

2016 Benefits Checklist for Older Adults  
Health Programs for Residents of Rensselaer County New York  
Accurate as of May 2016

Updated 5/16-ab

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY																								
					Rensselaer County																								
MEDICARE – Part A Hospital Insurance Program	Coverage for acute hospital care; limited coverage for skilled nursing home, hospice and home care <b>Deductible:</b> \$1,288 per benefit period <b>Co-payments:</b> \$322/day for hospital days 61-90 \$644/day for hospital day 91 (up to a max of "lifetime reserve days" over your lifetime) and all costs beyond lifetime reserve days \$161/day for skilled nursing home days 21-100	Persons 65+, eligible for Social Security or Railroad Retirement benefits; or who wish to purchase coverage although they are not eligible for Social Security or Railroad Retirement; or who have been disabled for at least 24 months; and people with End Stage Renal Disease (ESRD).	None	None	<b>Enrollment:</b> Call local Social Security office at 866-770-2662 or call 1-800-772-1213 or visit <a href="http://www.ssa.gov">www.ssa.gov</a>  <b>Part A claims:</b> Empire Medicare Services 1-800-MEDICARE  or visit <a href="http://www.medicare.gov">www.medicare.gov</a>																								
MEDICARE – Part B Medical Insurance	Limited coverage for physicians, outpatient services, diagnostic tests and durable medical equipment.  <b>Deductible:</b> \$166 per year <b>Premium:</b> \$104.90 per month for most enrollees.	Same as above	<b>Part B Means-Tested</b> Based on your modified adjusted gross income as reported on your 2015 tax return:  <b>Ind. Tax return Joint Tax Return You Pay</b> 85,000 or below 170,000 or below \$121.80 85,001-107,000 107,001-214,000 \$170.50 107,001-160,000 214,001-320,000 \$243.60 160,001-214,000 320,001-428,000 \$316.70 Above 214,000 Above 428,000 \$389.80	None	<b>Part B claims:</b> 1-800-MEDICARE  Or visit <a href="http://www.medicare.gov">www.medicare.gov</a>																								
MEDICARE – Part D Prescription Drug Coverage	Coverage for prescription drugs:  <b>Deductible:</b> \$360 <b>Premium:</b> Benchmark premium for 2016 is \$39.73 in New York State, but higher income individuals will pay more. <b>Initial Period:</b> pay 25% of the cost between \$311 and \$3,310. <b>Donut Hole:</b> When drug costs exceed \$3,310 and go up to \$4,850, you will pay 45% off the price for the brand-name drug and 58% of the price of the generic drug. <b>Catastrophic Coverage:</b> begins after the beneficiary has incurred more than \$4,850 in out-of-pocket expenses. You only pay a small copayment for each covered drug until end of the year.	Same as above	If your filing status and yearly income in 2014 was:  <table border="1"> <thead> <tr> <th>Individual</th> <th>Joint</th> <th>Married or Separated</th> <th>You pay (in 2014)</th> </tr> </thead> <tbody> <tr> <td>\$85,000 or less</td> <td>\$170,000 or less</td> <td>\$85,000 or less</td> <td>Your plan premium</td> </tr> <tr> <td>Above \$85,000 Up to \$107,000</td> <td>above \$170,000 up to \$214,000</td> <td>Not applicable</td> <td>\$12.70 + your plan premium</td> </tr> <tr> <td>Above \$107,000 Up to \$160,000</td> <td>above \$214,000 up to \$320,000</td> <td>Not applicable</td> <td>\$32.80 + your plan premium</td> </tr> <tr> <td>Above \$160,000 Up to \$214,000</td> <td>above \$320,000 up to \$428,000</td> <td>above \$85,000 up to \$129,000</td> <td>\$52.80 + your plan premium</td> </tr> <tr> <td>Above \$214,000</td> <td>above \$428,000</td> <td>above \$129,000</td> <td>\$72.90 + your plan premium</td> </tr> </tbody> </table>	Individual	Joint	Married or Separated	You pay (in 2014)	\$85,000 or less	\$170,000 or less	\$85,000 or less	Your plan premium	Above \$85,000 Up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$12.70 + your plan premium	Above \$107,000 Up to \$160,000	above \$214,000 up to \$320,000	Not applicable	\$32.80 + your plan premium	Above \$160,000 Up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$52.80 + your plan premium	Above \$214,000	above \$428,000	above \$129,000	\$72.90 + your plan premium	None Low income subsidy (LIS/"Extra Help")  <b>Extra Help:</b> is available if the following income and asset limits apply:  <b>Income:</b> \$17,655 for an individual \$23,895 for a married couple  <b>Resource:</b> \$13,640 for an individual \$27,250 for a married couple	<b>Enrollment:</b> 1-800-MEDICARE  or visit <a href="http://www.medicare.gov">www.medicare.gov</a>  <a href="http://www.ssa.gov">www.ssa.gov</a>
Individual	Joint	Married or Separated	You pay (in 2014)																										
\$85,000 or less	\$170,000 or less	\$85,000 or less	Your plan premium																										
Above \$85,000 Up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$12.70 + your plan premium																										
Above \$107,000 Up to \$160,000	above \$214,000 up to \$320,000	Not applicable	\$32.80 + your plan premium																										
Above \$160,000 Up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$52.80 + your plan premium																										
Above \$214,000	above \$428,000	above \$129,000	\$72.90 + your plan premium																										

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY
					Rensselaer County
QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM	Pays for Medicare premiums, coinsurance, deductibles and co-payments	Persons age 65+; Blind or Disabled who have low income and low resources must have Medicare Part A, Medicare Part B or both in order to apply.	Individual: \$1,010 Couple: \$1,355	No resource limit	Call Department of Social Services: 518-270-2768  Or visit <a href="http://www.medicare.gov">www.medicare.gov</a>
SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLIMB) PROGRAM	Pays for Medicare Part B premium only	Same as above	Individual: \$1,208 Couple: \$1,622	No resource limit	Same as above
QUALIFYING INDIVIDUALS – 1	Pays for Medicare Part B premium only	Same as above	Individual: \$1,357 Couple: \$1,823	No resource limit	Same as above
MEDICAID	Comprehensive health care benefits, including coverage for prescription drugs, physician services, hospitals, nursing homes and home care  Community spouse allowances when other spouse is institutionalized: <b>Income:</b> maximum of \$2,980 <b>Resources:</b> maximum of \$119,220	Persons 65+, Blind or Disabled who have low income and low resources; and most persons under 65 who meet Safety Net Assistance Program budget rules	Individual: \$825 Couple: \$1,209	Individual: \$14,850 Couple: \$21,750  <b>Exemptions:</b> \$1,500 per person for burial fund or any amount in irrevocable pre-need funeral agreements; home; car; health insurance premiums	Call Department of Social Services: 518-266-7970 or call: 1-800-541-2831 Or visit <a href="http://www.health.ny.gov/health_care/Medicaid/">www.health.ny.gov/health_care/Medicaid/</a>
MEDICAID SPENDDOWN PROGRAM	Community, hospital or nursing home coverage after eligible individual or couple has "spent down" his or her "surplus income" to Medicaid level	Persons 65+, Blind or Disabled who have incurred medical expenses equal to or greater than their "surplus income" amount or have pre-paid their surplus income	No maximum, provided that medical expenses reduce net income to levels defined in the box above or individuals pre-pay their surplus income amount	Same as Medicaid	Same as Medicaid
ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC)	Assistance in paying for prescription drugs. Only people who have Part D may enroll in EPIC. EPIC will pay your part D premium up to \$39.73/month. EPIC will provide secondary coverage after any required deductibles are met.	Residents age 65+ who are enrolled in a Part D program	<b>EPIC Fee Plan:</b>  Individual: \$20,000 Couples: \$26,000  <b>EPIC Deductible Plan:</b>  Individual: \$20,001 - \$75,000 Couple: \$26,001 - \$100,000	None	New York State Dept. of Health New York State Office for the Aging 1-800-332-3742 Or Local OFA Office 518-270-2768
SOCIAL SECURITY Old Age, Survivors and Disability Insurance (OASDI)	Monthly cash benefits, based on prior employment and amount withheld from earnings during employment years	Retired wage earners age 65+ (age 66 if born in 1943 and up to age 67 if born in 1960 or later); or 62+ for reduced benefits; surviving spouses and/or children; and disabled workers	<b>Age 62 to full retirement age</b> (66 for those born from 1943 to 1954); \$15,720, benefits reduced by \$1 for every \$2 earned <u>over</u> limit <b>Year of full retirement age</b> (months prior to full retirement age): \$41,880, benefit reduced \$1 for every \$3 <u>over</u> limit <b>Full retirement age and older:</b> no limit	None	Call local Social Security Administration office 866-770-2662 or call 1-800-772-1213 <a href="http://www.ssa.gov">www.ssa.gov</a>

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY
					Rensselaer County
SUPPLEMENTAL SECURITY INCOME (SSI)	<p>Provides monthly cash benefits to meet food, clothing and shelter needs. The amount of the benefits depends on beneficiary's income and whether the person lives "alone", "with others", in "the household of another" or in a residential care facility</p> <p><b>Maximum Benefit Amount (monthly):</b>  <u>Living Alone</u>            Individual: \$820 + \$20*            Couple: \$1,204 + \$20*  <u>Living with Others</u>            Individual: \$756 + \$20*            Couple: \$1,146 + \$20*  <u>Living in the Household of Another</u>            Individual: \$511.67 + \$20*            Couple: \$779.34 + \$20*            *first \$20 income is exempt</p>	Persons 65+, Blind or Disabled (any age) who have low income and low resources	SSI is intended for those with low or no income. To find out if you qualify, please use the benefits screening tool available at <a href="http://www.ssa.gov">www.ssa.gov</a> .	Individual: \$2,000 Couple: \$3,000  <b>Exemptions:</b> \$1,500 per person for burial fund or any amount in irrevocable pre-need funeral agreements; home; car up to \$4,500 value; and personal and household goods up to \$2,000 equity	Call local Social Security Administration office 866-770-2662 or 1-800-772-1213  or visit <a href="http://www.ssa.gov">www.ssa.gov</a>
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  (Formerly known as The "Food Stamps" Program)	Monthly allotment of benefits through a debit card system for the purchase of food items; dollar value depends on household size and income	Low income households	<b>Monthly Gross Income Limits: *</b>  Individuals: \$1,962 Couples: \$2,655  *If your household's gross income is below these amounts, it does not ensure eligibility. A SNAP budget must be calculated by completing an application.	There is no resource test for households with elderly/disabled members whose incomes falls at or below the amount listed above unless a member of the household has been sanctioned or disqualified from participation in SNAP. Households with elderly/disabled members whose income exceeds these amounts may still be eligible for SNAP if their countable resources do not exceed \$3,250.	Call Department of Social Services: 518-266-7850 or call: 1-800-342-3009 Or visit  <a href="http://www.rensco.com/departments_socialservices.asp">http://www.rensco.com/departments_socialservices.asp</a>
HOME ENERGY ASSISTANCE PROGRAM (HEAP)	Cash payment or credit to energy supplier; depends on household composition, energy bills  Benefit amounts vary by household size, ages and type of energy	Low income:  <u>homeowners</u> or <u>renters</u>	Monthly <u>gross</u> income:  Individuals.....\$2,244 Couples..... \$2,935	No resource limit for regular benefits. For emergency benefit: \$3,000 resource limit if any member of the household is 60 or older. <b>NOTE:</b> Heating equipment repair and replacement is available to help low income owners repair or replace direct heating components.	Call Department of Social Services: 518-266-7960 Or visit  <a href="http://www.rensco.com/departments_socialservices.asp">http://www.rensco.com/departments_socialservices.asp</a>

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY
					Rensselaer County
NEW YORK STATE SCHOOL TAX RELIEF (STAR)	<p><u>Basic STAR:</u> Exempts the first \$30,000 of the full value of the home from school taxes.</p> <p><u>Enhanced STAR:</u> exempts the first \$65,300 from the full value of the home.</p>	<p><b>Enhanced program:</b> individuals 65 and older who meet income limits.</p> <p><b>Basic Program:</b> any age</p> <p><b>Both Programs:</b> persons must own and live in one, two or three family home, farm, mobile home, condominium or cooperative apartment</p> <p><b>APPLICATION DATES:</b> January-March (varies by locality)</p>	<p><b>Enhanced Program:</b> Individuals/couple with income up to \$84,550</p> <p><b>Basic Program:</b> Income limit of \$500,000. The Income limit applies to the combined income of only the owners and owners' spouses who reside at the property.</p>	None for both Enhanced and Basic programs	<p>New York State Department of Taxation and Finance: 1-800-225-5829</p> <p>Or visit <a href="http://www.tax.ny.gov">www.tax.ny.gov</a></p>
REAL PROPERTY TAX CREDIT (IT-214)	Tax credit or payment of up to \$375 for homeowners and renters	Individual has paid real property taxes or rent and occupied the same New York residence for six months or more; value of property is \$85,000 or less or monthly rent, not counting heat, gas, electricity, furnishing or board, is \$450 or less <b>Application Date:</b> submit with New York State tax return or, if not filing a State tax return, any time during the year.	Up to \$18,000/year	None	<p>New York State Department of Taxation and Finance: 1-800-225-5829</p> <p>or visit <a href="http://www.tax.ny.gov">www.tax.ny.gov</a></p>
SENIOR CITIZENS HOMEOWNERS EXEMPTION (SCHE)	Sliding-scale real estate tax exemption of up to 50%; renewable annually	Real estate owners 65+ who use property exclusively as their <u>legal residence</u>  APPLICATION DATES: July 15-March 15	<p><u>Yearly Income:</u></p> <p>Up to \$29,000: 50% Exemption</p> <p>\$29,001 - \$37,399: 45% - 5% Exemption</p> <p>*Individuals can deduct unreimbursed medical and prescription drug expenses from income</p>	None	<p>New York State Department of Taxation and Finance: 1-800-225-5829</p> <p>Or visit <a href="http://www.tax.ny.gov">www.tax.ny.gov</a></p>