



2021

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.**

PROGRAM	MONTHLY/YEARLY INCOME	ASSETS	
QMB	\$1,074- Single (\$12,888/yr.) \$1,452 – Couple (\$17,424/yr.)	\$7,970 - Single \$11,960 - Couple	Pays Part A & B, Copay, and Deductibles
SLMB	\$1,288- Single (\$15,456/yr.) \$1,742 - Couple (\$20,904/yr.)	\$7,970 - Single \$11,960 - Couple	Pays Part B only
QL-1	\$1,449- Single (\$17,388/yr.) \$1,960 – Couple (\$23,520/yr.)	\$7,970 - Single \$11,960 - Couple	Pays Part B only

MEDICAID

HOUSEHOLD SIZE 1	\$1,482 (\$17,784/yr.)	Resources Not Counted	Medicaid Expansion Insurance Coverage for the adults 19-64 whose income is below the figures listed to the left. Individuals who have Medicare are Not eligible for the Category.
HOUSEHOLD SIZE 2	\$2,004 (\$24,048/yr.)	Resources Not Counted	
HOUSEHOLD SIZE 3	\$2,526 (\$30,312/yr.)	Resources Not Counted	
HOUSEHOLD SIZE 4	\$3,048 (\$36,576/yr.)	Resources Not Counted	

MEDICAL ASSISTANCE FOR WORKER WITH DISABILITIES - (MAWD)

	MONTHLY/YEARLY INCOME	ASSETS	
MAWD	\$2684 – Single (\$32,208/yr.) \$3630 –Couple (\$43,560/yr.)	\$10,000 for Single and Married Individuals	Full Medicaid Insurance Coverage for individuals through the age 64 who have a disability and who can work.
HEALTHY HORIZONS MEDICAID PROGRAM (QMB PLUS)	\$1,074- Single (\$12,888/yr.) \$1,452 – Couple (\$17,424/yr.)	\$2,000 - Single \$3,000 - Couple	Full Medicaid Insurance Coverage for individuals age 65 and older and person with permanent disabilities.

Over

HOME AND COMMUNITY BASED SERVICES WAIVERS - (HCBS)

HCBS	\$2,382 – Single (\$28,584/yr.)	\$8,000 (If married, the resources of both Spouses are considered, and spousal impoverishment rules apply)	Individual age 60 and older and younger who have certain disabilities 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**

PROGRAM	MONTHLY/YEARLY INCOME	ASSETS	What's Does it Covers?
EXTRA HELP PROGRAM	<u>FULL SUBSIDY</u> \$1,449 – Single (\$17,388/yr.) \$1,960 – Couple (\$23,520/yr.)	\$9,470 - Single \$14,960 - Couple	Pays for Part D Premiums and Co-Pays
	<u>PARTIAL SUBSIDY</u> \$1,610 – Single (\$19,320/yr.) \$2,178 – Couple (\$26,136/yr.)	\$14,790 - Single \$29,520 - 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, 2020, PACENET cardholders not enrolled in a Part D Plan will pay a **\$37.45 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. **

PROGRAM	MONTHLY/YEARLY INCOME	ASSETS	What's Does it Covers?
PACE	\$1,208 (Single) (\$14,500/yr.) \$1,475 (Couple) (\$17,700/yr.)	Not Required	\$6.00 Generic Co-pays \$9.00 Brand Co-pays
PACENET	\$2,292 (Single) (\$27,500/yr.) \$2,958 (Couple) (\$35,500/yr.)	Not Required	\$8.00 Generic Co-pays \$15.00 Brand Co-pays
MEDICARE - Part D Partner Plan	SILVER SCRIPT CHOICE PDP	\$32.90	
MEDICARE - Part D Partner Plan	WELLCARE CLASSIC PDP	\$33.80	
MEDICARE - Part D Partner Plan	INDY HEALTH SAVER RX (PDP)	\$34.00	

Note: Medicare Beneficiaries enrolled in PACE or PACENET have a onetime Special Enrollment Period once a year to change a Part D or Medicare HMO/PPO Plan

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