



State Resources for Seniors in Pennsylvania

Many seniors face high costs for their medical care and prescription drug coverage, and finding the funds to pay for these health care expenses can be stressful. We created this guide covering all of the available health insurance and prescription drug coverage programs in your state so you can take care of your health without worrying about the cost. Included in the guide are the benefits details, eligibility requirements, and application processes for available health insurance and prescription drug coverage programs for seniors in your state.

Financial Assistance for Senior Living & Senior Care

As they age, many seniors need a little extra help with housekeeping, meal preparation, transportation and personal care. It may even be necessary to hire home health professionals or move to a nursing home or assisted living community. Regardless of the level of care required, seniors often wonder if they'll be able to afford all the services they need.

In Pennsylvania, seniors may qualify for Medicaid, Medicare or one of the state's Medicaid waiver programs, making it easier to afford the cost of in-home care, assisted living or nursing home care.

Medicaid

Pennsylvania's Medicaid program, Medical Assistance, covers home health services and nursing home care. Medical assistance covers both types of care, but only if medically necessary. Although Medical Assistance doesn't pay for room and board at an assisted living community, it may cover some of the medical services you receive as a resident.

How to Apply

To apply for Medical Assistance online, create an account on the COMPASS website. You can also apply at your local county assistance office, call (866) 550-4355 or download the Pennsylvania Application for Benefits and mail it to your local county assistance office.

Eligibility

Applicants need to meet the following criteria to qualify for Medical Assistance. You must:

- Be a Pennsylvania resident.
- A U.S. citizen, refugee or lawfully admitted alien.
- Possess a Social Security number.
- Be at least 65 years and older, blind or disabled.

Pennsylvania Medical Assistance also has income and asset limits as outlined below

	Annual Income Limit*	Asset Limit
Single Applicants	<ul style="list-style-type: none"> • \$10,357.20 for Regular Medicaid • \$30,276 for Institutional Medicaid 	<ul style="list-style-type: none"> • \$2,000
Married Applicants (One Spouse Applying)	<ul style="list-style-type: none"> • \$15,531.60 for Regular Medicaid • \$30,276 (for applicant) for Institutional Medicaid 	<ul style="list-style-type: none"> • \$3,000 for Regular Medicaid • \$2,000 for applicant/\$137,400 for non-applicant for Institutional Medicaid
Married Applicants (Both Spouses Applying)	<ul style="list-style-type: none"> • \$15,531.60 for Regular Medicaid • \$60,552 (\$30,276 per spouse) for Institutional Medicaid 	<ul style="list-style-type: none"> • \$3,000 for Regular Medicaid • \$4,000 (\$2,000 per spouse) for Institutional Medicaid

Medicare

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

How to Apply

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

Eligibility

You may qualify for Medicare coverage if any of the following apply:

- You're at least 65 years old.
- You have end-stage renal disease.
- You're under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you've been receiving disability benefits for at least 24 months, you're on kidney dialysis or you need a kidney transplant.

Community HealthChoices

Community HealthChoices pays for services to help older adults remain in their homes as they age. If you qualify for Community HealthChoices, one of the state's managed care organizations will coordinate your care. Depending on your needs, The program may cover medication management and assistance with activities of daily living.

How to Apply

If you haven't already applied for Medical Assistance, do so via the COMPASS website or by contacting your local county assistance office. Once you're enrolled, you must enroll in the Community HealthChoices program if you meet the eligibility requirements. To apply by telephone, call (866) 550-4355.

Eligibility

You'll be enrolled in the program if you meet at least one of the following requirements:

- You're enrolled in both Medical Assistance and Medicare.
- You were receiving services under one of the waiver programs consolidated into the Community HealthChoices program.
- You're receiving nursing home care that's covered by Medicaid.
- You participate in Act 150 and are eligible for both Medicare and Medical Assistance.

Nursing Home Transition

The Nursing Home Transition waiver is designed for Medical Assistance enrollees who are living in nursing homes and want to transition back to their homes and communities. It covers a variety of long-term services and supports to help seniors live at home and in community settings without putting their health and safety at risk.

How to Apply

If you haven't applied for Medical Assistance yet, visit the COMPASS portal to fill out the online application. Once you're enrolled, call (877) 550-4227 to apply for the Nursing Home Transition waiver.

Eligibility

You must request a nursing home transition referral from your nursing facility to qualify. You also need to contact a Nursing Home Transition coordination provider to initiate your transition from a nursing facility to a community setting. Participants should contact their managed care organization, while other Medical Assistance participants should call Kepro at (888) 204-8781.

Health Insurance & Prescription Drug Coverage for Seniors

Many seniors have chronic health conditions requiring ongoing care. Seniors are also more likely than younger people to use prescription medications or develop certain illnesses, making health care costs a significant area of concern. Pennsylvania seniors may be able to use Medicaid or one of the state's prescription assistance programs to cover some of these costs.

Medicaid

Medicaid (Medical Assistance) provides health coverage to low-income Pennsylvanians who meet certain eligibility requirements. The program covers many medical services, including doctor visits, prescription medications, hospital care and diagnostic tests.

How to Apply

To apply online, create an account on the COMPASS website. You can also call (866) 550-4355, download an application and return it to your local county assistance office.

Eligibility

Medical Assistance is available to Pennsylvania residents who are U.S. citizens, lawfully admitted aliens or refugees. You must also have a Social Security number, be able to provide your identity and have income and resources at or below the Medicaid limits.

PACE and PACENET Prescription Assistance Programs

These Prescription Assistance Programs give older Pennsylvanians access to low-cost prescription medications. Eligible seniors pay a small copay for each drug, reducing out-of-pocket medication costs. Alternatively, PACENET offers low-cost prescriptions to seniors who exceed the income limits for the regular PACE program.

How to Apply

To apply for PACE or PACENET, fill out the online application, call (800) 225-7223 or download the application, fill it out and mail it to PACE/PACENET, P.O. Box 8806, Harrisburg, PA 17105-8806. You can also fax the completed application to (888) 656-0372 or email it to papace@magellanhealth.com.

Eligibility

You must meet the following criteria to qualify for PACE and PACENET:

- Be at least 65 years old.
- Be a resident of Pennsylvania for at least 90 days before you apply
- Not enrolled in the Medicaid prescription benefit
- Have an annual income of no more than \$14,500 (single) or \$17,700 (married) for PACE and between \$14,500 and \$33,500 (single) or \$17,700 and \$41,500 for PACENET

Medicare

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

Medicare Advantage

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you're ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility

If you're eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D

Original Medicare doesn't cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can't enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you're ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility

To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn't cover prescription drugs.

Medicare Savings Programs

Medicare Savings Programs cover out-of-pocket expenses for eligible Medicare enrollees. Pennsylvania offers three programs described below, making health care more affordable for seniors.

- **Qualified Medicare Beneficiary Program:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
- **Qualified Individual:** The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.

How to Apply

To apply for any of the three Medicare Savings Programs online, fill out the application on the COMPASS website. You can also download the application form, fill it out and mail it to your local County Assistance Office. To get the address, call (877) 395-8930. If you live in Philadelphia, call (215) 560-7226. For help filling out the application, call (800) 842-2020.

Eligibility

Pennsylvania's Medicare Savings Programs are open to U.S. citizens or lawfully admitted immigrants who reside in Pennsylvania and qualify for both Medicare Part A and Medicare Part B. To qualify, you must also meet the income and asset limits outlined below.

Program	Single Income Limits	Married Income Limits	Single Asset Limits	Married Asset Limits
Qualified Medicare Beneficiary	\$1,153	\$1,546	\$8,400	\$12,600
Specified Low-Income Medicare Beneficiary	\$1,379	\$1,851	\$8,400	\$12,600
Qualified Individual	\$1,549	\$2,080	\$8,400	\$12,600

Cash Assistance Programs for Seniors

Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

Social Security

Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you'll receive monthly payments based on how much you earned when you were working.

How to Apply

To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

Eligibility

To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

Supplemental Security Income

Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

How to Apply

To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.

Eligibility

SSI has the following eligibility requirements:

Basic Requirements	Aged 65, blind or disabled.
Citizenship	U.S. citizen, U.S. national or resident alien.
Countable Resources	\$2,000 for individuals/\$3,000 for married couples.
Income	Countable income can't exceed the federal benefit rate.