Healthy Congregations

October 7, 2014

Learning Community Webinar
Healthy Congregations Program Updates:

• Upcoming Winter Core Training Courses
  • First Winter Course: October 11
  • Must register by midnight on the Wednesday before the scheduled class date (three days before the class)
  • Entire course schedule is on www.healthfund.org/churches
Healthy Congregations
Program Updates:

• Changes for 2015:
  • Work plan and report hard deadline will be June 30, 2015
  • The HC program work plan will need to be submitted for activities during July 1, 2015- June 30, 2016

• Congregational Health Needs Assessment
  • Anticipated availability end of October 2014
The Big Garden Project

- Technical Assistance Webinar
  - October 21, 2014 at 7pm
- Possible funding opportunity for Healthy Congregations churches
impact
FUNDING TEAM
BREASTFEEDING
A program of United Methodist Health Ministry Fund

www.impactfundingteam.org
Financial Assistance for Families to be Insured through the Affordable Care Act

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Kansas State Research and Extension
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Emerita Professor
University of Wisconsin-Madison
The Affordable Care Act

One of its goals is:

To Increase the Number of Insured People
The Three-legged Stool Approach

- Employer Coverage
- Public Programs (Medicaid/CHIP/Medicare)
- Marketplace/Exchange Coverage
Insurance Companies’ Mandates: Regulations

• No more exclusions for consumers who have **pre-existing** conditions
• No more cancellation of policies for someone being too sick
• No more lifetime maximums on the amount paid for care for essential benefits
• Coverage of AND No more annual maximums on the amount paid for care for essential benefits
  • *Some exceptions for grandfathered plans*
The Individual Mandate

• Individual mandate to be insured went into effect for this calendar year.
• If you have not been insured for at least 9 months in 2014 you will likely face a penalty that will be calculated with your 2014 tax return (April 2015).
• The same will happen every year with increasing penalties.
• But there are affordable ways to help you purchase insurance.
Marketplaces are managed either by the state or federal government.

Are housed at www.healthcare.gov.

People can apply:

- Online, over the phone, with a paper application, in-person.

A 24-hour call center 1-800-318-2596.

If applying online, there is a chat feature to help someone walk through the application.

Open enrollment is guaranteed through November 15, 2014-February 15, 2015.

Qualifying events are reasons for enrolling out of usual schedule.
The Kansas 2014 Marketplace/Exchange

• Four insurance companies offering 65 plans
  – Blue Cross- Blue Shield of Kansas
  – Blue Cross- Blue Shield of Kansas City
  – Coventry Health Care of Kansas
  – Coventry Health and Life Insurance

• at four coverage levels, or “tiers,” in addition to low-cost catastrophic plans to individuals and families
  – 8 catastrophic (30s and under, hardship)
  – 16 Bronze
  – 24 Silver
  – 15 Gold
  – 2 Platinum

The Kansas Exchange

• In each Kansas county, at least **two** companies sell insurance through the Marketplace/Exchange.

• Average number of plans
  – Kansas 37
  – US 53

• The average monthly premium for the “benchmark” insurance plan — a middle-of-the-road plan in terms of covered benefits and cost —
  – Kansas **$260** (lower than all but 4 other states)
  – US **$328**
What kinds of financial assistance?

• Tax subsidies
  – Advanced premium tax credits
    • Help paying for premiums
  – Cost sharing reductions
    • Help with out of pocket expenses

• Enrolling children in KanCare
How will I know if I am eligible for tax subsidies?

1. where you purchase your insurance
   – Only eligible if you are purchasing a qualified health plan through the Health Insurance Marketplace
   – Healthcare.gov application (online, phone or paper)

2. your income
How is income eligibility for financial assistance determined?

Assistance is dependent on income in relation to the federal poverty level

- Determined by
  - Number of people in family/household
  - Your modified adjusted gross income
    - Your income minus some allowable reductions
## Annual Income Categories: Federal Poverty Level (FPL), 2013

<table>
<thead>
<tr>
<th>Group Size</th>
<th>100% FPL</th>
<th>138% FPL</th>
<th>250% FPL</th>
<th>400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>$23,550</td>
<td>$32,499</td>
<td>$58,875</td>
<td>$94,200</td>
</tr>
</tbody>
</table>

Advanced Premium Tax Credits

• Actually pays part of your monthly premium directly to the insurer
• You are to pay the balance
  – You must be current on your premium payments are your policy can be cancelled
• This is what really makes the insurance affordable for many families
<table>
<thead>
<tr>
<th>Income</th>
<th>Required Premium Contribution</th>
<th>Actuarial value of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of poverty line</td>
<td>Annual dollar amount</td>
<td>Percentage of income</td>
</tr>
<tr>
<td>Family of four</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 - 133%</td>
<td>$23,550 - $31,322</td>
<td>2%</td>
</tr>
<tr>
<td>133 - 150%</td>
<td>$31,322 - $35,325</td>
<td>3-4%</td>
</tr>
<tr>
<td>150 - 200%</td>
<td>$35,325 - $47,100</td>
<td>4-6.3%</td>
</tr>
<tr>
<td>200 - 250%</td>
<td>$47,100 - $58,875</td>
<td>6.3-8.1%</td>
</tr>
<tr>
<td>250 - 300%</td>
<td>$58,875 - $70,650</td>
<td>8.1-9.5%</td>
</tr>
<tr>
<td>300 - 350%</td>
<td>$70,650 - $82,425</td>
<td>9.5%</td>
</tr>
<tr>
<td>350 - 400%</td>
<td>$82,425 - $94,200</td>
<td>9.5%</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 - 125%</td>
<td>$11,490 - $14,363</td>
<td>2%</td>
</tr>
</tbody>
</table>
### Individual

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Income Range</th>
<th>Premium Credit</th>
<th>Eligibility</th>
<th>Eligibility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 133%</td>
<td>$11,490 - $15,282</td>
<td>2%</td>
<td>$19 - $25</td>
<td>94%</td>
</tr>
<tr>
<td>133 - 150%</td>
<td>$15,282 - $17,235</td>
<td>3-4%</td>
<td>$38 - $57</td>
<td>94%</td>
</tr>
<tr>
<td>150 - 200%</td>
<td>$17,325 - $22,980</td>
<td>4-6.3%</td>
<td>$57 - $121</td>
<td>87%</td>
</tr>
<tr>
<td>200 - 250%</td>
<td>$22,980 - $28,725</td>
<td>6.3-8.1%</td>
<td>$121 - $193</td>
<td>73%</td>
</tr>
<tr>
<td>250 - 300%</td>
<td>$28,725 - $34,470</td>
<td>8.1-9.5%</td>
<td>$193 - $272</td>
<td>70%</td>
</tr>
<tr>
<td>300 - 350%</td>
<td>$34,470 - $40,215</td>
<td>9.5%</td>
<td>$272 - $318</td>
<td>70%</td>
</tr>
<tr>
<td>350 - 400%</td>
<td>$40,215 - $45,960</td>
<td>9.5%</td>
<td>$318 - $364</td>
<td>70%</td>
</tr>
</tbody>
</table>

**End notes:**

[1] The Supreme Court decision gives states the choice whether to expand their Medicaid program to cover most adults below 133 percent of the poverty line. If a state does not expand Medicaid, individuals earning between 100 and 133 percent of poverty will qualify for premium tax credits. No credits will be generally available to those earning less than 100 percent of poverty, whether or not their state expands Medicaid.

[2] These amounts assume the coverage provisions in health reform were in effect in 2013.
Assistance in paying for out of pocket costs:
Cost Sharing Reduction

• Helps pay your portion of the cost of doctor visits, prescription drugs, any expenses where you and your insurer usually share the cost.
  • It does not pay for benefits not covered by the insurance.
• Modified adjusted gross income must be below 250% FPL
Households left out

- If your income is less than 100% FPL for your household size there is *no subsidy*.
- Medicaid was to have been available for this population but many states including Kansas have opted not to expand their Medicaid programs in this way.
- Children, however, are still eligible.
Modified Adjusted Gross Income (MAGI) is the basis for determining subsidies

• But MAGI must be estimated for the coming year!
• Difficult for anyone with fluctuating income
• You can choose to wait until tax time to get the correct amount of tax credit due you but if you are eligible for one or both subsidies
  • You would miss out on cost sharing reduction altogether
  • You’ll be paying lots in premiums upfront
If MAGI is overestimated
• You will get less than you are entitled to upfront
  BUT
• You’ll get the balance at tax time

IF MAGI is underestimated
• You get more assistance than you are entitled to
  AND
• You’ll have to pay back some of that overage at
  tax time.
Caps on Subsidy Repayments

<200% FPL $300 individual, $600 family
200-300% FPL $750 individual, $1500 family
300-400% FPL $1250 individual, $2500 family
Children in KanCare

- KanCare is the Kansas Medicaid program for low income families. It is a very complete health insurance plan that covers most everything a child would need to maintain his/her health.
- In Kansas children in households under 240% of the federal poverty level are eligible for KanCare.
- They can be enrolled at anytime.
- Many parents did not know this so children have been “found” eligible when those parents tried to enroll the whole family in a qualified health plan in the Health Insurance Marketplace (the Kansas Exchange).
### Table 2. Family — Parents Ages 40 and 38, Two Children Under Age 19, Living in Rating Area 2

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Percent of Federal Poverty Level</th>
<th>Monthly Premium for Benchmark Plan</th>
<th>Monthly Premium Tax Credit</th>
<th>Monthly Cost to Consumer for Benchmark Plan after Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than $23,550</td>
<td>less than 100%</td>
<td>$467</td>
<td>$0</td>
<td>$467</td>
</tr>
<tr>
<td>$25,000</td>
<td>106%</td>
<td>$467</td>
<td>$425</td>
<td>$42</td>
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<tr>
<td>$50,000</td>
<td>212%</td>
<td>$467</td>
<td>$187</td>
<td>$280</td>
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<td>$75,000</td>
<td>318%</td>
<td>$702</td>
<td>$108</td>
<td>$594</td>
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<tr>
<td>more than $94,200</td>
<td>more than 400%</td>
<td>$702</td>
<td>$0</td>
<td>$702</td>
</tr>
</tbody>
</table>

**Notes:** The plans and the prices offered are not always the same in all counties within a rating area. The premium shown is the actual premium in Jackson County. Jackson County has the median-priced benchmark plan in Rating Area 2, the median-priced Rating Area in the state. Premium cost of $467 assumes both children are eligible and enrolled in Medicaid/CHIP since family income is below 225% FPL. Premium cost of $702 assumes both children are covered by the marketplace plan since they are not eligible for Medicaid/CHIP with family income above 225% FPL.

**Source:** KHI analysis of data provided by the Kansas Insurance Department.
Questions, Discussion
Medicare Basics

Debra Wood, MS, CFP®
Certified SHICK Counselor
Central Kansas District Extension Agent

What is Medicare?

- Health insurance for three groups of people
  - 65 and older
  - Under 65 with certain disabilities
  - Any age with End-Stage Renal Disease (ESRD)
- Administration
  - Centers for Medicare & Medicaid Services (CMS)
- Enrollment
  - Social Security Administration (SSA) for most
  - Railroad Retirement Board (RRB) railroad retirees
## The Four Parts of Medicare

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
<th>Part C</th>
<th>Part D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Insurance</td>
<td>Medical Insurance</td>
<td>Medicare Advantage (like HMOs and PPOs)</td>
<td>Medicare Prescription Drug Coverage</td>
</tr>
</tbody>
</table>

### What does Medicare Part A & B cover?

**OVERVIEW OF MEDICARE A & B**

#### Part A

- Inpatient Hospital
  - First 60 days: $186 deductible
  - Days 1-90: $364 per day coinsurance
  - Lifetime Reserve: $680 per day coinsurance

- Skilled Nursing Facility
  - First 20 days: 100% (no co-pay)
  - Days 21-100: $152 per day coinsurance

- 100% Services
  - Home health care
  - Hospice

#### Part B

- $147 Deductible (per calendar year applies first)
- 20% Coinsurance

- 80%
  - Physician’s charges
  - Durable medical equipment
  - Ambulance
  - Outpatient hospital charges
  - Blood - the first 3 pints
  - Lab services
  - Free Preventive Services
    - Pap smear
    - mammogram
    - prostate exam

- Excess Charges 15% over Medicare charges
Original Medicare

- Any hospital, doctor or specialist who accepts Medicare assignment of payment
  - Agrees to receive only the amount Medicare approves for their services
  - Can charge you, or other insurance you have, the Medicare deductible or coinsurance amount
Medigap (Medicare Supplement Insurance)

- Sold by private insurance companies, governed by state and federal law
- Fills “gap” in Original Medicare coverage and provides out-of-pocket maximum in most cases
- 10 standardized policies
- Must have Parts A and B to purchase
- Best time to buy - the month you turn 65 and the five months following because insurance company can’t:
  - Refuse you any policy it sells
  - Make you wait for coverage to start
  - Charge more for health problems

**STANDARDIZED MEDICARE SUPPLEMENT OPTIONS**

<table>
<thead>
<tr>
<th>BASIC BENEFITS</th>
<th>PLAN A</th>
<th>PLAN B</th>
<th>PLAN C</th>
<th>PLAN D</th>
<th>PLAN F**</th>
<th>PLAN G</th>
<th>PLAN K</th>
<th>PLAN L</th>
<th>PLAN M</th>
<th>PLAN N</th>
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<tbody>
<tr>
<td>Part A Hospital Consequence, days 01-90 (G004 in 2014)</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Lifetime Reserve Days, days 91-150 (G006 in 2014)</td>
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<tr>
<td>365 More Hospital Days - 300%</td>
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<tr>
<td>Parts A and B Blood</td>
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<tr>
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<td>Part B Hospital Consequence</td>
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<tr>
<td>Skilled Nursing Facility Consequence, days 22-90 (H313 in 2014)</td>
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<td>✓</td>
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<td>Part A Deductible (G1215 in 2014)</td>
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<td>Part D Deductible (G147 in 2014)</td>
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<tr>
<td>Part D Deductibles</td>
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<tr>
<td>Preventive Care Consequence</td>
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</tbody>
</table>

**2018 Out-of-Pocket Limit**
- $4,940
- $2,470

**Notes:**
- *Plan N is not sold in MA and HI or beginning July 1, 2018. Consumers who have purchased these plans will not lose their current policy, but no new policies can be sold.
- **Plan F has a higher deductible plan. With this option, you must pay the deductible costs up to the deductible amount of $2,100 or $4,300 before your Medigap pays anything.
- **Plan N plus Part B Deductible works up to $2,300 per year for the individual and up to $9,800 per year for family.
How do I price compare?

• Ksinsurance.org
• Online Supplemental Shopper’s Guide
• Kansas Supplemental Insurance Shopper’s Guide (print version)
• http://www.ksinsurance.org/consumers/comparerates/medsupp.php

Prescription Drug Coverage
Part D

• You must have Medicare Part A and/or Part B
• You must live in the plan’s service area
• You can’t live outside the U.S.
• You can’t be incarcerated
• You must enroll in a Medicare Part D plan to avoid the penalty
  – In most cases no automatic enrollment
  – Unless you have creditable coverage
Should I enroll in a Part D plan?

- Do you have creditable drug coverage?
  - Coverage as good as Medicare’s
  - For example through an employer plan
- Will that coverage end when you retire?
- Not needed if you have prescription drug coverage as a retirement benefit from your employer, that is as good or better than what Part D provides
- Enroll in cheapest plan, if no medications
- Can be different insurance from Medigap policy

How do I choose a Part D plan?

- Things to compare –
  - Premiums
  - Drug coverage
  - Deductible
  - Co-insurance
  - “Gap” coverage
  - Step therapy, prior authorization, quantity limits
- Check October 15 - December 7 on plan’s coverage of your medications for the upcoming year
- Changes become effective January 1
• Call or by computer
  – Plan Finder tool at www.medicare.gov
  – Call SHICK for help comparing plans
  – 1-800-MEDICARE

• To join a Part D Plan
  – Call a SHICK counselor
  – Call the plan
  – Enroll on the plan’s Web site
  – Enroll on www.medicare.gov
  – Call 1-800-MEDICARE (1-800-633-4227)

Part D Observations for 2015

• Annual Notice of Change mailed by Sept. 30
• 28 plans available in KS
• 13 plans increased premiums, 13 decreased premiums, 2 new plans
• 13 with no deductible
• 3 plans that had no deductible last year that do this year
• Half the number plans with $0 with full LIS
• A number of changes to preferred pharmacy lists
Need Help Paying for Prescription Drugs & Premiums?

Low Income Subsidy (LIS)
- Apply to Social Security any time
  - On-line or pen & paper
- 2014 Income guidelines
  - $17,508 annual income or $1,459 per month (single)
  - $23,592 annual income or $1,966 per month (couple)
- Assets/resources guidelines
  - $13,440 (single)
  - $26,860 (couple)
  - Includes savings, CD, real estate, stocks/bonds, value of insurance policies, etc.
- Receive letter of acceptance or denial
- Reduced cost for premium & drugs
- Pharmaceutical Assistance Programs
Another way to get Medicare coverage
• NOT Original Medicare – coverage through private insurance company
• Could be HMO, PPO, PFFS or other type
  – Limited plans available in Kansas
  – Many are local or regional
  – May not be accepted by doctors, specialists and hospitals!
Check with each one.
• May get extra benefits, like vision care
• Pay a monthly premium to plan + Part B premium
• You pay deductible, copayments, coinsurance
• Can only join/leave plan during certain periods
MA Observations for 2015

- Unlike Part D plans which are the same state-wide, Medicare Advantage plans vary by county
- Although all counties have plan(s) available, the number of plans keeps decreasing in rural areas

Resources

SHICK Counselors
(Senior Health Insurance Program)
- 1-800-860-5260
- Area Agency on Aging
- Many K-State Research and Extension local county/district offices
Resources

Enrollment

- www.medicare.gov
  - 1-800-MEDICARE or 1-800-633-4227
- www.socialsecurity.gov
  - Social Security – 1-800-772-1213
  - www.socialsecurity.gov/myaccount
    - Benefit verification letters
    - Change address and phone number
    - Start or change direct deposits

Supplement Plan Comparisons

www.ksinsurance.org – 1-800-432-2484

Medicare Summary Notices

- www.mymedicare.gov
“Knowledge for Life”

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life, health, wellness and financial tips.
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**MEDICARE 2014**

**Extra Help for Prescription Drugs**

Extra Help means your drug plan premium will be zero or reduced. Co-payments for drugs will be small with amount determined by the percentage of Extra Help you qualify for. Also, you will have no gap (donut hole) in drug coverage.

**EXTRA HELP QUALIFICATIONS:**

You must be under both the income and asset limits for 2014.

**INCOME:**

<table>
<thead>
<tr>
<th>Single</th>
<th>Under $17,508 yr.</th>
<th>Or $1,459 month.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Under $23,592 yr.</td>
<td>Or $1,966 month.</td>
</tr>
</tbody>
</table>

Income includes Social Security, retirement, farm, rental, etc. Only part of work income counts.

**ASSETS:**

<table>
<thead>
<tr>
<th></th>
<th>Full Subsidy</th>
<th>Partial Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Under $8,860</td>
<td>$8,661- $13,440</td>
</tr>
<tr>
<td>Married</td>
<td>Under $13,750</td>
<td>$13,751- $26,860</td>
</tr>
</tbody>
</table>

Example of assets include money in bank, IRAs, CDs, farm land, (not attached to home), and rental property. Assets that do not count: Home, vehicle and personal possessions.

Apply online at www.socialsecurity.gov, at the Social Security office, talk with a SHICK Counselor, or call the SHICK Hotline-800-860-5260. You can apply for Extra Help at any time during the year.

After applying for Extra Help, watch for approval letter from Social Security. Take the letter to your pharmacy and co-pays for drugs will be reduced. Once approved for Extra Help, you can change drug plans during the year to possibly get a plan with no premium.

**Help to Pay for Medicare Part B Premium**

In 2014, if your income and assets are under the following limits, you may qualify to have the State pay your Medicare B premiums, and in some cases your Medicare deductibles and co-pays will also be paid. This could mean extra money in your Social Security check.

**QMB:**

<table>
<thead>
<tr>
<th>Single</th>
<th>Income under $993 a mo.</th>
<th>Assets under $7,160</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Income under $1,331 a mo.</td>
<td>Assets under $10,750</td>
</tr>
</tbody>
</table>

Your Medicare Part B premium is paid along with Medicare A and B deductibles, and co-pays.

**SLMB:**

<table>
<thead>
<tr>
<th>Single</th>
<th>Income under $1,187 a mo.</th>
<th>Assets under $7,160</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Income under $1,593 a mo.</td>
<td>Assets under $10,750</td>
</tr>
</tbody>
</table>

Your Medicare B premium is paid, but Medicare deductibles and co-pays are not paid.

**QI:**

<table>
<thead>
<tr>
<th>Single</th>
<th>Income under $1,333 a mo.</th>
<th>Assets under $7,160</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Income under $1,790 a mo.</td>
<td>Assets under $10,750</td>
</tr>
</tbody>
</table>

Your Medicare B premium is paid, but Medicare deductibles and co-pays are not paid.

Apply at DCF (former SRS office) or if applying for Extra Help, application will be sent to State. Income and asset limits change each year for Extra Help, QMB, SLMB, and QI.
# 2014 Medicare Amounts

## Part A - Hospital Insurance

**Part A Standard Premium** – No charge for most people (at least 40 work credits)
- $426.00 per month for people with less than 30 work credits
- $234.00 per month for people with 30 or more work credits

<table>
<thead>
<tr>
<th>Part A Deductible for Each Benefit Period</th>
<th>$1,216.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>$0 for days 1-60</td>
</tr>
<tr>
<td></td>
<td>$304.00 a day for 61st-90th day</td>
</tr>
<tr>
<td></td>
<td>$608.00 a day for 91st-150th day (lifetime reserve days)</td>
</tr>
<tr>
<td></td>
<td>All costs for all days after 150</td>
</tr>
</tbody>
</table>

**Skilled Nursing Facility Coinsurance**
- $0.00 for days 1-20
- $152.00 a day for 21st-100th day
- All costs for all days after 100

## Part B - Medical Insurance

**Part B Standard Premium** - $104.90 per month

**Part B Deductible** - $147.00 per year

Listed below are the 2014 Part B monthly premium rates to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with a dependent child, or married filing separately who lived apart from their spouse for the entire taxable year) or a joint tax return.

<table>
<thead>
<tr>
<th>Beneficiaries who file an individual tax return with income:</th>
<th>Beneficiaries who file a joint tax return with income:</th>
<th>Income-related monthly adjustment amount</th>
<th>Total monthly premium amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $85,000</td>
<td>Less than or equal to $170,000</td>
<td>$0.00</td>
<td>$104.90</td>
</tr>
<tr>
<td>Greater than $85,000 and less than or equal to $107,000</td>
<td>Greater than $170,000 and less than or equal to $214,000</td>
<td>$42.00</td>
<td>$146.90</td>
</tr>
<tr>
<td>Greater than $107,000 and less than or equal to $160,000</td>
<td>Greater than $214,000 and less than or equal to $320,000</td>
<td>$104.90</td>
<td>$209.80</td>
</tr>
<tr>
<td>Greater than $160,000 and less than or equal to $214,000</td>
<td>Greater than $320,000 and less than or equal to $428,000</td>
<td>$167.80</td>
<td>$272.70</td>
</tr>
<tr>
<td>Greater than $214,000</td>
<td>Greater than $428,000</td>
<td>$230.80</td>
<td>$335.70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:</th>
<th>Income-related monthly adjustment amount</th>
<th>Total monthly premium amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $85,000</td>
<td>$0.00</td>
<td>$104.90</td>
</tr>
<tr>
<td>Greater than $85,000 and less than or equal to $129,000</td>
<td>$167.80</td>
<td>$272.70</td>
</tr>
<tr>
<td>Greater than $129,000</td>
<td>$230.80</td>
<td>$335.70</td>
</tr>
</tbody>
</table>
### Part D – Medicare Prescription Drug Coverage

#### Part D Base Beneficiary Premium - $33.13

Listed below are the 2015 Part D monthly income-related premium adjustment amounts to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or a joint tax return.

<table>
<thead>
<tr>
<th>Beneficiaries who file an individual tax return with income:</th>
<th>Beneficiaries who file a joint tax return with income:</th>
<th>In 2015 you pay Income-related monthly adjustment amount + your plan premium (YPP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $85,000</td>
<td>Less than or equal to $170,000</td>
<td>$0.00 + YPP</td>
</tr>
<tr>
<td>Greater than $85,000 and less than or equal to $107,000</td>
<td>Greater than $170,000 and less than or equal to $214,000</td>
<td>$12.30 + YPP</td>
</tr>
<tr>
<td>Greater than $107,000 and less than or equal to $160,000</td>
<td>Greater than $214,000 and less than or equal to $320,000</td>
<td>$31.80 + YPP</td>
</tr>
<tr>
<td>Greater than $160,000 and less than or equal to $214,000</td>
<td>Greater than $320,000 and less than or equal to $428,000</td>
<td>$51.30 + YPP</td>
</tr>
<tr>
<td>Greater than $214,000</td>
<td>Greater than $428,000</td>
<td>$70.80 + YPP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:</th>
<th>In 2014 you pay Income-related monthly adjustment amount + your plan premium (YPP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $85,000</td>
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</tr>
<tr>
<td>Greater than $85,000 and less than or equal to $129,000</td>
<td>$51.30 + YPP</td>
</tr>
<tr>
<td>Greater than $129,00</td>
<td>$70.80 + YPP</td>
</tr>
</tbody>
</table>

### Late Enrollment Surcharges/Penalties-

If you aren’t eligible for premium-free Part A, and you don’t buy it when you’re first eligible, your monthly premium may go up 10%. You’ll have to pay the higher premium for twice the number of years you could have had Part A, but didn’t sign up.

If you don’t sign up for Part B when you’re first eligible, or if you drop Part B and then get it later, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn’t sign up for it.

If you don’t sign up for Part D when you’re first eligible, or if you drop Part D and then get it later, you may have to pay a late enrollment penalty for as long as you have Part D. The cost of the late enrollment penalty depends on how long you didn’t have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% of the national base beneficiary premium ($33.13 in 2015) times the number of full, uncovered months that you were eligible but didn’t join a Medicare prescription drug plan and went without other creditable prescription drug coverage. This final amount is rounded to the nearest $.10 and added to your monthly premium. The national base beneficiary premium may increase each year, so the penalty amount may also increase each year.