

LIMITED- INCOME SUBSIDY

What if I can't afford Medicare's prescription drug benefit?

Social Security can help with prescription costs if you are a Medicare beneficiary with limited income and resources. If you qualify for the full subsidy, you may pay no monthly premium or deductible, and pay a small co-pay for each prescription. A partial subsidy is available to those with slightly higher income and assets that includes reduced premiums, deductibles, and drug co-payments.

In order to qualify for the limited-income subsidy (in 2009), you must meet the following guidelines:

- annual income less than \$16,245 for an individual (or \$21,855 for a married couple who is living together);
- resources or assets limited to \$12,510 for an individual (or \$25,010 for a married couple who is living together).*

* These resource limits include \$1,500 per person for burial expenses. Your car and the home in which you live do not count toward the resource limits.

Find out if you are eligible for extra help by contacting your local Social Security Administration, or by calling 1-800-772-1213 and asking for help with your Medicare prescription costs.

SHIIP

Nebraska Senior Health Insurance Information Program

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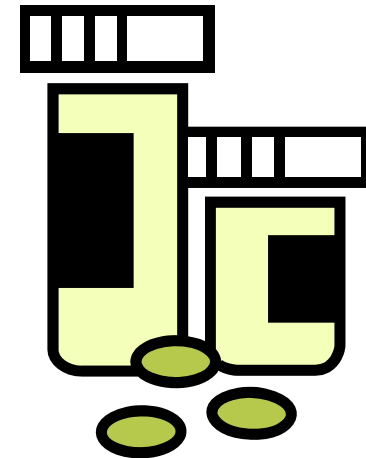


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Medicare's Prescription Drug Benefit

2009



- **Who** is eligible?
- **What** plans are available?
- **When** can I change plans?
- **Why** should I enroll?
- **Where** can I get help?

MEDICARE'S PRESCRIPTION DRUG BENEFIT: WHO, WHAT, WHEN, WHERE & WHY

Who is eligible for Medicare's drug benefit?

Everyone with Medicare is eligible for the drug benefit. If you have prescription coverage that is at least as good as what Medicare offers, you may not need to sign up for Medicare's drug benefit.

Drug coverage from TRICARE, the Veteran's Administration, or a former employer are a few examples of benefits that are at least as good as Medicare's.

What types of plans are available?

There are two types of Medicare drug plans: Stand-Alone Prescription Drug Plans and Medicare Advantage Plans.

Stand-Alone Prescription Drug Plans add prescription coverage to your existing Medicare plan (usually, Original Medicare and a Medicare Supplement Policy). These plans are not associated with hospital or doctor insurance; they are designed to "stand alone" with your current coverage.

Medicare Advantage Plans are administered by private insurance companies. These plans provide hospital, doctor and, in many cases, prescription drug coverage through an all-inclusive plan. You pay little or no premium for these plans, but are responsible for service co-payments.

When can I enroll in or change coverage?

If you are turning 65 and do not have drug coverage.... you may enroll in a Medicare drug plan anytime during a seven-month period (the 3 months before your birth-month, the month in which you were born, and 3 months after your birth-month).

If you are over 65 and have drug coverage that is ending.... you have 63 days from the last day of your coverage to enroll in a Medicare drug plan. Generally, this scenario applies to those who are retiring and losing their employer health insurance.

If you already have a Medicare drug plan and wish to change it.... you may do so between November 15 and December 31, each year. Certain circumstances, as well as groups of people, qualify for special enrollment periods. To find out if you qualify for a special enrollment period, contact the Nebraska SHIIP at 1-800-234-7119.



Why should I enroll in Medicare's prescription drug benefit?

While enrollment in the drug benefit is voluntary, those who do not enroll when they are first eligible may face a financial penalty if they choose to enroll later (1% for each month you delayed enrollment).

Even if you don't take any prescriptions now, you should still consider joining a plan when you first become eligible to ensure security now and in the future.

Where can I get help?

The **Nebraska Senior Health Insurance Information Program (SHIIP)** is a *free* counseling and education service available to all Nebraska Medicare beneficiaries.

Whether you need help comparing prescription drug plans, or have questions or concerns about the plan in which you are already enrolled, SHIIP can help.

Coordinated within the Nebraska Department of Insurance, SHIIP counselors across the state provide free, unbiased counseling services designed to help Medicare beneficiaries make informed decisions regarding Medicare, Medicaid, and other health insurance.

CONTACT THE NEBRASKA SHIIP AT:

1-800-234-7119