



Financial Assistance for Medicare Beneficiaries

Beneficiary Information

1-800-963-5337 / www.floridashine.org



The Florida **SHINE** (Serving Health Insurance Needs of Elders) Program provides free and unbiased health insurance counseling to Medicare beneficiaries, their family members, and caregivers. Whether you contact a SHINE counselor by calling the toll-free Elder Helpline at 1-800-963-5337 or by meeting face-to-face at a counseling site near you (www.floridashine.org), we are ready to help answer your questions. With your input, we will also check your eligibility for financial assistance programs that may help save you money. This fact sheet will explain two programs designed to help eligible beneficiaries with the costs of Medicare and prescription drugs.

MEDICARE SAVINGS PROGRAMS (MSP)

If you are struggling with the costs of Medicare and have limited income and resources, you may qualify for a Medicare Savings Program. Medicare and the state Medicaid program provide assistance with paying your Medicare premiums, deductibles, coinsurance, and copayments through four different programs.

Qualified Medicare Beneficiary (QMB)		
	Income	Resources
Individual	\$ 1,041	\$ 7,730
Couple	\$ 1,409	\$11,600
Pays for Part A and/or Part B premiums, deductibles, coinsurance and copayments.		
Special Low-Income Medicare Beneficiary (SLMB)		
Individual	\$ 1,249	\$ 7,730
Couple	\$ 1,691	\$11,600
Pays for Part B premium only.		
Qualifying Individual (QI)		
Individual	\$ 1,405	\$ 7,730
Couple	\$ 1,902	\$11,600
Pays for Part B premium only.		
Qualified Disabled & Working Individuals (QDWI)		
Individual	\$ 2,082	\$ 4,000
Couple	\$ 2,818	\$ 6,000
Pays for Part A premium only. Individuals must have a disability and be working.		

For assistance applying for a Medicare Savings Program, please contact a SHINE counselor by calling the toll-free Elder Helpline at 1-800-963-5337. You may apply even if your income is slightly higher.

EXTRA HELP / LOW-INCOME SUBSIDY

Every year, many individuals find that covering the out-of-pocket costs of prescription drugs is too much for a limited income. If you meet certain income and resource limits, you may qualify for the Extra Help program. Also known as the Part D low-income subsidy (LIS), Extra Help is a federal program offered through the Social Security Administration (SSA).

Individuals may be eligible for the Extra Help program if their monthly income is below \$1,561 and their resources are below \$14,390. The program pays the costs of Medicare prescription drug coverage including copays, premiums, and deductibles.

The following eligibility table illustrates the various income and resource levels for both individuals and couples.

LEVEL 1		
	Income	Resources
Individual	\$ 1,041	\$ 9,230
Couple	\$ 1,409	\$14,600
Out-of-Pocket Costs: Premium: \$ 0 Deductible: \$ 0 Copayment: \$1.25 - \$3.80		
LEVEL 2		
Individual	\$ 1,405	\$ 9,230
Couple	\$ 1,902	\$14,600
Out-of-Pocket Costs: Premium: \$ 0 Deductible: \$ 0 Copayment: \$3.40 - \$8.35		
LEVEL 3		
Individual	\$ 1,405	\$14,390
Couple	\$ 1,902	\$28,720
Out-of-Pocket Costs: Premium: \$ 0 Deductible: Up to \$85 Copayment: 15% of copayment		
LEVEL 4		
Individual	\$ 1,561	\$14,390
Couple	\$ 2,114	\$28,720
Out-of-Pocket Costs: Premium: 25 - 75% of cost Deductible: Up to \$85 Copayment: 15% of copayment		

To maintain a \$ 0 premium, the selected plan must be under a certain benchmark. Also, there are low copays on Level 3 and 4 once a catastrophic level of total costs is reached. A SHINE counselor can help you apply for Extra Help.

> > > > PLEASE TURN OVER

A SHINE counselor can help you apply for either of these financial assistance programs over the telephone (see number below) or face-to-face at one of our counseling sites.

- To contact a SHINE counselor, call **1-800-963-5337**
- To locate a counseling site, please visit our website at www.floridashine.org and click on "Counseling Sites" on the tab at the top of the page.

We have created a checklist that includes important information and paperwork needed in the application process. Please use this form to gather the information and documentation for any scheduled telephone conference or counseling site visit.

* * CHECKLIST * *

- Name, address, city, and telephone number
- Contact person (other than yourself), with their name/city/phone number (include area code)
- Your date of birth, citizenship status, and State of residence
- Your Social Security and Medicare numbers
- Health and life insurance policies, you own in addition to Medicare
 - Include supplements, drug plans, retirement health plans, etc.
 - Have the policy number and address for each
- Statements from all bank accounts
- Statements from all retirement accounts
- Account number for any veteran's benefits you receive
- Account number for any pensions
- Account number for any income from federal programs like Social Security, Black Lung, Railroad Retirement, and Supplemental Security Income (SSI).
- Account number for any annuity
- Name and address of any part-time/full-time employers
- List of medications, dosages, and how many times taken per day (for plan comparison purposes)

If a family member or other authorized person handles this information for you, please provide the name, address, and phone number of this person so that we can contact them about this application.

Thank you.