

PROGRAM TITLE	BENEFITS	ELIGIBILITY	INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY																									
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<b>MEDICARE – Part A</b> Hospital Insurance Program	Coverage for acute hospital care; limited coverage for skilled nursing home, hospice and home care Deductible: \$1,316 per benefit period Copayments: \$329/day for hospital days 61-90; \$658/day for hospital day 91 (up to a max of "lifetime reserve days" over your lifetime) and all costs beyond lifetime reserve days; \$164.50/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: Contact local Social Security office or call: <b>1-800-772-1213</b> or visit <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a>  <b>Part A claims:</b> Empire Medicare Services at <b>1-800-MEDICARE</b> or visit <a href="https://www.empireblue.com/new-york-medicare/">https://www.empireblue.com/new-york-medicare/</a>	Enrollment: Contact local Social Security office or call 1-800-772-1213 or visit <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a>  <b>Part A claims:</b> Empire Medicare Services at <b>1-800-MEDICARE</b> or visit <a href="https://www.empireblue.com/new-york-medicare/">https://www.empireblue.com/new-york-medicare/</a>																								
<b>MEDICARE — Part B</b> Medical Insurance	Limited coverage for physicians, outpatient services, diagnostic tests and durable medical equipment  <b>Deductible:</b> \$183 per year <b>Premium:</b> \$109 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 2016 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>\$ 134.00</td> </tr> <tr> <td>\$ 85,001 - \$107,000</td> <td>\$107,001 - \$214,000</td> <td>\$ 187.50</td> </tr> <tr> <td>\$107,001 - \$160,000</td> <td>\$214,001 - \$320,000</td> <td>\$ 267.90</td> </tr> <tr> <td>\$160,001 - \$214,000</td> <td>\$320,001 - \$428,000</td> <td>\$ 348.30</td> </tr> <tr> <td>above \$214,000</td> <td>above \$428,000</td> <td>\$ 428.60</td> </tr> </tbody> </table>	Ind. Tax Return	Joint Tax Return	You Pay	\$ 85,000 or below	\$170,000 or below	\$ 134.00	\$ 85,001 - \$107,000	\$107,001 - \$214,000	\$ 187.50	\$107,001 - \$160,000	\$214,001 - \$320,000	\$ 267.90	\$160,001 - \$214,000	\$320,001 - \$428,000	\$ 348.30	above \$214,000	above \$428,000	\$ 428.60	None	<b>Enrollment:</b> Contact local your Social Security office or call: <b>1-800-772-1213</b> or visit <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a>  <b>Part B claims:</b> Empire Medicare Services . Call <b>1-800-MEDICARE</b> or visit <a href="https://www.empireblue.com/new-york-medicare/">https://www.empireblue.com/new-york-medicare/</a>  Emblem Health also provides Part B coverage. Call <b>1-800-447-9169</b> or visit <a href="http://www.emblemhealth.com/Our-Plans/Medicare.aspx">http://www.emblemhealth.com/Our-Plans/Medicare.aspx</a>	Enrollment: Contact your local Social Security office or call <b>1-800-772-1213</b>  Or visit <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a>  <b>Part B claims:</b> Empire Medicare Services at <b>1-800-MEDICARE</b> or visit <a href="https://www.empireblue.com/new-york-medicare/">https://www.empireblue.com/new-york-medicare/</a>						
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<b>MEDICARE — Part D</b> Prescription Drug Coverage	<b>Coverage for prescription drugs:</b> <ul style="list-style-type: none"> <li>• <b>Deductible:</b> Maximum of \$400</li> <li>• <b>Premium:</b> Benchmark premium for 2017 is \$40.99 in New York State, but higher income individuals will pay more.</li> <li>• <b>Initial Period:</b> pay 25% of the cost between \$311 and \$3,700</li> <li>• <b>Donut Hole:</b> When drug costs exceed \$3,700 and go up to \$4,950, you will pay 40% of the price for the brand name drug and 51% of the price for the generic drug</li> <li>• <b>Catastrophic Coverage:</b> begins after the beneficiary has incurred more than \$4,950 in out-of-pocket expenses. You only pay only a small copayment for each covered drug until the end of the year</li> </ul>	Same as above	If your filing status and yearly income in 2016 was: <table border="1"> <thead> <tr> <th>Individual</th> <th>Joint</th> <th>Married &amp; Separate</th> <th>You pay (in 2017)</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>\$13.30 + 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>\$34.20 + 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>\$55.20 + your plan premium</td> </tr> <tr> <td>above \$214,000</td> <td>above \$428,000</td> <td>above \$129,000</td> <td>\$76.20 + your plan premium</td> </tr> </tbody> </table>	Individual	Joint	Married & Separate	You pay (in 2017)	\$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	\$13.30 + your plan premium	above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$34.20 + your plan premium	above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$55.20 + your plan premium	above \$214,000	above \$428,000	above \$129,000	\$76.20 + 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> \$18,090 for an individual \$24,360 for a married couple  <b>Resource:</b> \$13,820 for an individual \$27,600 for a married couple	Enrollment: <b>1-800-MEDICARE</b>  Or visit: <a href="http://www.medicare.gov">www.medicare.gov</a> <a href="http://www.ssa.gov">www.ssa.gov</a>  <a href="https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/med_savings_prog.pdf">https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/med_savings_prog.pdf</a>	Enrollment: <b>1-800-MEDICARE</b>  Or visit: <a href="http://www.medicare.gov">www.medicare.gov</a> <a href="http://www.ssa.gov">www.ssa.gov</a>
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<b>QUALIFIED MEDICARE BENEFICIARY PROGRAM (QMB)</b>	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.....\$1,025 Couple.....\$1,374	No Resource Limit	HRA Infoline, call <b>1-718-557-1399</b> or call: <b>1-800-MEDICARE</b>  Or visit: <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a> or  <a href="https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/med_savings_prog.pdf">https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/med_savings_prog.pdf</a>	Call local Dept. of Social Services or call: <b>1-800-MEDICARE</b>  Or visit: <a href="http://www.ssa.gov">www.ssa.gov</a> or <a href="http://www.medicare.gov">www.medicare.gov</a> or <a href="https://www.health.ny.gov/health_care/medicaid/program/update/savingsprogram/medicaresavingsprogram.htm">https://www.health.ny.gov/health_care/medicaid/program/update/savingsprogram/medicaresavingsprogram.htm</a>																								
<b>SPECIFIED LOW INCOME MEDICARE BENEFICIARY PROGRAM (SLMB)</b>	Pays for Medicare Part B premium only	Same as above	Individual.....\$1,226 Couple.....\$1,644	No Resource Limit	Same as above	Same as above																								
<b>QUALIFYING INDIVIDUALS (QI)</b>	Pays for Medicare Part B premium only	Same as above	Individual.....\$1,377 Couple.....\$1,847	No Resource Limit	Same as above	Same as above																								
<b>MEDICAID</b>	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 \$3022.50 <b>Resources:</b> maximum of \$120,900	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	New applications are handled through Medical Assistance Program's (MAP's) neighborhood borough - based sites  HRA Info-line: <b>1-718-557-1399</b>  Or visit: <a href="http://www1.nyc.gov/nyc-resources/service/3944/medicaid">http://www1.nyc.gov/nyc-resources/service/3944/medicaid</a>	Contact local Department of Social Services office or call: <b>1-800-541-2831</b>  Or visit: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>																								
<b>MEDICAID SPENDDOWN PROGRAM</b>	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																								
<b>ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC)</b>	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 \$41/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 <b>1-800-332-3742</b> Or visit: <a href="https://www.health.ny.gov/health_care/epic/">https://www.health.ny.gov/health_care/epic/</a>	New York State Dept. of Health New York State Office for the Aging <b>1-800-332-3742</b> Or visit: <a href="https://www.health.ny.gov/health_care/epic/">https://www.health.ny.gov/health_care/epic/</a>																								

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<b>SOCIAL SECURITY</b> 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): \$16,920; benefit reduced by \$1 for every \$2 earned over limit <b>Year of full retirement age</b> (months prior to full retirement age): \$44,880; benefit reduced \$1 for every \$3 over the limit <b>Full retirement age and older</b> : no limit	None	Social Security Administration: <b>1-800-772-1213</b>  Or visit: <a href="http://www.ssa.gov">www.ssa.gov</a>	Call local Social Security administration office, or call <b>1-800-772-1213</b>  Or visit: <a href="http://www.ssa.gov">www.ssa.gov</a>
<b>SUPPLEMENTAL SECURITY INCOME</b> (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  <b>Maximum Benefit Amounts (monthly):</b>  <b>Living Alone</b> Individual.....\$ 822 + \$20* Couple.....\$1,207 + \$20* <b>Living with Others</b> Individual.....\$ 758 + \$20* Couple.....\$1,149 + \$20* <b>Living in the Household of Another</b> Individual.....\$ 513 + \$20* Couple.....\$ 781.33 + \$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 <a href="http://www.ssa.gov">www.ssa.gov</a> .	Individual: \$2,000 Couples: \$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	Same as above	Same as above
<b>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM</b> (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	<b>Monthly Gross Income Limits: *</b> Individual ..... \$1,980 Couple ..... \$2,670  * If your household's gross income is below these amounts, it does not ensure eligibility. A <b>SNAP</b> 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, 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 \$3,360.	Call 311 or call HRA Infoline, <b>1-718-557-1399</b>  Or visit : <a href="http://www1.nyc.gov/nyc-resources/service/1113/snap-food-stamps">http://www1.nyc.gov/nyc-resources/service/1113/snap-food-stamps</a>	Call local Department of Social Services office, or call: <b>1-800-342-3009</b>  Or visit: <a href="http://www.ny.gov/services/apply-snap">http://www.ny.gov/services/apply-snap</a>
<b>HOME ENERGY ASSISTANCE PROGRAM</b> (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 homeowners or renters	<b>Monthly gross income:</b> Individual ..... \$2,300 Couple ..... \$3,007	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 home owners repair or replace direct heating components.	Call 311 or call HRA Infoline, <b>1-718-557-1399</b>  Or visit: <a href="https://www1.nyc.gov/site/hra/help/energy-assistance.page">https://www1.nyc.gov/site/hra/help/energy-assistance.page</a>	Call local district contacts from: <a href="http://otda.ny.gov/programs/heap/contacts/">http://otda.ny.gov/programs/heap/contacts/</a>  Or visit: <a href="http://www.ny.gov/services/apply-heap">http://www.ny.gov/services/apply-heap</a>
<b>SENIOR CITIZEN RENT INCREASE EXEMPTION</b> (SCRIE in NYC)	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. SCRIE is for those living in NYC and is administered through the NYC Dept. of Finance. Those outside of NYC can apply for similar support through the Division of Housing & Community Renewal (DHCR).	<b>Yearly household income:</b> \$50,000 in NYC.  Outside NYC, varies by county	None	New York City Dept. of Finance. Call <b>311</b> .  Or visit: <a href="http://www1.nyc.gov/nyc-resources/service/2424/senior-citizen-rent-increase-exemption-scrie">http://www1.nyc.gov/nyc-resources/service/2424/senior-citizen-rent-increase-exemption-scrie</a>	Division of Housing & Community Renewal (DHCR), call local office.  Or visit : <a href="http://www.nyshcr.org/rent/about.htm">http://www.nyshcr.org/rent/about.htm</a>
<b>NEW YORK STATE SCHOOL TAX RELIEF PROGRAM</b> (STAR)	<b>Basic STAR:</b> exempts the first \$30,000 of the full value of the home from school taxes <b>Enhanced STAR:</b> exempts the first \$65,500 from the full value of the home	<b>Enhanced program:</b> individuals 65 and older who meet income limits <b>Basic program:</b> any age <b>Both programs:</b> persons must own and live in one, two or three family home, farm, mobile home, condominium or cooperative apartment <b>APPLICATION DATES:</b> January - March ( <i>varies by locality</i> )	<b>Enhanced Program:</b> Individual/couples with income up to \$86,000  <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.	None for both Enhanced and Basic programs	New York State Department of Taxation and Finance: <b>1-518-457-2036</b>  Or visit: <a href="https://www.tax.ny.gov/pit/property/star/">https://www.tax.ny.gov/pit/property/star/</a>	New York State Department of Taxation and Finance: <b>1-518-457-2036</b>  Or visit: <a href="https://www.tax.ny.gov/pit/property/star/">https://www.tax.ny.gov/pit/property/star/</a>
<b>REAL PROPERTY TAX CREDIT</b> (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	New York State Department of Taxation and Finance: <b>1-518-457-5181</b>  Or visit: <a href="https://www.tax.ny.gov/pit/credits/real_property_tax_credit.htm">https://www.tax.ny.gov/pit/credits/real_property_tax_credit.htm</a>	New York State Department of Taxation and Finance: <b>1-518-457-5181</b>  Or visit: <a href="https://www.tax.ny.gov/pit/credits/real_property_tax_credit.htm">https://www.tax.ny.gov/pit/credits/real_property_tax_credit.htm</a>
<b>SENIOR CITIZENS HOMEOWNERS EXEMPTION</b> (SCHE)	Sliding-scale real estate tax exemption of up to 50%; renewable annually	Real estate owners 65+ who use property exclusively as their legal residence  <b>APPLICATION DATES:</b> July 15—March 15	<b>Yearly income: *</b> 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 State Department of Taxation and Finance: <b>1-518-457-5181</b>  Or visit: <a href="http://www1.nyc.gov/site/finance/benefits/landlords-sche.page">http://www1.nyc.gov/site/finance/benefits/landlords-sche.page</a>	New York State Department of Taxation and Finance: <b>1-518-457-5181</b>  Or visit: <a href="https://www.tax.ny.gov/pit/property/exemption/seniorexempt.htm">https://www.tax.ny.gov/pit/property/exemption/seniorexempt.htm</a>