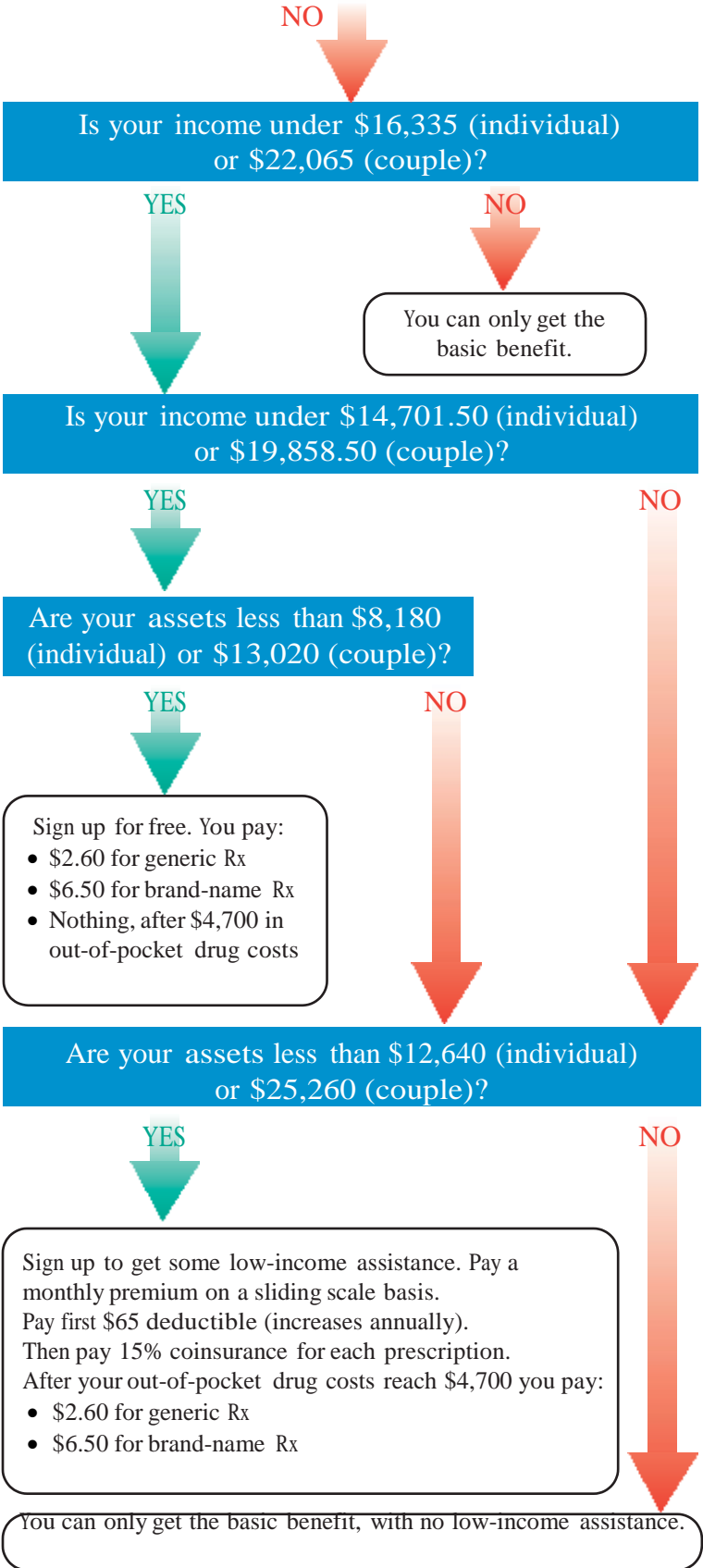
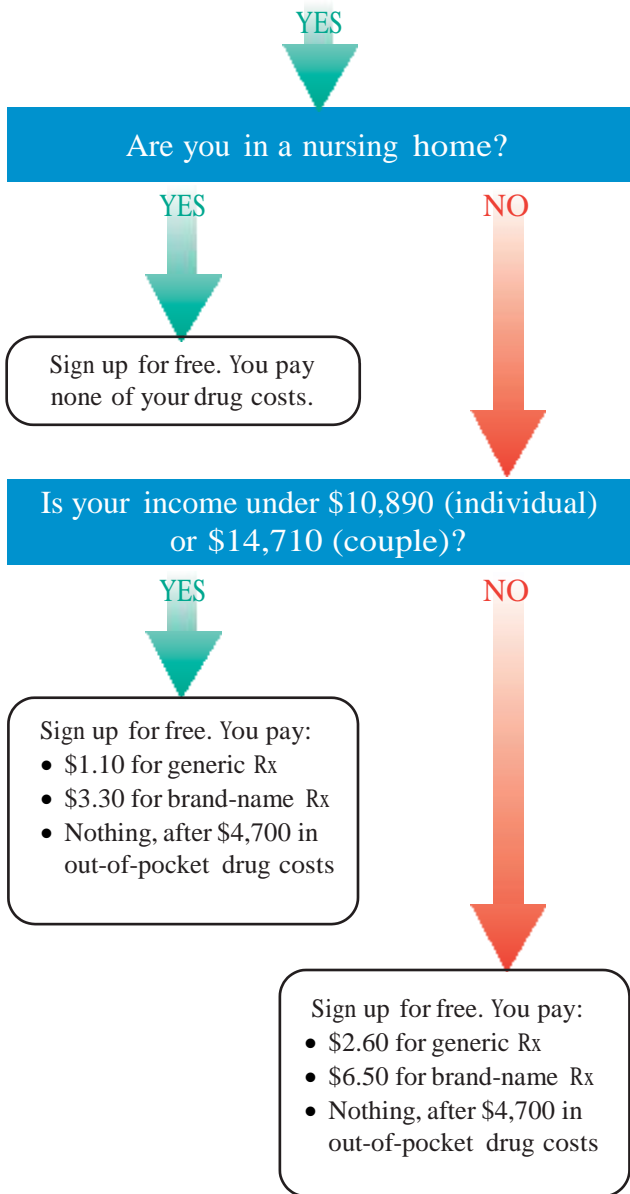


WILL YOU BE ELIGIBLE FOR LOW-INCOME ASSISTANCE IN 2012?

You are enrolled in Medicare. Are you also enrolled in Medicaid?



2011 POVERTY LEVELS

	Individual	Couple
100%	\$10,890	\$14,710
135%	\$14,702	\$19,859
150%	\$16,335	\$22,065

How Much Help Will You Get?

Many people with Medicare who have limited income/assets will get extra help paying for Medicare prescription drug coverage. Some people will qualify to enroll in a plan and pay no premiums or deductibles with copays that are very little. Some will qualify to enroll in a plan with a reduced deductible, and others will qualify to pay a sliding scale premium and small coinsurance. The chart below shows how much help you might get:

<p>Basic Medicare Prescription Drug Coverage with no extra help</p> <p>*This is the minimum that Medicare will cover. Costs and coverage for some plans will vary</p>	<p>People with Medicare and full Medicaid coverage with income below \$10,890 (\$14,710 for a married couple).</p>	<p>People with Medicare with income below \$14,701.50 single/\$19,858.50 married couple, and assets* below \$8,180 single/\$13,020 married couple.</p>	<p>People with Medicare with income below \$14,701.50 single/\$19,858.50 married couple, and assets* below \$12,640 single/\$25,260 married couple.</p>	<p>People with Medicare with income below \$16,335 single/\$22,065 married couple, and assets* below \$12,640 single/\$25,260 married couple.</p>
<p>You Will Pay:</p> <ul style="list-style-type: none"> • Monthly premium varies • No more than a \$320 maximum deductible • 25% of the cost of the next \$2,930 worth of covered drugs • 100% of the cost of the next \$3,727.50 in covered drugs called the "donut hole" • 5% of the cost of covered drugs after you spent \$4,700 in a year 	<p>You Will Pay:</p> <ul style="list-style-type: none"> • No premium • No deductible • \$1.10 copay for generic drugs • \$3.30 copay for brand-name drugs • No copay if in a nursing home • \$0 copay once your out-of-pocket drug expenses reach \$4,700 in a year 	<p>You Will Pay:</p> <ul style="list-style-type: none"> • No premium • No deductible • \$2.60 copay for generic drugs • \$6.50 copay for brand-name drugs • No copay if in a nursing home • \$0 copay once your out-of-pocket drug expenses reach \$4,700 in a year 	<p>You Will Pay:</p> <ul style="list-style-type: none"> • No premium • \$65 deductible • 15% coinsurance • \$2.60 copay for generic drugs and \$6.50 copay for brand-name drugs once your out-of-pocket drug expenses reach \$4,700 in a year 	<p>You Will Pay:</p> <ul style="list-style-type: none"> • Sliding scale premium • \$65 deductible • 15% coinsurance • \$2.60 copay for generic drugs and \$6.50 copay for brand-name drugs once your out-of-pocket drug expenses reach \$4,700 in a year

*Assets that count include all bank accounts and investments. Assets that do NOT count include the home you live in, a car, life insurance and a \$1,500 per person burial allowance. To receive this financial help apply at the Department of Family Services or at Social Security.



Fairfax County Department of Family Services
 Fairfax Area Agency on Aging • **Virginia Insurance Counseling and Assistance Program**
 12011 Government Center Parkway, Suite 708 • Fairfax, VA 22035-1104
703-324-5851 • TTY 703-449-1186
www.fairfaxcounty.gov/dfs/olderadultservices/va-insurance-counseling.htm



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