

Medicare Cost Sharing Presentation

Programs to Help Save Medicare Beneficiaries Money



PRESENTED BY DELAWARE COUNTY PA MEDI MEDICARE PROGRAM



pennsylvania

Medicare Education and Decision Insight



County of Delaware Services for the Aging



SCS PA MEDI Program is funded in part through the Administration for Community Living under contract with Delaware County Office of Services for the Aging

Extra Help Program (Also known as **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 the for Full Extra Help Program



Full Benefits

Single

Income - (\$1,641/monthly) or less in Income
\$19,692/yearly Resources - \$10,590 or less in Resources

Couple

Income - (\$2,219/monthly) or less in Income
\$26,628/yearly Resources - \$16,630 or less in Resources

How Does the Full Extra Help Program Assist with Part D Prescription Plan Costs



Persons with Full Extra Help Program:

- Have No Monthly Premium
- Have No Annual Deductible and No Doughnut Hole
- Pay **low** Copays of **\$4.15/\$10.35** on prescriptions;
(Depending on income and on whether drug is Generic or Brand Name)
- Have **No** Copays for the rest of the year once you reach **\$7,400** in total out of pocket costs

Income Guidelines for Extra Help Program



Partial Benefits

Single

Income - (\$1,823/monthly) or less in Income \$21,876/yearly

Resources - \$16,660 or less in Resources

Couple

Income - (\$2,465/monthly) or less in Income \$29,580/yearly

Resources - \$33,240 or less in Resources

How Does Partial Extra Help Assist with Part D Costs



If you are awarded the Partial Extra Help Program:

- You get help paying **Part D Plan Premiums**.
(On a Sliding Scale depending on your income)
- Your Annual Deductible is **reduced** from **\$505** to **\$104**.
- You have **No** Doughnut Hole (When you have spent **\$4,660** Medicare Part D Yearly Prescription Plan Monies).

How Does Partial Extra Help Program Assist with Part D Copays



Copays

You pay **15%** of **Copays** for **all** drugs until Out-of-Pocket Costs reach **\$7,400**.

After you reach the Out of Packet Maximum you pay **small Copay of \$4.15 for Generics and \$10.35 for Brand Name** for the rest of the year

In 2024, the Inflation Act Expands Eligibility for Part D Full Extra Help Benefits and Eliminates The Partial Extra Help Program Benefits



- ❖ **Beginning in 2024** anyone who enrolls in the Extra Help Program will receive **Full Extra Help Program Benefits**.
- ❖ The *Inflation Act* will **expand eligibility** for **Full** Extra Help Benefits to individuals with incomes **between 135-150% Federal Poverty Level** and resources at or below the limits for the Partial Extra Help Program.
- ❖ The expansion will **essentially eliminate** the **Partial Extra Help Program Benefits**.

Extra Help Program Income Counted



Wages

Interest

Dividends

Social Security

Veteran's
Benefits

Pensions

Spouse's
Income if living
with him or 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

Extra Help Program Resources Counted



Bank Accounts, including Checking, Savings, and Certificates of Deposit

Stocks and Bonds

Some Trust Funds

Life Insurance

Vehicles (Second Vehicle)

Revocable Burial Funds

Non-Resident Property

Cash at home or anywhere else

Resources Not Counted



Primary Residence

First Vehicle

Burial Reserves subject to specified limits

Additional Special Benefits



People who get Extra Help **do not** need to wait for the Medicare Annual Open Enrollment Period (**Oct. 15 – Dec. 7**) to change plans.



Special Enrollment Period Beneficiaries have a continuous **Quarterly Special Enrollment Period** to join or switch a Medicare Part D Drug plan or Medicare Advantage Plan any time of year. (**Example:** Jan, Feb, March etc.) Any plan changes will become valid for the following month.



No Part D Late Enrollment Penalty Even if the Medicare 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 the Extra Help Program



To apply get assistance
from the DELCO PA
MEDI Medicare Program

Complete a Paper
Application

Apply online at
www.ssa.gov

Apply by calling the Extra
Help Application Call
Center at
1-800-866-1807

Medicare Savings/Medicare Buy-In Programs



- Medicare Savings Programs pays the Medicare Part B Premium.
- Approval of the Medicare Savings Program allows the State of Pennsylvania to pay the Part B Premium each month at **\$164.90.**
- You can apply if you are eligible for Medicare A & B or have a Community Health Choice HMO Insurance Plan (Medicaid).

Medicare Savings Program Special Enrollment Period



The Medicare Savings Program gives Medicare Enrollees a continuous **Quarterly Special Enrollment Period**.

The Quarterly Special Enrollment allows Beneficiaries to **join or switch** a Medicare Part D Drug Plan or Medicare Advantage Plan any time of year on a quarterly basis.

(Example: Jan, Feb, March etc.)

Any **new** plan changes will become valid the following month after enrollment.

Medicare Savings Programs Eligibility Criteria



MSP PROGRAMS	MONTHLY INCOME	ASSETS	WHAT IS COVERED
<u>MEDICARE SAVING PROGRAMS (MSP)</u>			
QMB	\$1,215 – Single \$1,643 - Couple	\$9,090 – Single \$13,630 - Couple	Pays Part A & B Premiums, Copays, and Deductibles
SLMB	\$1,458 – Single \$1,972 - Couple	\$9,090 – Single \$13,630 - Couple	Pays Part B Only
QI-1	\$1,641 – Single \$2,219 - Couple	\$9,090 – Single \$13,630 - 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 by calling the MSP Application Call Center at 1-800-866-1807
- Apply Online through PA Social Security Department
www.ssa.gov (Extra Help & Medicare Savings Programs)
- Apply Online through PA Department of Human Services or the COMPASS Website
www.compass.state.pa.us (Medicare Saving Program only)

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
- **Resources and/or Assets** not counted for PACE/PACENET eligibility

PACE



Single Person

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

Married Couple

Previous years income below **\$1,475** (\$17,700/yr.)

Cost of Prescriptions

- ✦ **\$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

Single Person

Previous years income below **\$2,791** (\$33,500/yr.)

Married Couple

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

- **Cost of Prescriptions**

- **\$41.08** 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

PACE Call Center: 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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