?

Social Security will send you a pre-decisional notice if the information in our records shows you are ineligible for Extra Help. If you don't understand the notice, call us at 1-800-772-1213, and we'll explain it to you. If you disagree with the information we have, call the number above or visit your local Social Security office within 10 days of receiving the pre-decisional notice, and give us the correct information.

We'll send you a final determination if you don't provide us any additional information within 10 days. It will explain what you should do if you disagree with the final determination. We call this an appeal.

### How can I appeal the final determination made on my application for Extra Help?

If you want to appeal the determination Social Security made about your eligibility for Extra Help with Medicare prescription drug plan costs, visit our website, or call us and ask for an *Appeal of Determination for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1021). You can mail the request to Wilkes-Barre Data Operations Center, P.O. Box 1030, Wilkes-Barre, PA 18767-1030. You can also visit your local Social Security office.

### What will happen when I appeal?

When you request the appeal, we'll ask you to tell us why you think our decision is wrong. Usually, we'll set up an appointment for a hearing to review your case with you by telephone. To set up the hearing appointment, we'll ask you for two preferred times for us to call. Then, we'll send you a hearing appointment notice that will give you the time and date scheduled for your hearing.



If you choose not to participate in a telephone hearing, we'll decide your case by looking at the information we have on file, and any new information you give us, to be sure we make a proper decision. We call this a hearing by case review.

Whether you request a hearing by telephone, or a hearing by case review, we'll send you another notice as soon as we complete the necessary work on your claim.

### **Is there a time frame for the appeal?**

You have 60 days from the date you receive the notice telling you about our decision to request an appeal. If you don't appeal within 60-days, you may lose your right to appeal, and the decision we made becomes final. If you have a good reason for not appealing your case within the time limits, we may give you more time. You can request an extension by calling us at **1-800-772-1213**.

### **Can I get help to request an appeal?**

You may choose to have someone help you with your appeal or to represent you. Your representative may be a lawyer or other qualified person familiar with you and the Social Security program. We will work with your representative just as we would work with you. He or she can act for you in most Social Security matters.

### **What if I disagree with the decision?**

If you disagree with the decision Social Security makes on your appeal, you may file a lawsuit in a federal district court. The letter we send you about the decision on your appeal also will tell you how to ask a court to look at your case.

## **How can I get more information?**

For more information about getting Extra Help with your Medicare prescription drug plan costs, visit [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp), or call Social Security. Social Security representatives are available to help you complete your application. The sooner you apply, the sooner you will begin receiving benefits.

If you need information about Medicare Savings Programs, Medicare prescription drug plans, how to enroll in a plan, or to request a copy of the *Medicare & You* handbook, please visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-MEDICARE**. Your State Health Insurance Counseling and Assistance Program (SHIP) also can help answer your Medicare questions. You can find your local SHIP contact information in the back of your Medicare handbook, online at [www.medicare.gov](http://www.medicare.gov), or you can request it when you call.