

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY																									
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MEDICARE – Part A Hospital Insurance Program	Coverage for acute hospital care; limited coverage for skilled nursing home, hospice and home care Deductible: \$1,260 per benefit period Copayments: \$315/day for hospital days 61-90; \$630/day for hospital day 90 (up to a max of "lifetime" reserve days" over your lifetime); \$157.50/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	Enrollment: local Social Security office or call: 1-800-772-1213 or visit www.ssa.gov or www.medicare.gov Part A claims: Empire Medicare Services at 1-800-MEDICARE or visit www.empiremedicare.com	Enrollment: local Social Security office or call 1-800-772-1213 or www.cms.gov Part A claims: Empire Medicare Services 1-800-MEDICARE or www.empiremedicare.com																								
MEDICARE — Part B Medical Insurance	Limited coverage for physicians, outpatient services, diagnostic tests and durable medical equipment Deductible: \$147 per year Premium: \$104.90 per month for most enrollees	Same as above	Part B Means-Tested Based on your modified adjusted gross income as reported on your 2014 tax return: <table border="1"> <thead> <tr> <th>Ind. Tax Return</th> <th>Joint Tax Return</th> <th>You Pay</th> </tr> </thead> <tbody> <tr> <td>\$ 85,000 or below</td> <td>\$170,000 or below</td> <td>\$ 104.90</td> </tr> <tr> <td>\$ 85,001 - \$107,000</td> <td>\$107,001 - \$214,000</td> <td>\$ 146.90</td> </tr> <tr> <td>\$107,001 - \$160,000</td> <td>\$214,001 - \$320,000</td> <td>\$ 209.80</td> </tr> <tr> <td>\$160,001 - \$214,000</td> <td>\$320,001 - \$428,000</td> <td>\$ 272.70</td> </tr> <tr> <td>above \$214,000</td> <td>above \$428,000</td> <td>\$ 335.70</td> </tr> </tbody> </table>	Ind. Tax Return	Joint Tax Return	You Pay	\$ 85,000 or below	\$170,000 or below	\$ 104.90	\$ 85,001 - \$107,000	\$107,001 - \$214,000	\$ 146.90	\$107,001 - \$160,000	\$214,001 - \$320,000	\$ 209.80	\$160,001 - \$214,000	\$320,001 - \$428,000	\$ 272.70	above \$214,000	above \$428,000	\$ 335.70	None	Part B claims: Empire Medicare Services (all counties except Queens) 1-800-MEDICARE www.empiremedicare.com GHI, Inc.: (Queens only) 1-800-MEDICARE www.ghimedicare.com Enrollment: Local Social Security Office or Upstate Medicare Division at 1-800-MEDICARE or visit www.ssa.gov	Part B claims: Upstate Medicare Division 1-800-MEDICARE www.umd.nycpic.com						
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MEDICARE — Part D Prescription Drug Coverage	Coverage for prescription drugs: <ul style="list-style-type: none">Deductible: Maximum of \$320Premium: Benchmark premium for 2015 is \$36.94 in New York State, but higher income individuals will pay more.Initial Period: pay 25% of the cost between \$311 and \$2,960Donut Hole: When drug costs exceed \$2,960 and go up to \$4,700 you will pay 45% of the price for the brand-name drug and 65% of the price of the generic drug.Catastrophic Coverage: begins after the beneficiary has incurred more than \$47,000 in out-of-pocket expenses. You only pay only a small copayment for each covered drug until the end of the year	Same as above	If your filing status and yearly income in 2013 was: <table border="1"> <thead> <tr> <th>Individual</th> <th>Joint</th> <th>Married & separate</th> <th>You pay (in 2015)</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>\$12.30 + 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>\$31.80 + 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>\$51.30 + your plan premium</td> </tr> <tr> <td>above \$214,000</td> <td>above \$428,000</td> <td>above \$129,000</td> <td>\$70.80 + your plan premium</td> </tr> </tbody> </table>	Individual	Joint	Married & separate	You pay (in 2015)	\$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	\$12.30 + your plan premium	above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$31.80 + your plan premium	above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$51.30 + your plan premium	above \$214,000	above \$428,000	above \$129,000	\$70.80 + your plan premium	None Low income subsidy (LIS/"Extra Help") Extra Help is available if the following income and asset limits apply: Income: \$17,505 for an individual \$23,595 for a married couple Resource: \$13,440 for an individual \$26,860 for a married couple	Enrollment: 1-800-MEDICARE or visit www.medicare.gov or visit www.ssa.gov	Enrollment: 1-800-MEDICARE or visit www.medicare.gov or visit www.ssa.gov
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QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM	Pays for Medicare premiums, coinsurance, deductibles and copayments	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: \$1,001 + \$20* Couple: \$1,348 + \$20* *first \$20 in monthly income is exempt	No resource limit	1-877-472-8411 or visit www.nyc.gov/html/hra/html/medical_insurance/medicaid.shtml	Call local Dept. of Social Services or visit www.health.state.ny.us/nysdoh/medicare/ldss/htm																								
SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLIMB) PROGRAM	Pays for Medicare Part B premium only	Same as above	Individual: \$1,197 + \$20* Couple: \$1,613 + \$20* *first \$20 in monthly income is exempt	No resource limit	Same as above	Same as above																								
QUALIFYING INDIVIDUALS – 1	Pays for Medicare Part B premium only	Same as above	Individual: \$1,345 + \$20* Couple: \$1,813 + \$20* *first \$20 in monthly income is exempt	No resource limit	Same as above	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: Income: maximum of \$2,980 Resources: 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 + \$20* Couple: \$1,209 + \$20* *first \$20 in monthly income is exempt	Individual: \$14,850 Couple: \$21,750 Exemptions: \$1,500 per person for burial fund or any amount in irrevocable pre-need funeral agreements; home; car; health insurance premiums	New applications are handled through Medical Assistance Program's (MAP's) neighborhood borough - based sites Information Citywide: HRA Infoline 1-877-472-8411 www.nyc.gov/html/hra/html/medical_insurance/medicaid.shtml	Insert local Department of Social Services office number or call: 1-800-541-2831 www.health.state.ny.us/nysdoh/medicaid/ldss.htm																								
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	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 \$37.23/month. EPIC will provide secondary coverage after any required deductibles are met.	Residents age 65+ who are enrolled in a Part D program	EPIC Fee Plan: Individual: \$20,000 Couples: \$26,000 EPIC Deductible Plan: 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 www.health.state.ny.us/health_care/epic	New York State Dept. of Health New York State Office for the Aging 1-800-332-3742 www.health.state.ny.us/health_care/epic																								

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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	Age 62 to full retirement age (66 for those born from 1943 to 1954): \$15,720 benefits reduced by \$1 for every \$2 earned <u>over</u> limit Year of full retirement age (months prior to full retirement age): \$41,880, benefit reduced \$1 for every \$3 <u>over</u> the limit Full retirement age and older : no limit	None	Social Security Administration: 1-800-772-1213 or visit www.ssa.gov	Insert local Social Security Administration office number or call 1-800-772-1213 www.ssa.gov
SUPPLEMENTAL SECURITY INCOME (SSI)	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. <u>Maximum Benefit Amounts (monthly):</u> <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	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 www.ssa.gov .	Individual: \$2,000 Couples: \$3,000 Exemptions: \$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	Same as above	Same as above
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) <i>[Formerly known as The "Food Stamps" Program]</i>	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	Monthly Gross Income Limits: * Individuals: \$1,915 Couples: \$2,585 * 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 income 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 gross income exceeds these amounts may still be eligible for SNAP if their countable resources do not exceed \$3,250.	HRA Infoline: 1-877-472-8411 www.nyc.gov/html/hra/html/home/home.shtml	Insert local Department of Social Services office number or call: 1-800-342-3009 www.otda.state.ny.us/main/foodstamps
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 gross income: Individual\$2,194 Couples\$2,869	No resource limit for regular benefits For emergency benefit: \$3,000 resource limit if any member of the household is 60 or older NOTE: Heating equipment repair and replacement is available to help low income home owners repair or replace direct heating components.	Department for the Aging: 212-442-1000; or HRA: 1-800-692-0557; or 311 www.nyc.gov/html/dfta/home.html	Department for the Aging: 212-442-1000 or HRA: 1-800-692-0557; or 311 www.nyc.gov/html/dfta/home.html
SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)	Relief from the obligation to pay rent increases; landlord is compensated by reduction in real estate taxes	Persons 62+ who live in rent controlled or rent stabilized apartments; hotel rooms; or Mitchell-Lama housing; and whose rent is more than one-third of their income; or elderly persons, receiving public assistance, whose rent exceeds the maximum shelter allowance	Yearly household income: \$50,000	None	New York City Dept. of Finance; or 311; or (212) 639-9675	
NEW YORK STATE SCHOOL TAX RELIEF PROGRAM (STAR)	Basic STAR: exempts the first \$30,000 of the full value of the home from school taxes Enhanced STAR: exempts the first \$65,300 from the full value of the home	Enhanced program: individuals 65 and older who meet income limits Basic program: any age Both programs: persons must own and live in one, two or three family home, farm, mobile home, condominium or cooperative apartment APPLICATION DATES: January - March (<i>varies by locality</i>)	Enhanced Program: Individual/couples with income up to \$83,300 Basic Program: 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.	None for both Enhanced and Basic programs	Insert local tax assessor's number New York State Office of Real Property Services (518) 474-2982 www.orps.state.ny.us	Insert local tax assessor's number New York State Office of Real Property Services (518) 474-2982 www.tax.ny.gov
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 APPLICATION DATE: submit with New York State tax return or, if not filing a State tax return, any time during the year	Up to \$18,00/year	None	New York State Department of Taxation and Finance: 1-800-225-5829 www.tax.state.ny.us	New York State Department of Taxation and Finance: 1-800-225-5829 www.tax.state.ny.us
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	Yearly income: * up to \$29,000: 50% Exemption \$29,001 - \$37,399: 45% - 5% Exemption * Individuals can deduct unreimbursed medical and prescription drug expenses from income	None	New York City Department of Finance Assistance Line: (212) 504-4080 www.nyc.gov/html/dof/html/property/property_tax_reduc_individual.shtml	Insert local tax assessor's number New York State Office of Real Property Services www.orps.state.ny.us