

# Alternatives to Medicare Supplement Insurance

## Medicare Savings for Qualified Beneficiaries continued...

The QMB monthly income limits in 2012 are:

- \$951 (individual) \$1,281 (couple)
- In addition to the income limit, financial resources such as bank accounts, stocks and bonds cannot exceed \$6,940 for one person or \$10,410 for a couple.

The Specified Low-income Medicare Beneficiary (SLMB) program is for persons entitled to Medicare Part A whose incomes are slightly higher than the National Poverty Level (by more than 20 percent). The financial resource limits remain the same.

The SLMB monthly income limits in 2012 are:

- \$1,137 (individual) \$1,533 (couple)

If you qualify for assistance under the SLMB program, the state will pay your Medicare Part B monthly premium. You will be responsible for Medicare's deductibles, coinsurance and other related charges.

## QI (Qualifying Individual)

The Qualifying Individual (QI) program is for persons entitled to Medicare Part A whose incomes are higher than 120 percent of the National Poverty Level and who are not otherwise eligible for Medicaid benefits. Your income cannot exceed the National Poverty Level by more than 35 percent for the state to pay your Medicare Part B premium. If your income exceeds 135 percent, but is less than 175 percent of the National Poverty Level, the state may pay part of your Medicare Part B premium.

The QI-1 monthly income limits in 2012 are:

- \$1,277 (individual) \$1,723 (couple)

This program pays your Medicare Part B premium.

These programs are designed for people with incomes near or below the poverty level and with limited assets. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging if you think you qualify for full Medicaid benefits or for the QMB, SLMB, or QI program.

## Medicaid

You may be eligible for Medicaid assistance if you have limited assets and low monthly income, or you have high medical bills. Medicaid pays eligible expenses in full, without deductibles and coinsurance. It also pays for intermediate or custodial care in a nursing home, which Medicare does not. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging at 800.522.0310.

Generally, you do not need a Medicare supplement while receiving Medicaid assistance. However, if you have a Medicare supplement that was issued after December 13, 1991, and you become eligible for Medicaid, you may not need to terminate your policy. While on Medicaid, you can suspend your Medicare supplement for up to 24 months if you notify the insurance company issuing your supplemental policy within 90 days of becoming eligible for Medicaid, you may reinstate it later if you no longer qualify for Medicaid.

## Limited Benefit Policies Are Not a Substitute for a Medicare Supplement Policy

Limited benefit policies such as hospital indemnity, dread disease (cancer, stroke, heart disease, etc.), and accident plans do not cover the gaps in Medicare benefits. They provide benefits only in limited circumstances and duplicate coverage from Medicare and Medicare supplement insurance. You may want to carefully evaluate these plans to determine if they are necessary for your health care needs.