

Help For Lower Income Iowans With Medicare

March 2007



If you have limited income and resources, the State of Iowa **may** pay some of your Medicare expenses. Programs paying these expenses are shown in the chart on page 2. To see if you might be eligible, answer the questions below. If you need additional information, call the Senior Health Insurance Information Program (SHIIP) at **1-800-351-4664**.

1. Do you have or are you eligible for Medicare Part A?

If you answered yes, go to question 2.

2. Are your financial resources such as bank accounts, stocks, bonds, certificates of deposit and cash less than \$4,000 for one person or \$6,000 for a couple?

(Certain things like the home you live in, one automobile, burial plots, home furnishings, personal jewelry and some life insurance don't count as resources.)

If you answered yes, go to question 3.

3. Does your total monthly income meet the limits to qualify for help?

To see if you meet this requirement, complete the following:

a. What is your Social Security income (add \$94.00 if the Medicare Part B premium is deducted from your check)?	a. \$	
b. What is your spouse's Social Security income (add \$94.00 if the Medicare Part B premium is deducted)?*	b. \$	
c. What is your other unearned income (pensions, interest payments, veteran's benefits, dividends, etc.)?	c. \$	
d. What is your spouse's other unearned income (pensions, interest payments, veteran's benefits, dividends, etc.)?*	d. \$	
e. Add lines a + b + c + d. This is your total unearned income.	e. \$	
f. Subtract \$20.00 from line "e".	f. \$ -20.00	
g. Line "e" minus line "f" is your countable unearned income		g. \$
h. Do you and/or your spouse work? If so, what is your combined gross monthly income from work ?*	h. \$	
i. Subtract \$65.00 from line "h" for one person or a couple.	i. \$ -65.00	
j. Record the difference for line "h" minus line "i".	j. \$	
k. Divide line "j" by 2. This is your countable monthly earned income		k. \$
l. Add line "k" to line "g". The total is your countable monthly income. This is only an estimate of your income for the Savings Programs.		l. \$

*Special rules apply if your spouse is not on Medicare. For more information contact your county Department of Human Services office shown on the next page.

Medicare Savings Programs

Check the chart below to see if you might qualify for assistance. The State of Iowa Department of Human Services handles these programs.

(Amounts effective March 1, 2007)

If your monthly income from line "I" on page 1 is		Medicare Savings Programs may pay:
Less than \$851 (individual)	Less than \$1,141 (couple)	<ul style="list-style-type: none"> • Medicare premiums • Medicare deductibles • Medicare coinsurance
\$851-1,149 (individual)	\$1,141-1,541 (couple)	<ul style="list-style-type: none"> • Medicare Part B premium

How Do I Apply For These Programs?

If you think you qualify, you should do the following:

- Contact the Department of Human Services (DHS) in your county shown below. Other county listings are available from SHIIP or the DHS website: www.dhs.state.ia.us

Address: _____

Phone #: _____

- When you call, ask for information on programs that help pay your Medicare Part B premium, or ask how you can get help paying for some of your Medicare expenses.
- Ask for an application.
- Ask what documents you will need.
- Ask if you must apply in person, or if you can do it by phone or mail.
- Complete and return the application with necessary documents.

IF you have questions, SHIIP can help.

Website: www.shiip.state.ia.us

E-mail: shiip@iid.state.ia.us

Toll-free: 1-800-351-4664 (TTY 1-800-735-2942)

