

**DO YOU HAVE MEDICARE A & B?**



**DID YOU KNOW THERE ARE PROGRAMS THAT COULD HELP SAVE MONEY ON YOUR MONTHLY PREMIUMS?**

**MEDICARE SAVINGS/BUY IN PROGRAMS**

**MEDICARE SAVINGS PROGRAMS** Pays for the Medicare "**Part B**" Premium each month. It could also pay for the **Co-pays** and **Deductibles** not paid by Original Medicare. **Funded by Area County Assistance Office.**

<b>PROGRAM</b>	<b>MONTHLY/YEARLY INCOME</b>	<b>ASSETS</b>	
<b>QMB</b>	\$1,041- Single (\$12,492/yr.) \$1,410 – Couple (\$16,968/yr.)	\$7,730 - Single \$11,600 - Couple	Pays Part A & B, Copay, and Deductibles
<b>SLMB</b>	\$1,249- Single (\$15,528/yr.) \$1,691 - Couple (\$20,292/yr.)	\$7,730 - Single \$11,600 - Couple	Pays Part B only
<b>QI-1</b>	\$1,406- Single (\$16,872/yr.) \$1,903 – Couple (\$22,836/yr.)	\$7,730 - Single \$11,600 - Couple	Pays Part B only

**MEDICAID**

<b>HOUSEHOLD SIZE 1</b>	<b>\$1,437</b> (\$17,244/yr.)	<b>Resources Not Counted</b>	<b>Medicaid Expansion Insurance Coverage</b> for the adults <b>19-64</b> whose income is below the figures listed to the left. Individuals who have <b>Medicare</b> are <b>Not eligible</b> for the Category.
<b>HOUSEHOLD SIZE 2</b>	<b>\$1,945</b> (\$23,340/yr.)	<b>Resources Not Counted</b>	
<b>HOUSEHOLD SIZE 3</b>	<b>\$2,454</b> (\$29,448/yr.)	<b>Resources Not Counted</b>	
<b>HOUSEHOLD SIZE 4</b>	<b>\$2,961</b> (\$35,532/yr.)	<b>Resources Not Counted</b>	

**MEDICAL ASSISTANCE FOR WORKER WITH DISABILITIES - (MAWD)**

	<b>MONTHLY/YEARLY INCOME</b>	<b>ASSETS</b>	
<b>MAWD</b>	\$2603 – Single (\$31, 236/yr.) \$3523 – Single (\$42, 276/yr.)	\$10,000 for Single and Married Individuals	<b>Full Medicaid Insurance Coverage</b> for individuals through the age <b>64</b> who have a disability and who are able to work.
<b>HEALTHY HORIZONS MEDICAID PROGRAM (QMB PLUS)</b>	\$1,041- Single (\$12,492/yr.) \$1,410 – Couple (\$16,968/yr.)	\$2,000 - Single \$3,000 - Couple	<b>Full Medicaid Insurance Coverage</b> for individuals <b>age 65 and older</b> and person with <b>permanent disabilities</b> .

**HOME AND COMMUNITY BASED SERVICES WAIVERS - (HCBS)**

<b>HCBS</b>	\$2,313 – Single (\$27,756/yr.)	\$8,000 (If married, the resources of <b>both Spouses</b> are considered and spousal impoverishment rules apply)	<b>Individual age 60 and older and younger who have certain disabilities</b> and who meet level of care requirements can get support services to remain living as independently as possible and get full Medicaid Insurance Coverage.
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**EXTRA HELP /LOW INCOM SUBSIDY PROGRAM - (LIS)**

**EXTRA HELP PROGRAM** - Pays for the Medicare “Part D” Premium, lowers Co-pays, and may eliminate the coverage gap. **Funded by State Social Security Office**

<b>PROGRAM</b>	<b>MONTHLY/YEARLY INCOME</b>	<b>ASSETS</b>	<b>What’s Does it Covers?</b>
<b>EXTRA HELP PROGRAM</b>	<b>FULL SUBSIDY</b> \$1,405 – Single (\$16,860/yr.) \$1,902 – Couple (\$22,824/yr.)	\$9,230 - Single \$14,600 - Couple	Pays for Part D Premiums and Co-Pays
	<b>PARTIAL SUBSIDY</b> \$1,561 – Single (\$18,732/yr.) \$2,114 – Couple (\$25,386/yr.)	\$14,390 - Single \$28,720 - Couple	Pays for Part D Premiums and Pays 15% of Copays

**PACE AND PACE NET**

**PACE and PACENET** are Pennsylvania's Prescription Assistance Programs for older adults with limited incomes. PACE and PACENET **offer low-cost prescription medication** to qualified residents, **age 65 and older**. Over 300,000 Pennsylvanians receive prescription drug benefits through the programs which are funded through the Pennsylvania Lottery.

*\*Effective January 1, 2019, PACENET cardholders not enrolled in a Part D Plan will pay a **\$37.03** premium at the pharmacy each month. Income qualification is based on prior year's income and includes taxable and non-taxable sources. Assets and resources are not counted as income.\**

<b>PROGRAM</b>	<b>MONTHLY/YEARLY INCOME</b>	<b>ASSETS</b>	<b>What’s Does it Covers?</b>
<b>PACE</b>	\$1,208 (Single) (\$14,500/yr.) \$1,475 (Couple) (\$17,700/yr.)	Not Required	\$6.00 Generic Co-pays \$9.00 Brand Co-pays
<b>PACENET</b>	\$2,292 (Single) (\$27,500/yr.) \$2,958 (Couple) (\$35,500/yr.)	Not Required	\$8.00 Generic Co-pays \$15.00 Brand Co-pays
PACE Partner Plan	<b>SILVER SCRIPT CHOICE PDP</b>	<b>\$35.50</b>	<b>NO DEDUCTIBLE</b>
PACE Partner Plan	<b>WELLCARE CLASSIC PDP</b>	<b>\$34.80</b>	<b>\$0 DEUCTIBLE ON TIER 1 AND \$415 ON TIER 2 THRU 5</b>

**CALL DELCO APPRISE AT 484 494-3769 FOR HELP APPLYING FOR THESE PROGRAMS or apply by phone for the EXTRA HELP AND/OR PACE Programs 1-800 866-1807. PSA# 30**