

ADDITIONAL MEDICARE PROGRAMS, PLANS, AND SAVINGS

Patients have access to a range of additional Medicare programs, plans, and savings options including Medicare Savings Programs, Extra Help for prescription costs, PACE (Program for the All-Inclusive Care for the Elderly), Medicare Cost Plans, Medicare Medical Savings Account Plans (MSA), Special Needs Plans (SNP), and Demonstration and Pilot Programs. These programs aim to offer individuals ways to access essential healthcare services while effectively managing expenses and/or direct assistance to help pay for premiums, copays, coinsurance, etc.

Extra Help

Extra Help (also known as Part D Low-Income Subsidy or LIS) is a Medicare program that helps people with limited income and assets pay for Medicare drug coverage (Part D) premiums and prescription costs. Some people qualify for Extra Help automatically, while others need to apply.

You will receive Extra Help automatically if you have Medicaid coverage, are enrolled in a Medicare Savings Program, or receive Supplemental Security Income (SSI) benefits from Social Security.

In most cases, to qualify for Extra Help, your income and resources must be below a certain limit. These limits are adjusted annually. The income limit is based on your previous year's income. If you qualify for Extra Help, Medicare will enroll you automatically in a Medicare drug plan (Part D), if you

don't already have one. The Part D Late Enrollment penalty is discontinued when you qualify for Extra Help.

This program is jointly administered by the Social Security Administration (SSA) and Medicare. [To apply, visit SSA.gov](https://www.ssa.gov) or contact your local Social Security office.

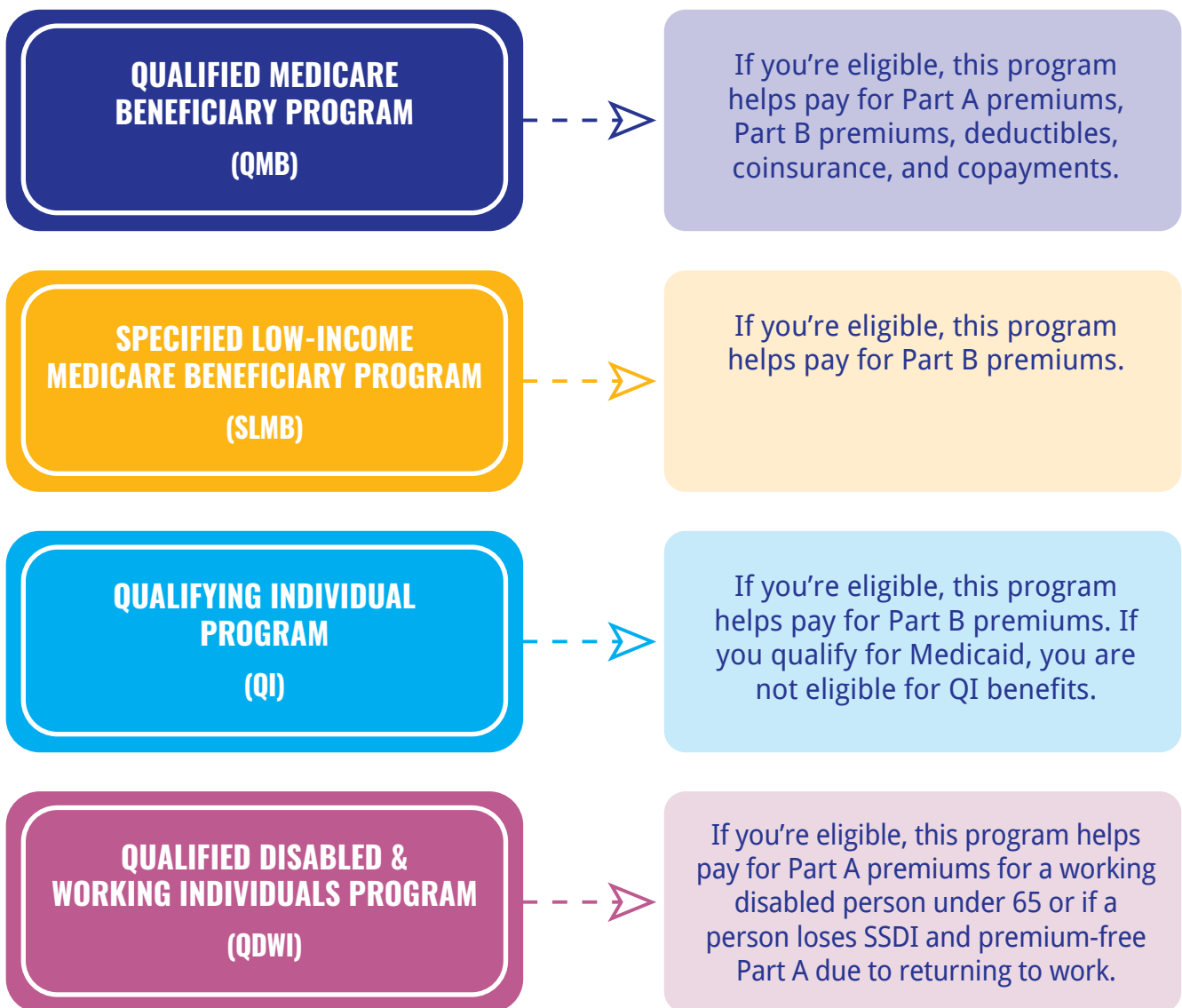
Medicare Savings Programs

Medicare Savings Programs (MSP) are federally funded programs administered by individual states. There are four types of Medicare Savings Programs. If you are eligible for these savings programs, they may help pay for Medicare premiums, deductibles, coinsurance, and copays. Eligibility is based on income and resources, and the income and resource limits for each program vary and can change each year. Resources that count toward these limits include money in your checking or savings

account, stocks, and bonds. Resources that do not count include your home, one car, burial plot, up to \$1,500 for burial expenses, furniture, and other household or personal items.

To apply for any of the Medicare Savings Programs, call your state Medicaid program. [You can find their contact information here: www.medicaid.gov/about-us/contact-us/index.html.](http://www.medicaid.gov/about-us/contact-us/index.html)

MEDICARE SAVINGS PROGRAMS & BENEFITS



PACE (Program for the All-Inclusive Care for the Elderly)

PACE is a joint Medicare and Medicaid program designed to help people meet their healthcare needs within the community instead of moving to a nursing home or other care facility. To qualify for PACE, you must be 55 or older, live in a PACE service area, require nursing home-level care, and be able to live in the community with support from PACE.

With PACE, you will have an all-inclusive healthcare team dedicated to ensuring that you receive coordinated care to maintain your well-being while living in the community. In most cases, you will be required to see a PACE-preferred doctor for your care. All Medicare and Medicaid services deemed necessary by your PACE team to improve and maintain your health are covered under PACE.

Some of the services PACE covers are:

- Adult day primary care (including doctor and nursing services)
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services
- Meals
- Nursing home care
- Nutritional counseling
- Occupational, physical, and recreational therapy
- Prescription drugs

- Social services including counseling, caregiver training, support groups, and respite care
- Transportation from your home to the PACE center for activities or medical appointments, if medically necessary
- Limited transportation to some medical appointments in the community

The cost of participating in PACE is determined based on your financial situation, but it is possible to pay for PACE privately. If you qualify for Medicaid, you will not have to pay a premium for the long-term care portion of the PACE benefit. There is no deductible or copayment for any medication, service, or care approved by your healthcare team. If you do not qualify for Medicaid but are enrolled in Medicare, you will be charged a monthly premium for the long-term care portion and a premium for Medicare Part D.

To apply for PACE, you can search for a PACE program in your area or contact your local Medicaid office.

Medicare MSA Plans

Medicare Medical Savings Account Plans (MSA) are a type of Medicare Advantage Plan that includes a high deductible along with a medical savings account. MSA plans are required to offer the same benefits, rights, and protections as Original Medicare, but may also provide additional benefits such as vision and hearing care. It is important to note that

MSA plans do not include Part D coverage, so you will need to purchase a separate prescription plan.

The medical savings account associated with your MSA plan is established with a bank selected by your plan. Medicare provides the plan with a specific amount of money each year for your healthcare costs and the plan deposits this money into the Medical Savings Account. The exact amount in your account depends on the plan you choose. The money in your account, along with any interest earned, is not subject to taxes if the money is used for healthcare costs. You have the option to transfer the money to another bank.

The money in your account can be used to help pay for your healthcare costs, including services that are not covered by Medicare such as dental or vision care. However, only money used for Medicare-approved covered services will count toward your deductible. If you use all the money within your account, you will be responsible for paying out-of-pocket for any additional costs until you meet your plan deductible. Any remaining money left over in your account at the end of the year will carry over and can be used for future healthcare expenses.

Enrolling in a Medicare MSA Plan is optional, and availability may vary by location. If you are interested in this type of plan, it's a good idea to contact Medicare to see if this is an option in your area.

Special Needs Plans

If you meet the qualifications for both Medicare and Medicaid, you are considered "Dual Eligible." Medicaid is a joint federal and state program that assists in covering healthcare costs for individuals and families with limited income and resources. If you are Dual Eligible, you have the option to choose Original Medicare with additional coverage through Medicaid. Medicaid will pay for some of the Medicare costs such as premiums, deductibles, and other out-of-pocket expenses.

There is another option available to you. As a Dual Eligible individual, you can enroll in a Special Needs Plan (SNP). A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage Plan offered through Medicare-approved private insurance companies, designed to streamline access to both Medicare and Medicaid benefits. These plans can vary based on location. They are particularly helpful for individuals who may require additional assistance due to income, disabilities, age, and/or health conditions. Eligibility criteria for SNP plans are determined by states, so it's important to check with your state before applying for a SNP. SNP plans include all the benefits of Original Medicare and must also provide prescription drug coverage. Many SNP plans offer extra benefits such as routine dental, vision, and hearing care. Another important benefit is care coordination to ensure you

receive appropriate healthcare services and information.

Other SNP plans for which you may qualify include:

- **Chronic Condition SNP (C-SNP)**

If you have one or more severe or disabling chronic conditions such as end-stage liver disease, dementia, chronic lung disorders, and more. [You can find the complete list on Medicare.gov.](#)

- **Institutional SNP (I-SNP):** If you live in an institution like a nursing home or require nursing care at home.

Medicare Cost Plans

Medicare Cost plans are available in some states. Cost plans are similar to Medicare Advantage Plans. They are provided by Medicare-approved private insurance companies and offer at least the same benefits as Original Medicare. Cost plans provide more flexibility, allowing you to utilize Original Medicare for coverage when you require care outside of the plan's network. If you receive a service covered by Original Medicare outside the plan's network, you will be responsible for paying the Part A and Part B coinsurance and deductible.

You can enroll in a Medicare Cost plan even if you only have Part B. You can join a Medicare Cost plan whenever the plan is accepting new members, and you can disenroll at any time to return to Original Medicare. If available, you

can also have Medicare drug coverage from a Medicare Cost plan, or you can join a separate Medicare drug plan. [You can find out if a Medicare Cost plan is available in your area by using Medicare's Plan Compare feature: \[www.medicare.gov/plan-compare\]\(http://www.medicare.gov/plan-compare\).](#)

Demonstration and Pilot Programs

Demonstration and Pilot Programs are special programs or research studies designed to improve Medicare benefits, payments, and the quality of care. These programs are typically short-term and target specific groups of people in certain locations. Participating in a Medicare pilot program may grant you access to new benefits not currently provided by Medicare. However, this access is temporary and limited to the duration of the program. Additionally, even if a pilot program is available in your area, it does not automatically mean you are eligible to join. Your costs and benefits may differ under the pilot program compared to your usual Medicare coverage. Eligibility, location, and availability may vary between the Medicare Demonstration and Pilot Programs. [To learn about program availability and eligibility, contact Medicare or visit the dedicated hub on the CMS website at: <https://innovation.cms.gov>.](#)