Federal Programs for Older Persons

New Jersey Department of Human Services
Division of Aging Services

State of New Jersey
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FEDERAL PROGRAMS FOR OLDER PERSONS

The purpose of this guide is to provide an overview of the various federal programs and services available to older persons. It is not an exhaustive list, but rather is meant to provide information on the more significant current programs. In addition to these programs, there are others, which, although not limited to the elderly, provide them with important benefits.

New laws amending old programs or laws creating new ones may affect the accuracy of the information contained in this publication once it is released. Also, telephone numbers and addresses are subject to change. Please keep this in mind as you read this guide.

We urge you to contact your local Area Agency on Aging/Aging & Disability Resource Connection (ADRC) at **1-877-222-3737** for additional information and assistance. For your convenience, a list of Area Agencies on Aging/ADRCs is included with this guide.

We hope this information proves helpful.

FEDERAL PROGRAMS FOR OLDER PERSONS

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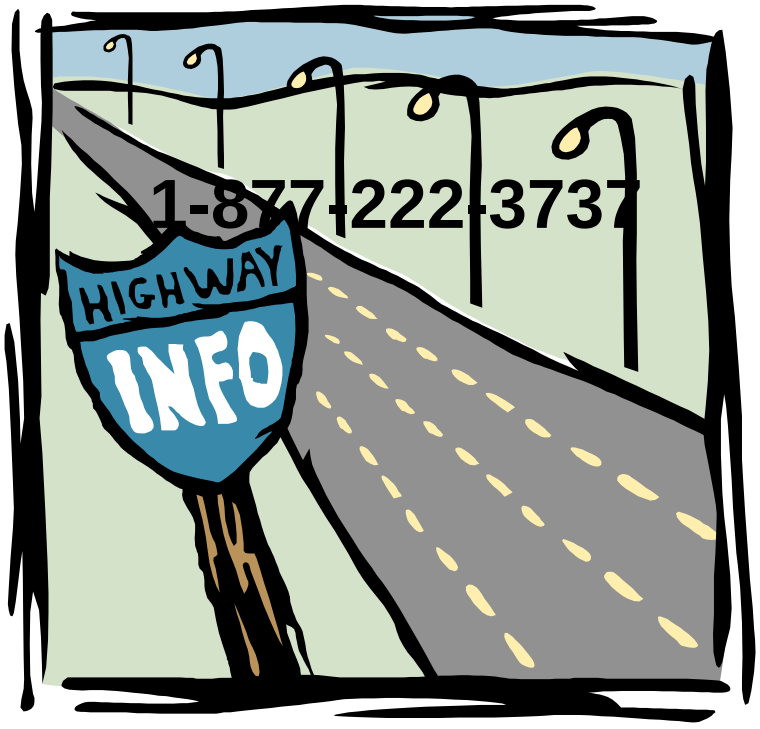


NEW JERSEY DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING SERVICES

Who we are

What we do

Whom we serve

The Department of Human Services (DHS) is dedicated to providing quality services that consistently meet expectations with the goal to protect, assist and empower economically disadvantaged individuals and families, seniors and people with disabilities to achieve their maximum potential. We strive to ensure a seamless array of services through partnerships and collaborations with communities statewide. We seek to promote accountability, transparency and quality in all that we do.

The New Jersey Division of Aging (DoAS) within DHS administers programs designed to make it easier for seniors to get the help they need to support their well-being and maintain themselves in the community for as long as possible with independence, dignity and choice.

OLDER AMERICANS ACT

The federal Older Americans Act of 1965, as amended sets out policy goals aimed at improving the lives of individuals 60 and over. It also provides the legislative basis for the creation of the U.S. Administration on Aging (AoA) within the U.S. Department of Health and Human Services

The Act establishes authority for grants to State Agencies on Aging. In NJ, the funds available under the Act are awarded to the Division of Aging Services within the NJ Department of Human Services. The Division allocates the funds under the Act to the 21 County Area Agencies on Aging/ADRC. Each AAA/ADRC develops and administers an Area Plan on Aging, which outlines how the funds will be used to provide a comprehensive and coordinated system of community-based programs to try to assist the needs of the county's elderly population. Preference is given to those elderly with the greatest economic and social needs.

Information on local programs funded by the Older Americans Act may be obtained by contacting your Area Agency on Aging/ADRC at **1-877-222-3737.** (For the addresses of the Area Agencies on Aging/ADRC in NJ, please see pages 81 and 82).

FEDERAL CITIZEN INFORMATION CENTER

The Federal Citizen Information Center (FCIC) operates a variety of information channels that provide government information and services to citizens. A direct telephone line has answers to most of the important questions you may have. For access to the federal government, they can point you in the right direction and get you on your way with details about where you need to go and what you need to do depending on your state.

Federal Citizen Information Center, cont.

For more information call **1 (800) FED-INFO (1-800-333-4636)** or visit the website at ***www.usa.gov.*** Government information is available in Spanish at the Spanish portal to the U.S. government ***GobiernoUSA.gov.***

EMPLOYMENT

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is authorized under Title V of the federal Older Americans Act, and administered by the U.S. Department of Labor. In New Jersey, the Department of Labor and Workforce Development, Division of One Stop Programs and Services administers the SCSEP statewide program known as WorkForce 55. The main objective of the WorkForce 55+ is to bring together the talents of older workers and the unmet needs of communities by:

- providing income and gainful part-time subsidized work activities for low income older persons 55 years or older;
- demonstrating how low income older workers can help respond to the delivery of their community's service needs by working in community service jobs; and
- transitioning job-ready older persons into quality jobs in private, public and non-profit sectors through training and job finding assistance.

The focus of WorkForce 55+ is training and transitioning program enrollees into unsubsidized jobs with private sector and/or public sector employers.

For information on this program contact the Division of One Stop Programs and Services, NJ Department of Labor and Workforce Development, PO Box 055, Trenton, NJ 08625-0055, telephone 609-943-5107.

EMPLOYMENT

Employment and Training (One-Stop Career System)

The One-Stop Career service delivery system promotes universal access to services and information on services needed to get jobs. The system serves as the single point of contact for job seekers and employers seeking information about workforce development activities and access to all local employment and training services. The system allows older workers outside of the Senior Community Service Employment Program (SCSEP) to gain full access to all services provided through the local workforce development network.

There are local One-Stop Career Centers in every county in NJ. In addition an on line job search engine, ***Jobs4Jersey's on Ramp*** has been added to help guide job-seekers to some of New Jersey's online tools for finding work, finding skilled employees and connecting to the many programs established to aid businesses and workers alike.

On line assistance is available at ***Jobs4Jersey.com***. For more information contact the Division of One Stop Programs and Services, NJ Department of Labor and Workforce Development, PO Box 055, Trenton, NJ 08625-0055, telephone 609-292-5005 or call ADRC toll-free at **1-877-222-3737**.

HEALTH AND INSURANCE PROGRAMS

MEDICARE

Medicare insurance is generally available to the following: Individuals 65 or older, if they are eligible for, or are receiving, Social Security or Railroad Retirement benefits; individuals (any age) who have received Social Security disability benefits for at least 24 months; individuals (any age) who have permanent kidney failure; and certain government employees whose work has been covered for Medicare purposes. Contact should be made with Social Security **(1-800-772-1213, *www.ssa.gov)*** to obtain further information regarding eligibility and enrollment.

HEALTH AND INSURANCE PROGRAMS

Original Medicare - Under Original Medicare beneficiaries receive health benefits under Part A (hospital insurance) and Part B (medical insurance). They generally can go to any doctor, specialist or any hospital that accepts Medicare patients. You must pay a monthly Part B premium which is usually taken out of your monthly retirement payment. You are also responsible for a **Part A deductible**, and a **Part B deductible** before Medicare begins to pay. After Medicare pays 80% of the allowed amount for covered medical services, you will also be responsible for a 20% coinsurance and any remaining Medicare Part B deductible.

Medicare Options - When you are eligible for Medicare, you will be in Original Medicare unless you choose one of the other Medicare options. In New Jersey you have options on how you receive your Medicare coverage: Original Medicare, Medicare Advantage Health Maintenance Organization, Medicare Advantage Preferred Provider Organization - PPO (Point of Service - POS) or a Medicare Advantage Special Needs.

No matter which option you choose, you have Medicare.

The Center for Medicare and Medicaid Innovation - The Innovation Center is a new initiative to introduce and encourage the adoption of practices that provide better health care, better health and reduce the national cost of healthcare and lower out-of-pocket expenses through continuous improvement. These projects validate research and demonstration findings and help monitor program effectiveness. New models of care and payment that improve the heath care system are encouraged and adopted for achieving a reformed health care delivery system.

Medicare Health Plans Demonstrations/Pilot Programs – Demonstrations/pilot programs (“research studies”) usually operate for a limited time for a specific group of people and/or are offered only in specific areas. These special projects test improvements in

HEALTH AND INSURANCE PROGRAMS

Medicare Health Plans Demonstrations/Pilot Programs, cont.

Medicare coverage, payment and quality of care. Check with the demonstration or pilot program about how it works availability and additional information.

For more information about Medicare demonstrations and pilot programs, call **1-800-MEDICARE (1-800-633-4227)**, TTY users should call **1-877-486-2048**.

Medigap Insurance– Medigap is private insurance that is designed to help pay deductibles and coinsurance amounts for Original Medicare - Parts A and B. These policies are also called supplement policies and only work with Original Medicare. You will have to pay a premium for your Medigap policy and you must continue to pay the monthly Part B premium. The standard Medigap policies offer different combinations of benefits that fill different gaps in Original Medicare. The benefits for each plan are the same no matter which company offers them, but Insurance companies may charge different premiums for the same exact policy. For a period of six months from the date you are first enrolled in Medicare Part B and are age 65 or older, you have a right to buy the Medigap policy of your choice. Once this Medigap "open enrollment" period ends, your option to buy a Medigap policy may be limited and it may cost more. You will have special rights to buy a Medigap policy if you return to Original Medicare within 12 months of joining. Medigap supplement policies are “guaranteed renewable”. The policy cannot be cancelled or non-renewed for any reason except non-payment of premium. Federal law does not require insurance companies to sell Medigap policies to people under 65 but the state of New Jersey does require Medigap insurance companies to sell certain Medigap policies to you, even if you are under age 65.

HEALTH AND INSURANCE PROGRAMS

Medicare Enrollment Periods

The Medicare enrollment periods have been changed. The open enrollment period begins and ends earlier and a new special enrollment period has been added. During the Fall Open Enrollment you can change how you receive your health coverage and add change or drop drug coverage. You can make as many changes as you want. **The last change that is made is the one that will take effect.** Changes made during the Fall Open Enrollment take effect January 1. During the special enrollment you can switch to a Medicare Advantage Plan (like an HMO or PPO) or Medicare Prescription Drug Plan that has a 5-star rating at any time during the year.

No one should call you or come to your home uninvited to sell Medicare products. If you believe you have been given incorrect information call **1-800-MEDICARE (1-800-633-4227)**, TTY users should call **1-877-486-2048**.

Medicare Enrollment Period Options

The enrollment periods during which individuals may make enrollment requests are:

New 5-Star Special Enrollment Period – A new Special Enrollment Period (SEP) was created in 2012 that you can use at any point in the year to enroll in a Medicare Advantage plan or stand-alone part D plan with a five-star rating. Medicare health and prescription drug plans get an overall rating reviewed annually that summarizes all categories and measures into a single "star" rating. A plan can get ratings between one and five stars with a 5-star rating considered excellent, 5 ☆☆☆☆☆ Excellent, 4 ☆☆☆☆ Above Average, 3 ☆☆☆, Average, 2 ☆☆ Below Average, 1 ☆ Poor. A five star plan rating does not mean it is the best option for you. Think about how the plan will affect your prescriptions and other health benefits if you have a Medicare Advantage plan or retiree coverage.

Medicare Enrollment Periods, cont.

Annual Enrollment Period (AEP) (Medicare Fall Open Enrollment) – The Medicare AEP is from October 15 through December 7. Eligible individuals can enroll in or disenroll from a Medicare Advantage (MA) plan. The open enrollment dates have changed to give you more time if you want to choose and join a Medicare Advantage plan. Your coverage will begin on January 1, as long as the plan gets your request by December 7.

This may be the one chance you have each year to make a change to your health and prescription drug coverage.

Initial Coverage Enrollment Period (ICEP) – ICEP is the period an individual newly eligible for MA may make an initial enrollment request to enroll in an MA plan. This period begins three months before the individual's first entitlement to both Medicare Part A and Part B and ends on the last day of the month preceding entitlement to both Part A and Part B, or the last day of the individual's Part B initial enrollment period, whichever is later. The initial enrollment period for Part B is the seven (7) month period that begins three months before the month an individual meets the eligibility requirements for Part B, and ends three months after the month of eligibility. **If you enroll in Part A and/or Part B the month you turn 65 or during the last 3 months of your initial Enrollment Period, your start date will be delayed.**

Initial Enrollment Period for Part D (IEP for Part D) – IEP for Part D is the period during which an individual is first eligible to enroll in a Part D plan. An individual is eligible to enroll in a Part D plan when he or she is entitled to Part A or is enrolled in Part B, and permanently resides in the service area of a Part D plan. During the IEP for Part D, individuals may make one Part D enrollment choice, including enrollment in an MA-PD plan.

HEALTH AND INSURANCE PROGRAMS

Medicare Enrollment Periods, cont.

Medicare Advantage Disenrollment Period (MADP) – MADP is the period people may disenroll from a Medicare private health plan, also known as a Medicare Advantage plan and return to Original Medicare. If you switch to Original Medicare during this period, you will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form.

During this new enrollment period January 1 to February 14 you **cannot** do the following:

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from one Medicare Advantage Plan to another.
- Switch from one Medicare Prescription Drug Plan to another.
- Join, switch, or drop a Medicare Medical Savings Account Plan.

Special Enrollment Period (SEP) – SEP is a period outside of the usual IEP, AEP or MADP when an individual may elect a plan or change his or her current plan election. There are various types of SEPs, including SEPs for dual eligibles, for individuals whose current plan terminates, who change residence and who meet "exceptional conditions". An individual must also meet all applicable MA eligibility criteria.

Medicare Hospital Insurance Program (Part A)

Medicare Part A - the premium free **Hospital Insurance Program**, helps pay for four kinds of **medically necessary** care: (1) inpatient hospital care; (2) some inpatient care in a skilled nursing facility following a hospital stay; (3) home health care; and (4) hospice care. Part A is **free** for most people.

Medicare Hospital Insurance Program (Part A), cont.

Hospital Premium - Premium-free Medicare Hospital Insurance (Part A) is generally available to individuals who are eligible for Medicare. Individuals age 65 and older who are U.S. citizens and residents and who have not worked long enough to qualify for premium-free Part A may buy Medicare coverage. **There is a monthly premium and possibly a surcharge for late enrollment.** Aliens 65 or over who are U.S. residents and who have been lawfully admitted for permanent residence and have resided in the U.S. for at least five years at the time of filing may also be eligible to purchase both Part A and Part B, or just Part B. If you are not sure you qualify for premium-free Part A, you should contact your local Social Security Office, or call Social Security at **1-800-772-1213** or visit the Medicare website at ***www.medicare.gov*** regarding your eligibility to enroll and the amount of the monthly premium for Part A coverage that you would be required to pay.

Part A Late Enrollment - If you are eligible for premium-free Part A and do not enroll when you are first eligible, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you could have had Part A, but did not sign-up.

Benefit Periods - When you are admitted to a hospital or skilled nursing facility, Medicare Part A pays benefits based on benefit periods. A benefit period begins the first day you receive a Medicare covered service in a hospital or skilled nursing facility (SNF) and ends when you have been out of a hospital or SNF for 60 consecutive days. If you enter a hospital or SNF again after 60 days, a new benefit period begins. All Part A benefits, except for any lifetime reserve days used, are renewed.

Inpatient Hospital Deductible/Co-Payments - Part A pays for all covered services for the first 60 days of inpatient hospital care in a benefit period, except for the Part A deductible. For the 61st-90th day, Part A pays for all covered services except for the per day

Inpatient Hospital Deductible/Co-Payments, cont.

coinsurance. **You pay all costs for each day after day 100 in a benefit period**.

Every person enrolled in Part A also has a lifetime reserve of 60 days for inpatient hospital care. These days may be used whenever more than 90 days of inpatient hospital care are needed in a benefit period. While reserve days are being used, Part A pays for all covered services except for a per day coinsurance for each "reserve day". Once used, reserve days are not renewable. Deductibles/coinsurance amounts change annually.

Skilled Nursing Facility Care - Medicare Part A can help pay for **medically necessary** inpatient care in a Medicare-participating skilled nursing facility following a minimum three-day hospital stay. If your stay in a skilled nursing facility is covered by Medicare, Part A helps pay for a maximum of 100 days in each benefit period, **but only if you need daily skilled nursing care or rehabilitation services for that long**. Very specific conditions must be met for you to qualify for skilled nursing facility care. Any service that could be safely performed by an average non-medical person (or one's self) without the direct supervision of a licensed health care professional is not covered. In each benefit period, Part A pays for all covered services for the first 20 days you are in a skilled nursing facility. Part A pays for all covered services except for the per day coinsurance for days 21 through 100 which is the responsibility of the beneficiary.

If you have questions about what specific conditions must be met for you to qualify for skilled care, please contact Medicare toll-free at **1-800-MEDICARE (1-800-633-4227)**.

Home Health Care - Part A pays the approved cost of **medically necessary** home health visits for **homebound** beneficiaries who are ill or injured and require intermittent (part-time) skilled nursing services or skilled therapy. The beneficiary must be homebound and receive home health services from a Medicare approved home health agency.

Home Health Care, cont.

If you have questions about home health care and conditions of coverage, or to order a pamphlet on this topic, call Medicare at **1-800-Medicare (1-800-633-4227).**

Hospice Care - Medicare beneficiaries certified as terminally ill may elect to receive hospice care under Part A instead of regular Medicare. Part A can pay for medical and support services from a Medicare-approved hospice, drugs for symptom control and pain relief, short-term respite care, care in a hospice facility, hospital, or nursing home when necessary, home care and other services not otherwise covered by Medicare. You must meet certain conditions to qualify for this service.

- You pay nothing for hospice care.
- You pay a copayment for outpatient prescription drugs
- You pay a percentage of the Medicare-approved amount for inpatient respite care.

If you have questions about this service, or to order a pamphlet on this topic, call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

Patients' Rights, HQSI, Quality of Care Complaints - Medicare requires that hospitals supply a statement of patients' rights to Medicare beneficiaries the day they enter the hospital. In addition, Medicare contracts with Healthcare Quality Strategies, Inc. (HQSI), an independent physician group, to ensure that beneficiaries receive the best medical care possible. HQSI offers review of appeals of **non-coverage** during the hospital stay, and responds to written complaints concerning **quality of care** received. **Quality of care complaints** must be from Medicare beneficiaries treated in a facility certified by Medicare, and the services received must be services that normally would be covered by Medicare.

NOTE: Complaints about quality of care include treatment as an inpatient/outpatient in a hospital, or provision of services of a skilled nursing facility, home health agency,

Patients' Rights, HQSI, Quality of Care Complaints, cont.

or ambulatory surgical center.

Hospital Discharge - You have the right to get all of the hospital care that you need, and any follow-up care after you leave the hospital. Before discharge from the hospital, Medicare patients should request a **Discharge Plan** from their doctor or hospital social worker. This plan will specify the proper post-hospital care and treatment. Medicare patients who feel that the Discharge Plan is unsatisfactory may request to have their case reviewed by Healthcare Quality Strategies Inc. (HQSI).

Information, Complaints - For more information concerning rights of beneficiaries under Medicare Part A, contact HQSI during business hours at **1-800-624-4557** or 732-238-5570, ***www.hqsi.org***. To file a complaint concerning quality of care, write Healthcare Quality Strategies, Inc., 557 Cranbury Road, Suite 21, East Brunswick, NJ 08816-4026.

Medicare Medical Insurance Program (Part B)

Medicare Part B medical insurance helps pay for (1) doctor's services; (2) in/outpatient medical and surgical services and supplies; (3) physical, occupational and speech therapy; (4) diagnostic tests; (5) durable medical equipment; (6) ambulance services; (7) clinical laboratory services (blood tests, urinalysis); (8) home health care when Part A does not pay, and; (9) other health services and supplies which are not covered by Medicare Hospital Insurance. **A monthly premium is charged.** A small proportion of people with Medicare pay extra for their Part B coverage because their annual incomes exceed the established income guidelines.

Under certain conditions, if you do not enroll for Part B when you are first eligible, you will not be able to enroll until a general enrollment period and you may have to pay a higher monthly premium for delaying enrollment.

HEALTH AND INSURANCE PROGRAMS

Deductible/Limiting Charge - Medicare pays for some of your health care, but not all of it. When you receive health care services, you will have to pay deductibles and coinsurance or copayments. You must pay a deductible before Medicare will pay its share. If a doctor or supplier does not accept the amount Medicare pays for most covered services, there are limits on the amount that can be charged. The most the doctor or supplier can charge you is 15% more than the Medicare-approved amount. The limiting charge applies to certain services and does not apply to some supplies and durable medical equipment.

Medicare Mental Health Services - Medicare's outpatient mental health service coinsurance rate of 50% is being gradually reduced to 20%, the same rate that applies to other types of Medicare outpatient medical care. In 2012 Medicare will pay 60% of its approved amount for mental health services and you will be responsible for the remaining 40%. Limitation will be reduced incrementally until the limitation percentage of 100% is reached effective January 1, 2014 when Medicare will pay 80% and the patient will pay 20%.

Transplant Services - Medicare covers doctor services for transplants under certain conditions and only in a Medicare-certified facility. Medicare benefits may cover immunosuppressive drugs and help pay for certain oral drugs and treatments. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

If you're thinking about joining a Medicare Advantage Plan check the plan's coverage rules for prior authorization before you join and make sure your doctors, other health care providers and hospitals are in the plan's network.

HEALTH AND INSURANCE PROGRAMS

Medicare Prescription Drug Coverage (Part D)

The Medicare prescription drug coverage for Medicare beneficiaries is provided by private companies whose plans are approved by Medicare. Brand-name and generic prescription drugs are covered through participating pharmacies.

In the past, many people could not get Medicare coverage for certain anticancer chemotherapeutic drug regimens because of limitations on what were considered acceptable uses. Medicare now accepts drugs taken for an off-label use, if they have been included in approved "compendia" (dictionaries of drugs and their officially recognized uses) and other peer review medical literature.

Your decision about Medicare prescription drug coverage depends on the kind of health care coverage you have now.

- You must be enrolled in Medicare Part B.
- You must sign up when you are first eligible or you may pay a penalty.
- To get Medicare prescription drug coverage you can join a Medicare prescription drug plan, you can join a Medicare Advantage Plan or other Medicare Health Plans that offer drug coverage.
- There are no restrictions due to income and resources, health status, or current prescription expenses.
- If you join, you will pay a monthly premium.
- You may be required to pay a yearly deductible, a part of the cost of your prescriptions, a co payment or coinsurance.
- If you have limited income and resources you may qualify for support services from the New Jersey Department of Human Services.

Medicare Prescription Drug Coverage (Part D), cont.

Even if you don't use a lot of prescription drugs now, you should still consider enrolling in a Medicare prescription drug plan. For most people, joining now means protecting yourself from unexpected prescription drug bills in the future.

Medicare Prescription Drug Coverage (Part D) Gap

Most Medicare prescription drug plans (Part D) have an initial coverage level. You pay co-payments or coinsurance until your drug costs reach the level limit on what they will cover. Once you reach your plan's coverage gap, known as the "doughnut hole," you get a 50% discount on covered brand name drugs. In addition to the 50% discount on covered brand-name prescription drugs, there will be increasing savings for you in the coverage gap each year until the gap closes in 2020. You will receive larger discounts on your generic prescriptions – 14% in 2012, compared to 7% in 2011. If you get Extra Help, you will not have some of these costs.

Not everyone will enter the coverage gap.

The following items all count toward you getting out of the coverage gap:

- Your yearly deductible, coinsurance, and copayments
- The discount you get on brand-name drugs in the coverage gap
- What you pay in the coverage gap

The drug plan premium and what you pay for drugs that are not covered do not count toward getting you out of the coverage gap. There are plans that offer additional coverage during the gap, like for generic drugs. These plans with additional gap coverage may include additional charges.

Here are some ways you can avoid or delay entering the gap, and continue to save money on drug costs while in the gap:

HEALTH AND INSURANCE PROGRAMS

Medicare Prescription Drug Coverage (Part D) Gap, cont.

- Consider switching to generic, over-the-counter (OTC), or other lower-cost drugs that can save you hundreds or thousands of dollars a year.
- Use mail-order pharmacies, generic or less-expensive brand-name drugs.
- Always use your drug plan card - even in the gap. This ensures that you'll get the drug plan's discounted rates and that the money you spend counts toward your catastrophic coverage.
- Rx4NJ offers comprehensive information on help for free or nearly-free prescriptions through existing patient assistance programs. For more information on this program call **1-888-793-6765** or go to ***www.rx4nj.org***.
- If you have limited income and resources, you may qualify for extra help paying for your prescription drugs.

Medicare Prescription Drug Catastrophic Coverage

Most of the Medicare drug plans provide coverage if you have an unexpected illness or injury (catastrophic) that results in extremely high drug costs. Catastrophic coverage assures that you only pay a small coinsurance amount or copayment for covered drugs for the rest of the year.

For more information or to see if you qualify for extra help, contact Social Security by calling **1-800-772-1213. TTY** users should call **1-800-325-0778** or visit ***www.socialsecurity.gov*** or you can call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820.**

HEALTH AND INSURANCE PROGRAMS

Medicare's Low-performing Prescription Drug Plans - Medicare has raised the standards for Medicare drug plans to improve performance. These new standards focus on quality, clinical outcomes and process measures. A star rating system is used, with five stars indicating the highest quality and one star the lowest. Low-performing prescription plans that score below three stars for three consecutive years will not to be allowed to provide Medicare Part D prescription drug plans. Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A 5-star rating is considered excellent. These ratings help you compare plans based on quality and performance.

Medicare rules for the special 5-Star Plans:

- You can only join a 5-star Medicare Advantage Plan if one is available in your area.
- You can only use this special enrollment period to switch to a 5-star plan one time each year.
- You may lose your prescription drug coverage if you move from a Medicare Advantage Plan that has drug coverage to a Medicare Advantage Plan that does not.
- If your Medicare Advantage Plan includes prescription drug coverage and you join a Medicare Prescription Drug Plan, you will be disenrolled from your Medicare Advantage Pan and returned to Original Medicare.

If you are disenrolled from your Medicare Prescription Drug Plan, you will have to wait until the next open enrollment period to get drug coverage, and you will have to pay a late enrollment penalty.

HEALTH AND INSURANCE PROGRAMS

Medicare Extended Coverage For Additional Medical Treatments and Devices

Airway Pressure Device – Medicare Medical Insurance will routinely cover continuous positive airway pressure devices (nose masks) used to help control sleep apnea, a condition that causes some people to stop breathing for brief periods during sleep.

Ambulatory Blood Pressure Monitoring – Medicare will cover this system of blood pressure monitoring which involves wearing a cuff that automatically records blood pressure over a 24-hour period. Targeted specifically are those patients with "white coat hypertension", a term meaning that just going into a doctor's office is enough to raise their blood pressure. Medicare does not cover the purchase of this item for private use.

Chiropractic Coverage - Medicare will cover manual chiropractic manipulation of the spine and/or physiological function of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). You pay 20% of the Medicare-approved amount. You pay all costs for any services or tests ordered by a chiropractor.

Eyeglasses - Medicare doesn't cover eye exams, eyeglasses or contact lenses. However, following cataract surgery Medicare can help pay for your first pair of eyeglasses. Medicare can also cover some types of tints and coatings if your doctor prescribes them. The suppler will submit the claim to Medicare.

Foot Care - Medicare Part B covers medically-necessary treatment of injuries or diseases of the foot (such as hammer toe, bunion deformities, and heel spurs), but it doesn't cover routine foot care.

Therapeutic Footwear - Medicare Medical Insurance helps pay for fitting and for the cost of one therapeutic pair of shoes and shoe inserts in a calendar year for beneficiaries who have severe diabetic disease. The doctor treating the beneficiary under a comprehensive diabetic care plan must certify the need for the shoes or inserts.

HEALTH AND INSURANCE PROGRAMS

Medicare Preventive Services

If you have Original Medicare (Parts A & B) you will be able to get an annual wellness exam and most preventive services for free. The preventive services will include screenings and counseling for people at risk for chronic diseases. If the doctor or other health care provider accepts assignment, you will no longer have to pay coinsurance or deductibles, they have been eliminated. You **pay nothing for the preventive visit**. If your doctor or other health care provider performs additional tests or services during the same visit that are not covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply. *Medicare will also cover two types of exams—a physical exam when you are new to Medicare and a wellness visit each year after that.*

Medicare-Covered Preventive Services (*NO* Coinsurance or Deductible)

Abdominal Aortic Aneurysm (AAA/ADRC) Screening - Medicare covers this one-time screening ultrasound if you get a referral for it as a result of your "Welcome to Medicare" physical exam. You must receive the physical exam and the screening ultrasound referral (not the ultrasound exam itself) within the first twelve months you have Medicare Part B.

Alcohol Misuse Counseling - Medicare now covers screening and counseling for alcohol misuse. Medicare will cover one alcohol misuse screening per year for adults with Medicare who misuse alcohol, but aren't alcohol dependant and are competent and alert during counseling. People who screen positive can get up to 4 brief face-to-face counseling sessions per year. A qualified primary care doctor or other primary care provider must provide the counseling in a primary care setting.

Annual Wellness Visit - If you have had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This exam is covered once every 12 months.

HEALTH AND INSURANCE PROGRAMS

Medicare-Covered Preventive Services (*NO* Coinsurance or Deductible), cont.

You do not need to get the "Welcome to Medicare" physical exam before getting an annual wellness visit but your first annual wellness visit cannot take place within 12 months of your "Welcome to Medicare" physical exam.

Bone Mass Measurements - Medicare will provide one bone mass measurement every two years for beneficiaries at risk for osteoporosis and other bone abnormalities. These tests which help to identify bone mass, detect bone loss, or determine bone quality will be provided more frequently if medically necessary.

Breast Cancer Screenings - Medicare Part B Insurance pays for annual breast cancer screenings/examinations, x-ray screenings and new digital technologies for mammogram screenings and genetic counseling every 12 months for eligible beneficiaries age 40 and older and certain women with a family history of breast cancer. Medicare also pays for diagnostic mammograms as needed when symptoms are present.

Cardiovascular Disease Screening & Counseling - Medicare will cover blood tests every five years to screen for cholesterol, lipid and triglyceride levels. These tests help detect conditions that may lead to a heart attack or stroke. Additional cardiovascular disease preventive services include one-face-to-face visit each year to allow patients and their providers to determine the best way to help prevent cardiovascular disease. Providers may screen for hypertension and discuss dietary improvements at these visits.

Colorectal Cancer Screening - Medicare Part B covers an annual screening fecal occult blood test; a flexible sigmoidoscopy once every 4 years, and a colonoscopy every 10 years for people not at high risk for colorectal cancer and every 2 years if you are at high risk for colorectal cancer.

HEALTH AND INSURANCE PROGRAMS

Medicare-Covered Preventive Services (*NO* Coinsurance or Deductible)

Depression Screening - Medicare covers one depression screening per year for all people with Medicare. The screening must be done in a primary care setting that can provide follow-up treatment and referrals. These screenings will not be covered if you are screened in an emergency room, skilled nursing facility or as a hospital inpatient.

Diabetes Education - Medicare Part B covers a wide range of education and training to teach diabetics to control their blood glucose levels.

Diabetes Glucose Monitoring - All Medicare beneficiaries with diabetes have coverage for blood glucose monitors, lancets and testing strips. Every 12 months Medicare will cover the laboratory tests to screen high-risk individuals for diabetes. The tests will be provided twice a year if you have been diagnosed with pre-diabetes.

Electrocardiogram Screening (EKG) - Medicare covers a one-time screening EKG if you get a referral for it as a result of your one-time "Welcome to Medicare" physical exam. An EKG may also be covered as a diagnostic test.

Hepatitis B Shots - Medicare covers these shots for people at high or medium risk for Hepatitis B or certain conditions that increase your risk for infection. Other factors may increase your risk for Hepatitis B, so check with your doctor or other health care provider.

HIV Screening - Medicare covers HIV screening for people with Medicare who are at increased risk for the infection, pregnant and anyone who asks for the test.

Influenza Virus Vaccine - Medicare Part B will cover an influenza virus vaccine and its administration. Generally, only one influenza virus vaccination is medically necessary per year.

Medical Nutrition Therapy - When referred by a doctor, Medicare Part B will cover medical nutrition therapy to help you learn to eat well so you can better manage your illness.

Medicare-Covered Preventive Services (*NO* Coinsurance or Deductible), cont.

Medical nutrition services include nutritional assessment and counseling; an initial visit for an assessment; and follow-up visit for interventions and reassessments to assure compliance with the dietary plan. The services must be provided by registered dieticians or other qualified nutrition professionals.

Obesity Screening and Counseling - Medicare now includes preventive services to reduce obesity for eligible beneficiaries. Coverage includes screening, counseling, management and prevention services for beneficiaries who screen positive for obesity based on their body mass index. These covered services include weekly face-to-face counseling visits for the first month biweekly visits for an additional five months and monthly visits for an additional six months for eligible beneficiaries.

Pap Test and Pelvic Exam (Cervical and Vaginal Cancer Screening) - Medicare Part B pays for "pap smear" screenings and related medically necessary physician services (including a physician's interpretation of the results of the tests) for female Medicare beneficiaries. Medicare pays for one screening every two years, or more frequently for women at high risk for uterine or vaginal cancers.

Pneumococcal Vaccine - Medicare Part B pays the full-approved charges for pneumococcal vaccine and its administration. Most people need only one shot in their lifetime. A Medicare certified physician must administer the vaccine.

Preventive Physical Exam (**"Welcome to Medicare")** – This is a one-time review of your health. This doctor visit may include education and counseling about preventive services, and referrals for other care if needed. Medicare will cover this exam if you get it within the first 12 months you have Part B. When you make your appointment, let the doctor's office know that you would like to schedule a "Welcome to Medicare" physical exam.

HEALTH AND INSURANCE PROGRAMS

Prostate Cancer Screening - Medicare Part B will cover annual preventive screenings for prostate cancer for Medicare eligible men aged 50 and older. You pay nothing for the PSA test, you pay 20% of the Medicare-approved amount, and the Part B deductible applies for the digital rectal exam.

Shingles Vaccine – Shingles, also called herpes zoster or zoster, is a painful skin rash caused by the varicella zoster virus. This illness is vaccine-preventable. This vaccine reduces the risk of shingles in people ages 60 and older. The vaccine will be reimbursed through the Medicare Part D (Prescription Drug) program. Contact your Part D plan for more information.

Smoking Cessation (Counseling to quit smoking) - This benefit is designed to help the patient without smoking-related illnesses quit smoking. This includes tobacco counseling treatments and other services that can aid in smoking cessation. Smoking cessation drugs are not covered under this benefit.

STI Screening and Counseling - An annual testing for sexually transmitted infections for those at increased risk for an STI or those who are pregnant. Medicare also covers up to two individual counseling sessions with your doctor per year for those meeting certain criteria

Medicare-Covered Preventive Services *WITH* Coinsurances or Deductibles

Colorectal Cancer Screening - Barium Enema - Once every 48 months if 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy. You pay 20% of the Medicare approved amount for the doctor's services. In a hospital outpatient setting, you also pay the hospital copayment. You pay 20% before you pay your Part B deductible.

Medicare-Covered Preventive Services *WITH* Coinsurances or Deductibles, cont.

Glaucoma Screening - Medicare Part B covers an annual dilated eye examination for all people with Medicare at high risk for glaucoma. This includes people with diabetes or a family history of glaucoma. A licensed eye doctor must provide the screening. You pay 20% after you pay your Part B deductible.

Hepatitis B Vaccine - Medicare Part B helps pay for Hepatitis B vaccine administered to beneficiaries considered to be at high or intermediate risk of contracting the disease. A Medicare certified provider must administer the vaccine. This coverage is subject to regular Medicare Part B deductible and coinsurance provisions.

Prostate Cancer Screening - Medicare Part B will cover an annual digital rectal exam. You pay nothing for the PSA test. You pay 20% of the Medicare-approved amount, and the Part B deductible applies for the digital rectal exam.

Tetanus Vaccine - It is recommended that as a preventive treatment, the vaccine be given every 10 years for all persons of all ages. If this is a routine tetanus injection you will have to pay for it, it will not be covered by Medicare. If you have been exposed to a disease or condition, Medicare will pay for the injection. This coverage is subject to regular Medicare Part B deductible and coinsurance.

Durable Medical Equipment/Supplies (DME) Competitive Bidding

Under specific guidelines, Medicare Part B helps pay for certain medically necessary equipment that your doctor prescribes for use in your home, such as oxygen equipment, wheelchairs and hospital beds. Certain medical supplies are also covered. To ensure that you get quality equipment, supplies, and services; and help limit fraud and abuse, Medicare is phasing in a program called **"competitive bidding"**. Your supplier must have a Medicare

Durable Medical Equipment/Supplies (DME) Competitive Bidding, cont.

approved number. You must get your equipment, supplies and replacement or repair services from these specific Medicare-approved suppliers or Medicare will not pay for the items and you will be responsible for the payment. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Medicare Part A and Part B Carriers - Medicare replaced its private claims payment contractors for Medicare Part A and Medicare Part B fiscal intermediaries with entities called **Medicare Administrative Contractors (MACs).** Railroad Retirement beneficiaries entitled to Medicare, services will continue to enroll with and bill the contractor designated by the Railroad Retirement Board. For Medicare Part B carrier information the toll-free telephone number is **1-800-Medicare (1-800-633-4227)**. The toll-free telephone for Railroad Retirement Medicare information is **1-877-772-5772, TTY: 1-312-751-4701.** More descriptions of services covered under Part B can be found in the **MEDICARE AND YOU** handbook.

Electronic Handbook (eHandbook) - You can choose to receive the annual Medicare & You handbook electronically (called the eHandbook). You will not receive a copy of the handbook by mail if you select to receive it electronically. Save tax dollars by signing up to access future handbooks electronically. Visit ***www.MyMedicare.gov*** or telephone toll-free **1-800-Medicare (1-800-633-4227)** to request the eHandbook.

Non-Covered Services Medicare Part A and Part B Services

Medicare does not cover everything. In addition to your premiums, deductibles and coinsurance, Medicare does not cover:

- acupuncture
- routine dental care and dentures
- custodial care (help with bathing, dressing, toileting and eating)

Non-Covered Services Medicare Part A and Part B Services, cont.

- long-term nursing home care for more than 100 days
- cosmetic surgery, wigs, hearing aids and routine eye care
- hearing aids and exams for fitting hearing aids
- routine foot care and therapeutic shoes
- most health care outside the United States and its territories

You are always free to get services not covered by Medicare if you choose to pay for a service yourself.

To find out if Medicare covers a service you need, visit w***ww.medicare.gov/coverage*** or call **1-800-MEDICARE (1-800-633-4227)** TTY users should call **1-877-486-2048.**

Advance Beneficiary Notice (ABN) - Medical providers and suppliers are required to give you an Advance Beneficiary Notice (ABN) with estimated cost when they offer you service or items that they know or have reason to believe Medicare will not pay for. An ABN is not an official denial of coverage by Medicare. You should always choose that your doctor submit the claim to Medicare because Medicare may pay for the services, even if it seems unlikely and you will also have the option to appeal.

Accountable Care Organizations (ACOs) – A lack of coordination between primary care physicians, specialists and hospitals has sometimes led to unnecessary tests and procedures. ACO's encourage health care providers to communicate more and to work together so that you get the right care, in the right place at the right time. These groups of doctors, hospitals, and other health care providers come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Your doctor may choose to join an Accountable Care Organization. If your doctor participates in one of these groups, you will be notified. An ACO will not affect your costs, benefits or coverage. Your Medicare

Accountable Care Organizations (ACOs), cont.

benefits stay the same. You can still choose and see any doctor who accepts Medicare or, you can choose to see a doctor who doesn't participate in the ACO.

Medicare Advantage Plans (Part C)

The Medicare Advantage (MA) program allows beneficiaries to choose to receive their Medicare benefits through a variety of other health delivery options: health maintenance organizations (HMOs), with or without a point of service option, preferred provider organizations (PPOs), provider sponsored organizations (PSOs) or special needs plans (SNPs). Medicare Advantage plans must provide the same services and benefits (other than hospice care) as are covered under Original Medicare.

For information about availability in your area, you may call toll-free **1-800-MEDICARE (1-800-633-4227)**.

To be eligible for Medicare Advantage health plans:

- You must have Part A (Hospital Insurance)
- You must have Part B (Medical Insurance)
- You must not have End-Stage Renal Disease (there are some exceptions). An individual who develops ESRD while enrolled in an MA plan may continue to be enrolled in the MA plan and some Medicare Advantage Special Needs Plans accept people with ESRD.
- You must live in the geographic and service area where the plan accepts enrollees
- You must agree to provide the necessary information to the plan
- You must agree to follow the plan's rules, and
- You must belong to only one Medicare Advantage plan at a time

Medicare Advantage Plans (Part C), cont.

Your out-of-pocket costs may depend on:

- Which Medicare health plan you choose
- How often you need health care
- What type of health care you need
- Which extra benefits are covered by the plan

CAUTION: Changing the way you receive your health care is an important decision and should be reviewed carefully before determining which new choices may be right for you.

Remember: you do not have to change from Original Medicare - doing so is your choice.

Medicare Advantage Health Maintenance Organization (HMO) - An HMO involves a group of doctors, hospitals, and other health care providers who have agreed to treat members of the plan. The plans have lock-in requirements. This means you generally receive all covered care through the plan's network of doctors and hospitals. Insurance plans will no longer charge higher co-payments or coinsurance amounts for out-of-network emergency services or impose other coverage limitations that would not apply to in-network care. You are no longer required to seek approval from the health plan before getting emergency care.

Medicare Advantage Preferred-Provider Organization (PPO) - A PPO is a type of managed care plan that allows the beneficiaries to use any doctors or hospitals and other providers who are reimbursed on a fee-for-service basis. The insurance plan decides how much to reimburse for the services you receive. Providers may bill more than the plan pays and you will be responsible for paying the difference. Fees charged will be less if use is limited to approved providers.

Medicare Advantage Plans (Part C), cont.

Point of Service (POS) Plans - Medicare pays a set amount of money every month to the private insurance company to provide health care coverage on a fee-for-service arrangement. You get care from any Medicare-approved provider who agrees to accept the Medicare Private Fee-for-Service Plan's terms and conditions. Before you get any services, ask your doctor or hospital if they are willing to accept the plan's payment terms.

Medicare Advantage Special Needs Plan (SNP) - A SNP is a special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and NJ FamilyCare, those who reside in a nursing home, or those who have certain chronic medical conditions. New guidelines identify 15 specific chronic conditions defined as severe or disabling that will dictate eligibility for a Chronic Care Medicare Advantage Special Needs Plan. The conditions include dementia, chronic heart failure, diabetes mellitus, and stroke.

Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) - a health plan that covers all of your Medicare and Medicaid health and drug benefits by one network of doctors, specialists, hospitals and dentists. When enrolled in a D-SNP you will be automatically disenrolled from original Medicare, Medicare Part D plan and Medicaid HMO

- There is no cost for joining a D-SNP
- Before enrolling in a D-SNP you should check with your current Medicare providers to find out if they participate in the D-SNP network
- You will receive all Medicare and Medicaid health and drug benefits through the D-SNP
- The D-SNP will cover all of your Medicare cost sharing (co-insurance, deductibles and co-payments), including Medicare Part D co-pays

Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), cont.

- Within your D-SNP network, you should never receive a bill from a provider for services or covered drugs

  You can change from one D-SNP to another at any time.

  Note: Dual eligibles can change Medicare enrollment options monthly.

Medicare as Secondary Payer (MSP) - Medicare has special rules that apply to beneficiaries who have employer group health plan coverage through their employment or the employment of a spouse or civil union partner. If you accept your employer's health plan, it will pay first on your health claims; Medicare will become the secondary payer. If you reject your employer's health plan, Medicare will remain the primary health insurance payer. If you elect Medicare to be the primary payer, your employer plan cannot offer you coverage that supplements Medicare. If an employer has fewer than 20 full and/or part-time employees, the MSP rules do not apply unless the employer participates in a multiple employer group health plan. Contact your former employer or union for information on your plan. If your employer denies you coverage or pays benefits that are secondary to Medicare, call **1-800-MEDICARE (1-800-633-4227).**

Original Medicare Appeals - If you disagree with a decision on the amount Medicare will pay on a claim or whether Medicare covers services you received, you have the right to appeal the decision. The notice you receive from Medicare tells you the decision made on the disputed claims and also tells you exactly what appeal steps you can take. If you need more information about your right to appeal and how to request it, call Medicare or the State Health Insurance Assistance Program (SHIP).

HEALTH AND INSURANCE PROGRAMS

Medicare Fraud and Abuse - The majority of physicians, providers, and suppliers who serve people with Medicare provide high quality care to their patients and bill the program only for the payments they have earned. There are a few individuals who may attempt to defraud (cheat) Medicare. When Medicare is billed for services or supplies you never received, this is fraud and costs Medicare a lot of money each year.

Remember these tips to help prevent billing fraud:

- Ask questions! You have the right to know everything about your health care, including the costs of the items and services billed to Medicare.
- Educate yourself about Medicare. Know your rights and what a provider can and can not bill to Medicare.
- Review your Medicare Summary Notice and other statements, and, if necessary, ask your health care provider about what items and services they have billed.
- Be wary of providers who tell you that the item or service is not usually covered, but they "know how to bill Medicare" so Medicare will pay.

If you believe a Medicare plan or provider has used false information to mislead you, call **1-800-MEDICARE (1-800-633-4227)**.

Medicare Marketing Fraud - Medicare's open enrollment period is the time when people with Medicare can enroll in, disenroll from, or switch to another Medicare private health plan or change to Original Medicare. You should be aware that your Medicare benefits change each year and it is important to review your Medicare coverage to make sure that it will still cover your health care needs at a cost you can afford. During this time period, the insurance companies may attempt to enroll people with Medicare into their health plans. To increase the probability of getting people interested in their plans a salesperson may repeatedly make contact (phone or in person) or overstate the benefits of their product. This

Medicare Marketing Fraud, cont.

increased enrollment activity can mean an increase in deceptive enrollment practices, called marketing fraud.

There has been a decrease in marketing fraud but there are still oversight activities to ensure that programs adhere to Medicare rules: The rules for all Medicare plans, agents, and any contactors who work for these plans are:

- Must be licensed by the state;
- May not make unsolicited contact, including door-to-door sales, cold calls or approaching you in a parking lot;
- Must have an appointment in advance before coming to your home;
- Must arrange with you in advance the type of products that will be discussed during a scheduled sales appointment. They may not attempt to sell you other types of insurance coverage other than the type agreed upon in advance;
- May not try to sell you non-health care related products (like a life insurance policy or an annuity) during a sales or marketing presentation of a Medicare Plan;
- May not attempt to sell you a plan at an educational event;
- May not offer you free meals at promotional or sales events and
- May not offer you gifts or other promotional items with a value greater than $15.

If you were provided incorrect information unintentionally or based on incorrect or misleading information, or were kept in or enrolled in a plan you did not want, call Medicare at **1-800-MEDICARE (1-800-633-4227)**, TTY users should call **1-877-486-2048**.

HEALTH AND INSURANCE PROGRAMS

Fighting Medicare Fraud Can Pay

You may get a reward of up to $1,000 when you report suspected Medicare fraud if:

- The suspected Medicare fraud you report is proven as potential fraud by the Medicare contractors responsible for investigating potential fraud and abuse;
- You did not participate in the fraud offense being reported;
- You do not qualify for a reward under another government program;
- The person or organization you're reporting is not already under investigation;
- Your report leads directly to the recovery of at least $100 of Medicare money.

Senior Medicare Patrol Project (SMP of NJ) - SMP of NJ is a program that identifies and reports health care waste, fraud and abuse. Volunteers are trained to work in their communities to help identify deceptive health care practices, such as overbilling, overcharging, or providing unnecessary or inappropriate services. If you suspect other than proper billing has been provided for services rendered to you, please contact your local SMP Program **1-877-767-4359.**

For more information, call **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048.** For more information on protecting yourself from Medicare fraud and tips for spotting and reporting fraud, visit ***www.stopmedicarefraud.gov***,

Identity Theft - Identity theft is a serious crime. Identity theft happens when someone uses your personal information without your consent to commit fraud or other crimes. Personal information includes things like your name and your Social Security, Medicare or credit card numbers. Guard against identity theft by taking action to protect yourself.

Here are some tips to help you protect your identity:

- Don't carry your Social Security card or number in your wallet and carry only needed credit cards.

Identity Theft, cont.

- Shred all pre-approved credit offers, bank statements and utility bills before putting them in the trash.
- Never give out personal information or a Social Security number over the phone, in-store or online unless you know the company.
- Check bank and credit card accounts regularly and credit scores at least once a year.

Keep your personal Information safe. No one should call you or come to your home uninvited selling Medicare products. You have control over what you provide and who you allow to have your personal information.

Note: Medicare demonstrations or pilot programs are allowed to call you to ask if you want to enroll. Call **1-800-MEDICARE (1-800-633-4227)** to report any plans that ask for your personal information over the telephone or that call to enroll you in a plan.

Planning Ahead

Long-Term Care Insurance - Medicare and most health insurance plans, including Medigap (Medicare Supplement insurance) policies do not cover long-term care ("custodial care"). Medicare only pays for medically necessary skilled nursing facility or home health care if you meet certain conditions. For long-term care, you can use your personal resources, pay through a trust or annuity, life insurance policies, or other private options. What option is best for you depends on your age, your health status, your risk of needing long-term care, and your personal financial situation.

Long-term care insurance is private insurance purchased to help pay for many types of long-term care (skilled and non-skilled, in-home and in long-term care facilities). This insurance provides a variety of services including medical and non-medical care for people who have a chronic illness or disability. If you are considering buying a policy, look for one

Planning Ahead, cont.

that covers a range of services including informal home care, medical equipment, adult day health services (day care), assisted living and nursing home care.

Note: Long-term care insurance does not replace your Medicare coverage.

For information on Long Term Care Insurance, please contact the NJ Division of Aging Services, telephone **1-800-792-8820** or 609-943-3437.

Advance Directives - Advance directives are legal documents that allow you to put in writing what kind of health care you would want or name someone who can speak for you if you are too ill to speak for yourself. Some advance directives include a health care proxy (durable power of attorney), a living will and after-death wishes.

A **health care proxy** (sometimes called a "durable power of attorney for health care") is used to name the person you wish to make health care decisions for you if you are not able to make them yourself. A **living will** states which medical treatment you would accept or refuse if your life is threatened. You can choose to accept or refuse a breathing machine if you can no longer breathe on your own, CPR (cardiopulmonary resuscitation) if your heart and breathing stop, or tube feeding if you can no longer eat. Each state has its own laws for creating advance directives.

Addition information on advance directives can be found on the NJ Department of Health website at www.state.nj.us/health/advancedirective.

MyMedicare,gov – Medicare's online service that allows you access to personalized information regarding your Medicare benefits and services. In order to use this service you must be a registered user. New Medicare enrollees will automatically be registered to use the website but existing Medicare beneficiaries must register for use. Only registered users or their designee will be able to access the site using a unique password. You will be able to

MyMedicare.gov, cont.

download your personal health information to your own personal computer. Registering with MYMedicare.gov provides you with access to your personalized information at any time.

Information on the registration process is available by calling **1-800-633-4227** or at ***https://www.mymedicare.gov/registration.aspx.***

Quality Care Finder Tools – It can be difficult to find hospitals, nursing homes, home health agencies and other health care providers that meet your needs. Medicare collects information about the quality of care and services given by Medicare health care providers, as well as information about how satisfied people are with the care and service they get. With Medicare's Quality Care Finder, you will be able compare healthcare providers, facilities, health and drug plans, equipment suppliers and more.

Find and compare High Quality Healthcare Options (Pub. #11580) and Find High Quality Healthcare Options (Pub. #11581) are publications about the quality Care Finder that may be downloaded at ***www.medicare.gov/default.aspx***. The Quality Care Finder is available at ***http://www.medicare.gov/quality-care-finder/index.html.***

Health Records - Electronic and Personal

Through health information technology (health IT) you can manage your health information on line, improve how you communicate with your health care providers, and improve the quality and coordination of your health care instead of writing this information in a paper chart. The tool helps manage your health information online while reducing paperwork and errors. Two types of health records are stored electronically.

Electronic Health Records (EHRs) are records that your doctor, your doctor's staff, or a hospital keeps with information about your health and medical treatment (like lab reports). EHRs let your providers share up-to-date information about your conditions,

Health Records - Electronic and Personal, cont.

treatments, tests and prescriptions. EHRs help cut down on medical errors and prevent getting duplicate tests.

Personal Health Records (PHRs) are records you keep or control to track information like the date of your last physical, test results, illnesses, allergies and medications. Over time, these electronic records will help providers have the same knowledge about your condition, treatments, tests, and prescriptions, in order to lower the chances of medical errors and to help improve your overall quality of care. Federal and state governments have strict rules about protecting the privacy and security of this electronic information.

For information about EHRs and PHRs visit ***www.medicare.gov***.

Electronic Prescribing lets prescribers write and send your prescriptions directly to your pharmacy. Electronic prescribing can save you money, time, and help keep you safe:

- You don't have to drop off and wait for your pharmacist to fill your prescription-it may be ready when you arrive.
- Prescribers can check which drugs your insurance covers and prescribe a drug that costs you less.
- Electronic prescriptions are easier for the pharmacist to read than handwritten prescriptions, so there's less chance you'll get the wrong drug or dose.
- Prescribers have secure access to your prescription history, so they can be alerted to potential drug interactions, allergies and other warnings.

Medicare Savings Programs

The Medicare Savings Program (MSP) and its Low Income Subsidy Program (LIS) helps low income individuals pay out-of-pocket Medicare costs. If you qualify, you may not

Medicare Savings Programs, cont.

have to pay your Medicare Part A and B premiums, deductibles, and coinsurance premiums or out of pocket expenses. The savings plans are:

Specified Low-Income Medicare Beneficiary (SLMB) - Certain individuals who have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) and who are slightly above the national poverty level may qualify for State help in paying their Medicare Part B premium. To qualify, a person's annual gross income and their financial resources such as bank accounts, stocks, and bonds must be within established limits. The Medicare Part B premium must be included in determining annual gross income.

Qualified Medicare Beneficiary (QMB) - The **Qualified Medicare Beneficiary (QMB)** in NJ is a component of the New Jersey FamilyCare program. QMB also helps pay for the Medicare Part B premium, deductibles and coinsurance. The QMB program has slightly lower income guidelines but the same asset guidelines as the SLMB program.

Qualifying Individual (QI-1) - Persons not financially eligible for the Qualified Medicare Beneficiary (QMB) program under New Jersey Medicaid may be eligible for assistance as a Qualifying Individual (QI) to have monthly Medicare Part B premiums paid.

NJ FamilyCare

NJ FamilyCare is a joint federal-state medical assistance program that provides affordable health coverage for certain individuals of with low income and limited resources. In NJ, persons eligible for Supplemental Security Income (SSI) are also eligible for NJ FamilyCare, and automatically receive it.

Persons 65+, or blind or disabled planning to live in a non-institutional type setting should contact Social Security (**1-800-772-1213**) to determine if they are eligible for Supplemental Security Income (SSI), since those eligible for SSI (see page 54-55)

NJ FamilyCare, cont.

also receive NJ FamilyCare. Persons seeking NJ FamilyCare assistance for institutional care should contact the Board of Social Services/Welfare Office in their county to determine if they are eligible for Institutional NJ FamilyCare.

Please call your County Board of Social Services for information on NJ FamilyCare.

GROUP HEALTH INSURANCE

Continuing Coverage After Leaving Employment (COBRA) - Employees covered by an employer-provided group health insurance policy covering more than 20 persons, leaving the employ of their employer for any reason except gross misconduct, are entitled to a minimum of 18 months continuation of their group health insurance policy at group rates for themselves and their families provided that they are not covered by another group health insurance policy, and provided that the employer's policy remains in effect.

For additional information contact the U.S. Department of Labor, Employee Benefits Security Administration, Division of Technical Assistance and Inquiries, 200 Constitution Avenue NW, Suite N-5619, Washington, DC 20210 telephone toll-free **1-866-444-EBSA (3272)** or 202-693-8664; TTY: 202-501-3911 or ***www.dol.gov/COBRA.***

NJ Protect (Pre-existing Condition Insurance)

NJ Protect is a health insurance option for uninsured New Jerseyans with pre-existing medical conditions. Coverage through NJ Protect will generally cost less than comparable individual health insurance and offer superior benefits. Because the program is federally subsidized, treatment for pre-existing medical conditions will be covered as of the day a policy goes into effect, and preventive care will be covered at no out-of-pocket cost to the policyholder.

HEALTH AND INSURANCE PROGRAMS

NJ Protect (Pre-existing Condition Insurance), cont.

You are eligible for NJ Protect if you meet the following requirements:

- You must be a U.S. citizen or national or lawfully present in the United States;
- You must be a New Jersey resident;
- You must have been without any creditable coverage for at least 6 months;
- You must have a pre-existing condition

NJ Protect will end when you become covered under Medicare or under a group plan.

NJ Protect is offered by two carriers: AmeriHealth of New Jersey and Horizon Blue Cross and Blue Shield of NJ. Contact one of these companies about enrolling in NJ Protect. Please be sure to explain you are asking about NJ Protect so the customer service representative can quickly provide information for the NJ Protect options.

AmeriHealth of New Jersey, 8000 Midlantic Drive, Mount Laurel NJ 08054, telephone **1-866-681-7368** or Horizon Blue Cross Blue Shield of NJ, P.O. Box 1330 Newark, NJ 07101-1330, telephone **1-888-551-2130.**

Health Coverage Tax Credit

The federal Health Coverage Tax Credit which was created to help certain displaced workers, certain retirees and employers experiencing financial hardship afford health insurance coverage has been extended until January 2014. In order to receive the HCTC, you must be enrolled in a qualified health plan and meet certain requirements, such as:

- Trade Adjustment Assistance (TAA), Alternative Trade Adjustment Assistance (ATAA), or Reemployment Trade Adjustment Assistance (RTAA) recipient
- Pension Benefit Guaranty Corporation (PBGC) benefits recipient.
- This credit is not available to everyone.

Health Coverage Tax Credit, cont.

A worker receiving certain specified health coverage, such as Medicare, will be ineligible to use the HCTC program.

For more information about this program and about what is considered qualified health insurance, you may call the HCTC Program Customer Contact Center's toll-free telephone number **(1-866-626-4282)** or **1-866-628-4282** (for TTY/TDD users, or visit the IRS website ***www.irs.gov/individuals.***

Federally Qualified Health Centers - Medicare (FQHCs) - Medicare benefits have been expanded to include payment for certain preventive health-care services provided in federally qualified health centers (FQHCs). In addition, FQHCs may waive the deductible normally required under Medicare Part B and may limit the out-of-pocket costs by applying the co-pay responsibility of the Medicare beneficiary to a sliding scale based upon the beneficiary's ability to pay.

The FQHCs do not charge for any service for which Medicare beneficiaries are entitled to have payment made by the Medicare program. In order to be covered under Medicare Part B (Medical Insurance) the FQHCs must meet the U. S. Public Health Service criteria and agree to meet Medicare requirements.

In New Jersey, FQHCs are located in Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Sussex, Union, and Warren counties. Anyone living in these counties should contact the Area Agency on Aging/ADRC for the location of the FQHC. FQHCs are in most cities and many rural areas. The FQHC can provide eligibility guidelines and information on services provided.

HEALTH AND INSURANCE

Federally Qualified Health Centers - Medicare (FQHCs), cont.

Information on these centers is available from the New Jersey Primary Care Association (NJPCA), 609-689-9930 or ***www.njpca.org*.**

HOUSING

FEDERALLY ASSISTED HOUSING PROGRAMS

The U.S. Department of Housing & Urban Development (HUD) has a wide range of programs of interest to the senior consumer. These programs deal primarily with rental housing and rental assistance programs. To preserve housing specifically designed to meet the needs of senior citizens, some of HUD's housing developments are exclusively for the elderly and the handicapped while, in others, the elderly are eligible tenants along with other groups. The actual sponsors/developers of the housing may be non-profit or for-profit organizations, public agencies, or consumer cooperatives. To qualify, an individual's income generally must be within certain limits. According to the federal Administration on Aging, preference for federally funded housing is given to people who pay more than 50% of their income in rent, are being displaced from their homes, or live in inadequate housing. Be sure to notify the agency that you contact about federal housing if any of these situations apply to you. Most federally assisted housing provided to the elderly is funded under two programs, known popularly as **"Section 8"** and **"Section 202."**

Section 8 - The Section 8 Housing Choice Voucher program was created to help very low-income persons of all ages secure decent, safe and sanitary housing in the private rental market by helping to pay a portion of the monthly rent. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. Income limits are determined by family size and geographic area. Participants usually pay no more than 30% of their adjusted monthly income for rent.

Section 8, cont.

The program pays the balance of the rent to the landlord. The rent must be reasonable.

Persons age 60 and older should call the New Jersey toll-free number **1-877-222-3737** to obtain the address and telephone number of the county agency that administers the Section 8 program. This program is funded by HUD and administered in NJ by the Division of Housing and Community Resources, NJ Department of Community Affairs, PO Box 051, Trenton, NJ 08625-0051 telephone 609-292-4080. For other HUD related information please call HUD at **1-800-669-9777** or visit their website ***www.hud.gov.***

Section 202 - The Section 202 reform creates and sustains more affordable units. The program provides direct, low-interest loans to non-profit sponsors to finance the construction or rehabilitation of residential projects and related facilities for those 62 or older and individuals with disabilities. Very low-income elderly households, in particular those experiencing frailty or at-risk of frailty, often have unique needs that are best served through affordable housing that offers connections to supportive services. Housing with a legal definition of senior housing for older persons can exclude families with children.

Section 202 Conversion is the conversion of public housing residents to Section 8. If it costs less to give the residents a Section 8 voucher, rather than maintain the low rent public housing building under Annual Contributions Contract (ACC), the building is shut down and the residents are provided Section 8. Section 202 is now only applicable to those Housing Authorities with approved conversion plans that are in the process of implementation.

Persons age 60 and older should call the New Jersey toll-free number **1-877-222-3737** to obtain the address and telephone number of the county agency that administers housing program. These programs are funded by HUD and administered in NJ by the Division of Housing and Community Resources, NJ Department of Community Affairs, PO Box 051,

Section 202 Conversion, cont.

Trenton, NJ 08625-0051 telephone 609-292-4080. For other HUD related information please call HUD Resource Center **1-800-955-2232** or **1-800-669-9777,** or visit their website ***www.hud.gov.***

Reverse Mortgage - A reverse mortgage is a special type of mortgage that allows seniors to access the equity in their home. The homeowner can convert the equity in the home into cash. Unlike a traditional home equity loan or second mortgage, no repayment is required until the borrowers no longer use the home as their principal residence. To be eligible for a HUD reverse mortgage: a homeowner must be 62 years of age or older; have a very low outstanding mortgage balance or own your home free; and meet with a HUD-approved counseling agency--to make sure they understand what a HUD Reverse Mortgage means. The Federal Housing Administration (HUD) insures this program.

For information, call **1-800-792-8820** or write the NJ Division of Aging Services, PO Box 807, Trenton, NJ 08625-0807. Information is also available by calling toll-free the NJ Housing and Mortgage Finance Agency at **1-800-NJ-HOUSE (1-800-654-6873)** or call the National Council on Aging (NCOA) Reverse Mortgage Counseling Services at **1-800- 510-0301.**

Homeless/Homeless Prevention - For meeting the housing needs of the homeless and the potential homeless, HUD along with many other federal agencies fund programs to help. Homeless assistance agencies provide a range of services including shelter, food, counseling and job skills. Awards are granted to state and local agencies, which provide the actual services.

Homeless/Homeless Prevention, cont.

To learn more about homeless and homeless prevention services contact the Division of Housing, NJ Department of Community Affairs, PO Box 0806, Trenton, NJ 08625-0806, telephone **1-866-889-6270** or 609-633-6204.

OTHER FEDERAL HOUSING ASSISTANCE

The United States Department of Agriculture Rural Development (USDA Rural Development) operates a program of home renovation and repairs for persons living in non-urban areas. It also provides loans to finance homes and building sites. For low-income homeowners age 62 or older, the program offers grants for home improvement as well as loans, or a combination of the two. Further information on assistance is available from any designated county office.

For the address of the nearest office contact the State Office of Rural Economic and Community Development, 5th Floor North, Suite 500, 8000 Midlantic Drive, Mt. Laurel, NJ 08054, telephone 856-787-7700, Fax 856-787-7783, or ***www.rurdev.usda.gov/nj***.

Public Housing - Public housing is low-income housing that is operated by your local housing authority. Local Public Housing programs receive federal aid for housing lower-income families. Tenants pay rent according to the same formula used for Section 8 housing. Public housing includes the elderly.

Program Availability, Assistance - For information on the availability of any of the housing programs in your area, please contact the designated agency or your Area Agency on Aging/ADRC (AAA/ADRC) for direction to the appropriate contact point. The AAA/ADRC will also be able to provide referrals for home improvement and weatherization programs.

HOUSING

Housing Lists - For lists of subsidized housing or other lists of housing options for older persons telephone toll-free (within NJ), **1-800-792-8820** or 609-943-3437, or write to the NJ Division of Aging Services, PO Box 807, Trenton, NJ 08625-0807, Attention: Senior Housing, or visit website ***www.njhrc.gov***.

Pet Ownership - Residents of federally assisted rental housing designed specifically for the elderly are allowed to keep pets, subject to certain regulations, and may not be discriminated against because of pet ownership. Residents who refuse to comply with the rules and regulations and properly care for the animals may be denied these rights.

ENERGY ASSISTANCE PROGRAMS

Low Income Home Energy Assistance Program (LIHEAP)

There are three important energy assistance programs for eligible households, **The Low Income Home Energy Assistance Program (LIHEAP), The New Jersey Universal Service Fund (USF) and The Weatherization Assistance Program.** The low Income Home Energy Assistance Program (LIHEAP) provides subsidies to help low-income families and individuals meet home heating and medically necessary cooling costs. LIHEAP funds can also be used for energy crisis intervention and low cost residential weatherization and other energy related home repairs.

To be eligible for LIHEAP benefits, the applicant household must be responsible for home heating or cooling costs, either directly or included in the rent; and must meet income qualifiers. Persons who live in public housing and/or receive rental assistance **are not eligible** unless they pay for their own heating/cooling costs directly to the fuel supplier. The amount of the LIHEAP heating benefit is determined by income, household size, fuel type, and heating region.

ENERGY ASSISTANCE PROGRAMS

Low Income Home Energy Assistance Program (LIHEAP), cont.

There are four types of LIHEAP payments:

- An eligible household that heats with natural gas or electricity may have its benefits directly forwarded to its utility company.
- Households directly responsible to a fuel supplier for payment of home heating costs receive a two-party check in the name of the applicant and the fuel supplier.
- Households whose heating costs are included in their non-subsidized rent receive a single party check made out to the eligible applicant.

A household receiving medically necessary cooling benefit will receive a credit to their active electric account or a single party check when no account is present. Payments vary according to an applicant's income, household size, fuel type, and heating region.

LIHEAP agencies may require that low-income households meet additional criteria to be eligible to receive LIHEAP assistance. Examples of each criterion include the use of assets test, type of living situation or receipt of a utility shut off notice.

LIHEAP is a federally funded program, administered in NJ by the NJ Department of Community Affairs, Division of Housing and Community Resources, PO Box 806, Trenton, NJ 08625-0806, **1-800-510-3102.** Funding is provided by the US Department of Health and Human Services via the NJ Department of Human Services. The Food Stamp automatic payment portion of the program is administered by the NJ Department of Human Services.

To locate the nearest application agency, obtain an application, or further information on energy assistance call **1-800-510-3102.** Information is also available at ***www.energyassistance.nj.gov.*** Information on the New Jersey Universal Service Fund (USF) program can be found in our companion publication "Statewide Benefits for Older Persons."

ENERGY ASSISTANCE PROGRAMS

WEATHERIZATION ASSISTANCE PROGRAM

The Weatherization Assistance Program is a federal/state grant program of the U.S. Department of Energy designed to promote energy conservation work in low-income households. A household income must fall below 130% of the federal poverty level to be eligible for the program.

Funds may be used for the following energy conservation measures:

- Caulking, weather-stripping, insulation of doors/windows
- Devices for minimizing energy loss through heating system, chimney or venting devices
- Ceiling, attic, wall, floor, duct, and water heater insulation
- Heat-absorbing/heat-reflective window/door materials
- Furnace efficiency modifications

After improvements are made, you should notice the following:

- An increase in comfort - no drafts and an even temperature throughout your home
- Your heating and cooling bill should be reduced
- You should need less energy to heat and cool your home

In NJ, the Division of Housing and Community Resources NJ Department of Community Affairs (see LIHEAP) administer the Weatherization Program, which in turn awards grants to local agencies. These local agencies accept applications and determine eligibility. Persons wanting further information on eligibility requirements, limits of assistance, and whether or not funds remain available please call toll-free **1-866-551-7165** or 609-292-6140.

INCOME MAINTENANCE

SOCIAL SECURITY

The Social Security system is designed to provide insured workers and their dependents or survivors with some protection against the loss of worker's income due to retirement, disability, or death. Created in 1935, the system is administered by the U.S. Social Security Administration and is divided into four parts: Old Age, Survivors, Disability, and Health Insurance programs.

Coverage - Almost all workers are covered automatically by the Social Security program. Workers in non-profit organizations and government entities should check with their employers to verify membership in the Social Security program.

Benefit Eligibility - Eligibility is based on contributions to the system during the working life of the individual. Benefits are financed by payroll taxes paid jointly by employers and employees and by the self-employed. To receive benefits, persons must have a sufficient number of credits, usually 40 (10 years of work).

Social Security Protection Act of 2004 (Public Law 108-203) - Under this law, which covers retirements effective July 1, 2004, public employees are required to work in jobs covered by Social Security for the last five years (60 months) of their careers in order to be eligible for Social Security and Pension Benefits. Under the previous law, if a person worked as little as the last day of their careers in jobs covered by Social Security they were eligible for both benefits.

Retirement Age/Benefits - Workers covered by Social Security may retire with full benefits at age 65 if they were born in 1937 or earlier. The normal retirement age for full benefits is periodically increasing until it reaches age 67 for people who become 62 in 2022. If your full retirement age is older than 65 (that is, you were born after 1937), you still will be

Social Security, cont.

able to take your retirement benefits at age 62, but the reduction in your benefit amount will be greater than it is for people retiring now.

Here's how it works. If your full retirement age is 67, the reduction for starting your benefits at:

- 62 is about 30%
- age 63 is about 25%
- age 64 is about 20%
- age 65 is about 13 and 1/3%; and
- age 66 is about 6 and 2/3%

As a general rule, early retirement will give you about the same total Social Security benefits as full retirement over your lifetime, but in smaller amounts to take into account the longer period you will receive them.

Delayed Retirement Credit - The delayed retirement credit increases Social Security benefits for every month a person of normal retirement age remains employed and delays receiving benefits. The amount of the delayed retirement credit depends on the year you reach retirement age and the number of months you are eligible for and do not receive benefits.

Earnings Limitations - Social Security no longer places restrictions on earnings for beneficiaries above the **normal retirement age** (NRA) if your earnings exceed a certain level. The NRA is age 65 for those born before 1938, and is gradually increasing to age 67. For clarification on how this change will affect your benefits, contact Social Security.

Social Security Annual Earnings Statement - The Social Security Administration (SSA) has suspended the mailing of the Social Security Statements for everyone except

Social Security, cont.

near-retirees 60 and older. The statement based on an individual's career wage record projected future benefit payments, allowed taxpayers to check for errors in annual income and helped workers plan for retirement. The statements you once received in the mail, the government is working to replace with an online version.

You may be able to estimate your retirement benefit using the online Retirement Estimator at ***http://www.socialsecurity.gov/estimator/.***

Further information is available by calling Social Security at **1-800-772-1213** or online at ***www.socialsecurity.gov/mystatement.***

Direct Deposit – If you apply for Social Security or Supplemental Security Income benefits on or after May 1, 2011, you must receive your payments electronically. **You must switch to electronic payments by March 1, 2013.** If you do not, the U.S. Department of the Treasury may send your benefits via the Direct Express® card program to avoid an interruption in payment. It's safe, quick and convenient. If you are already receiving benefits, you can obtain a password and start or change Direct Deposit online.

To sign up for direct deposit call toll-free **1-800-333-1795**, or sign up on-line at ***www.godirect.org***. It takes just a few minutes and can make a big difference in your financial safety. You can also sign up at your bank, credit union or savings and loan or call Social Security at **1-800-772-1213 (TTY 1-800-325-0778).**

Social Security Benefit Statement/Taxes - Some time in January of each year, the Social Security Administration will send each beneficiary a Social Security Benefit Statement (Form SSA-1099-SM). This statement tells you how much you received in Social Security benefits during the previous year and provides a worksheet to determine if any of your benefits are taxable. If the only income you received was your Social Security or equivalent

Social Security, cont.

tier I Railroad Retirement benefits, your benefits will not be taxed unless your modified adjusted gross income is more than the base amount for your filing status.

Social Security Toll-Free Service - To assist persons in knowing what their benefits are, or will be, the Social Security Administration maintains a nationwide, 24-hour toll-free service - **1-800-772-1213** between 7:00 AM and 7:00 PM. People who are deaf or hard of hearing may call toll-free "TTY" **1-800-325-0778**. All information is confidential and must be requested by the recipient/prospective recipient personally.

Disability Insurance

Eligibility – Workers who become severely disabled while employed may be eligible for monthly benefits before age 65. However, to be eligible for disability benefits, a worker must be covered by Social Security and should apply for such benefits as soon as possible after the onset of the disability.

Initial Determination of Impairment - In NJ, the NJ Department of Labor and Workforce Development makes the initial determination of disability. Evidence of medical impairment must be provided by the doctor, hospital, or clinic providing treatment for the impairment, and that, as a result of the impairment, "substantial gainful" employment cannot be performed for at least twelve months. In addition to medical impairments, vocational capacities, including age, education, and work experience, is evaluated.

Compassionate Allowances - the Compassionate Allowances list rare diseases, cancers, traumatic brain injury (TBI) and stroke, medical condition impairments so serious that they obviously meet Social Security and Supplemental Security Income disability guidelines. The Quick Disability Determinations (QDD) receive expedited processing to get

Compassionate Allowances, cont.

disability benefits quickly to those with severe and life-threatening conditions. Social Security is able to electronically target and make speedy decisions for these disabled individuals.

Further Information - Because Disability Insurance is one of the most complicated of all Social Security programs, you should call or visit Social Security for more information.

SURVIVORS BENEFITS

Social Security Survivors Insurance provides monthly benefits to the spouse/divorced spouse or unmarried child(ren) of a deceased worker based on the worker's earnings record. If the beneficiary is employed, the amount of monthly benefits received will be affected by his/her earnings and age. Survivor benefits can be paid if the deceased worker had credit for a certain amount of work in employment/self-employment covered by Social Security. The exact number of work credits needed depends on the age of the worker at time of death. If the surviving spouse is disabled, the Survivor Benefit could be available as early as age 50, with the same reduction as for a non-disabled surviving spouse at age 60, 28.5%.

Lump Sum Death Payment - The lump-sum death benefit is payable upon the death of a person who has worked long enough to be insured under Social Security. You must file the application for the lump-sum death payment within the two-year period ending with the second anniversary of the insured person's death. This special one-time payment is in addition to any monthly survivor insurance benefits.

This payment can be made only to certain family members.

Information - Information on any of the above entitlements is available from any Social Security office, from their toll-free service, **1-800-772-1213**, or their website, ***www.ssa.gov.***

INCOME MAINTENANCE

SUPPLEMENTAL SECURITY INCOME (SSI)

The Supplemental Security Income Program (SSI) is a federally administered program, which provides income to eligible persons 65 or older, or blind, or disabled and adults who have been disabled since childhood. People who get SSI usually qualify for Food Stamps and NJ FamilyCare also. SSI differs from Social Security in that it is based on a person's income and resources (assets), and is funded by the general revenues of the U.S. Treasury, not by the Social Security Trust Funds.

Income Limitations - The amount of income you can have each month and still get SSI depends partly on the State in which you reside and your living arrangement. Social Security does not count all of your income in deciding if you can get SSI. For example they do not count:

- Certain monthly unearned income
- Certain monthly income you earn from working and 1/2 of the amount over
- Food Stamps
- Food, clothing, or shelter you receive from non-profit organizations
- Most home energy assistance

Resource Limitations - Resources are things you own, such as personal belongings, bank accounts, cash, or stocks and bonds. A single person may be able to get SSI with resources of up to $2,000; a couple may be able to get SSI with resources of up to $3,000.

Not counted as resources are:

- The home you live in and the land it's on
- Personal and household goods, depending on their value
- Car, if used for essential transportation, or if worth $4,500 or less
- Certain monies set aside for burial are not counted

Income Limitations, cont.

- If you are blind or have a disability, some items may not count if you plan to use them to work or earn extra income

Payments - The SSI program is administered through the U.S. Social Security Administration. Payments to SSI recipients are made monthly by the federal government, which includes a supplement provided by the State of New Jersey. For the convenience of SSI recipients, the State of New Jersey and the federal government have agreed to include the amount in the federal payment. SSI recipients receive one U.S. government payment with federal and state money included.

Applications, Appeals, Information - Persons who have been denied SSI, or had their payments stopped or reduced, have certain appeals procedures available to them free of charge. To apply for SSI, initiate an appeal, or request more information, please contact the nearest Social Security office or call their toll-free service, **1-800-772-1213**.

RAILROAD RETIREMENT PROGRAM

Under the Railroad Retirement and Railroad Unemployment Insurance Acts, the federal Railroad Retirement Board administers retirement and survivor, unemployment and sickness benefit programs for railroad workers and their families. In addition, the Railroad Retirement Board has administrative responsibilities for certain benefit payments and/or Medicare coverage for railroad workers.

Railroad Retirement beneficiaries should contact the Retirement Railroad Board **1-877-772-5772**, TTY: 1-312-751-4701 for answers to Medicare questions.

Annuities - The Railroad Retirement Board pays retirement and disability annuities to railroad workers with at least 10 years of service. Annuities are also payable to workers with 5 years of service if performed after 1995, an “insured status” under Social Security Act rules

Railroad Retirement, cont.

(usually 40 quarters of coverage). Early retirement annuity reductions are applied to annuities awarded before full retirement age, which ranges from age 65 for those born before 1938 to age 67 for those born in 1960 or later, the same as under social security. Reduced annuities are still payable at age 62 but the maximum reduction will be 30% rather than 20% by the year 2022. An annuity based on age cannot be paid until the employee stops railroad employment, files an application and gives up any rights to return to work for a railroad employer.

Current Connection – An employee who worked for a railroad in at least 12 months in the 30 months immediately preceding the month a railroad retirement annuity begins will meet the current connection requirement for a supplemental annuity, occupational disability annuity or survivor benefit. If an employee does not qualify on this basis, but has 12 service months in an earlier 30-month period, they may still meet the requirement.

Spouse Requirements – The age requirements for a spouse annuity depend on the employee's age and date of retirement and the employee's years of service. Early retirement reductions are applied to the spouse annuity if the spouse retires prior to full retirement age. A spouse may receive an annuity at any age if caring for a child under age 18 or a child who meets disability requirements. A divorced spouse age 62 who was legally married to the railroad employee at least 10 years and is not currently married may receive an annuity.

Applications, Denials, Appeals - Applications for railroad retirement/survivor benefits should be filed with the nearest Railroad Retirement Board. Prospective retirees should contact the Board several months before their planned retirement date in order to obtain annuity estimates and to verify eligibility dates. Persons who have been denied Railroad

INCOME MAINTENANCE

Railroad Retirement, cont.

Retirement benefits/annuities or had their payments stopped or reduced, have certain appeal procedures available free of charge.

Contact the nearest Railroad Retirement Board to initiate an appeal. The Railroad Retirement Board serving northern NJ is located in Newark, and for southern NJ in Philadelphia.

Their addresses are as follows:

Railroad Retirement Board - 1-877-772-5520 - ***www.rrb.gov***

Veteran's Administration Building
NIX Federal Building
900 Market Street,
Suite 301
Philadelphia, PA 19105
Fax: 215-597-2674

Veteran's Administration Building
20 Washington Place,
Room 516
Newark, NJ 07102-3127
Fax: 973-645-3990
TTY: 312-751-4701

U.S. Railroad Retirement Board
844 North Rush Street
Chicago IL, 60611-2092
Toll Free: 1-877-772-5772
TTY: 312-751-4701
Directory: 312-751-4300 or
http://www.rrb.gov/field/field.asp

You can call the RRB Help-Line toll free at **1-877-772-5772** to obtain automated information about unemployment and sickness benefits, request a letter showing your current monthly annuity rate, request a replacement Medicare card and more.

FEDERAL CIVIL SERVICE RETIREMENT

The federal Civil Service Retirement System provides retirement, survivors, disability, and death benefits to most federal government employees.

For further information contact the Retirement Information Office, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415, toll-free: **1-888-767-6738** or 202-606-0500 (taped message) for directions to the appropriate office.

INCOME MAINTENANCE

PRIVATE PENSIONS

Many persons are covered by a pension plan in addition to Social Security. Generally, all employers must continue pension benefit accruals for persons working beyond a plan's normal retirement age. Plan limitations on the amount of benefits, years of service, or years of participation are permissible if imposed without regard to age.

Interpretation - The U.S. Internal Revenue Service (IRS) has responsibility for interpreting minimum standards of the federal private pension laws and ensuring that company and union pension plans are in compliance with those laws. The basic law covering private pension plans is the Employee Retirement Income Security Act of 1974 (ERISA). This law established the federal pension insurance program and provided for individual rights, funding requirements, and investment rules.

Persons having a question about the interpretation of a specific provision of these laws should contact the Employee Plans Technical & Actuarial Division of the IRS at 1111 Constitution Avenue N.W., Room 6525, Washington, DC 20224, telephone **1-877-829-5500** Monday through Thursday, 8:00 AM - 6:30 PM exclusive of holidays.

Termination - If a private defined pension plan is terminated, the federal Pension Benefit Guaranty Corporation (PBGC) offers protection against the loss of certain benefits.

For information about protection under a terminated plan, please contact the PBGC at 1200 K Street, N.W., Washington, DC 20005-4026, telephone toll-free **1-800-400-7242** or 202-326-4000, ***www.pbgc.gov***. Be sure to have the name of the pension plan and the employer's "Employer's Identification Number" (EIN).

Information, Complaints - For more information on pension plan regulations in general, or to file a complaint, contact: U.S. Department of Labor, Employee Benefits Security

Private Pensions, cont.

Administration, Division of Technical Assistance & Inquiries, 200 Constitution Avenue N.W., Room N-5658, Washington, DC 20210, telephone **1-866-444-3272, *www.us.dol.gov.***

For additional retirement and health benefit plan questions, call toll-free **1-866-275-7922**. English, Spanish and Mandarin language service available.

Additional information, referral or assistance for general inquiries is available by calling 202-326-4000 or **1-800-400-7242.**

For inquiries about plan administration please call **1-800-736-2444**; for general legal inquiries, please call 202-326-4020; or information is available from the Pension Rights Center, 918 16th St., N.W., Suite 704, Washington, DC 20006, telephone 202-296-3776 or **1-866-444-3272**.

Age Related Complaints, however, should be filed with the U.S. Equal Employment Opportunities Commission, 1 Newark Center, 21st Floor, Newark, NJ 07102, telephone 973-645-6383 or call toll-free **1-800-669-4000**.

Private Welfare Plans - Private welfare plans are also subject to federal regulations. Contact the Employee Benefits Security Administration, as listed above, for information on requirements of private welfare plans or to file a complaint concerning their administration.

Pension Counseling and Information Project – The pension counseling project provides services to older Americans and their families who are having a problem getting information about their pension, profit sharing or retirement savings plans. The project is involved in a variety of initiatives to protect and promote the retirement security of retirees, safeguard savings, protect promised pensions when plans are changed or terminated and ensure benefits are provided to seniors and their families. Legal assistance is available to those experiencing a problem. By producing fact sheets and other publications, conducting

INCOME MAINTENANCE

Private Pensions, cont.

outreach, education and awareness efforts, the pension counseling project provides indirect services to seniors and their families.

To learn more about the service contact New York Pension Rights Office (Serves NY and NJ), toll-free **1-800-355-7714** or 718-237-5500. ***http://www.sbls.org/index.php?id=253.***

NUTRITION

PROGRAMS PROVIDING MEAL SERVICES

All NJ counties have community programs that provide meals and related nutrition services to persons age 60 and older in a variety of settings, such as senior/community centers and adult day health/day care centers. These include congregate or group meals, as well as meals for the homebound. Many of these programs are federally funded, with meals being available for a "suggested contribution". Other meal programs are funded primarily by private sector volunteer organizations. For these meal programs, a fee, usually based on the actual costs of the service is charged.

Congregate or Group Meals - This service, administered by the Area Agencies on Aging/ADRC in each county, provides at least one hot nutritious meal per day, five or more days per week. These meals, along with counseling, socialization, and other services, are usually provided in locations such as senior centers, schools, or churches. The program is available to all persons age 60 or over and their spouses, regardless of age. Participants are provided with an opportunity to voluntarily contribute whatever they can afford toward the cost of these meals. Reservations are required, in most instances, 24 hours in advance.

Home-Delivered Meals - The Area Agencies on Aging/ADRC, through grantees, provide one (or sometimes more) hot meal a day at least five days per week to older persons who are homebound due to illness, incapacitating disability, or isolation. This program is

NUTRITION

Programs Providing Meal Services, cont.

federally funded and serves only persons age 60 or older. A meal may be provided to the spouse if it is in the best interest of the homebound older person being served. This federal program has been supplemented with state legislation providing nutrition services on weekends and holidays for frail eligible participants. A formal needs assessment is required for participation in these nutrition programs; however, there are no strict income requirements.

Privately Funded Programs - In addition to the home-delivered meal programs, which are federally/state funded, there are privately funded programs sponsored by churches and various civic organizations, which offer meals to the disabled, the isolated, the temporarily ill shut-ins, and others in need.

Additional Information - Further information and referral to the designated meal programs and services is available from the Area Agencies on Aging/ADRC. (See pages 81 and 82) or call **ADRC** toll-free at **1-877-222-3737**.

NUTRITION ASSISTANCE PROGRAMS

Supplemental Nutrition Assistance Program (NJ SNAP)

Supplemental Nutritional Assistance Program (NJ SNAP) is the new name for the federal Food Stamp Program in New Jersey. With a focus on nutrition and an increase in benefits, this program funded by the U. S. Department of Agriculture and administered in New Jersey by the NJ Department of Human Services, Division of Family Development is designed to increase the food purchasing power of low-income households. Eligibility for benefits is based on the number of people in a household, their income and resources. People at least 60 years of age and those receiving Social Security Disability benefits may apply as separate households independently of the other people they are living with.

NUTRITION

Supplemental Nutrition Assistance Program (NJ SNAP), cont.

Food Stamp benefits are administered to eligible recipients through use of the "Families First" card.

Please note households in which all members are applicants for or recipients of Supplemental Security Income (SSI) may apply for Food Stamps at the Social Security District office at the same time they apply for SSI.

For more NJ SNAP information call toll-free **1-800-687-9512** or call your County Board of Social Service or visit ***www.njsnap.org.***

SNAP Fraud

The SNAP program is helping struggling families put food on the table. Any fraud hurts the ability of SNAP to provide this service to those who need it the most. To fight SNAP fraud and prevent any abuse of the program the following are inappropriate uses for SNAP.

- When benefits are exchanged for cash
- When someone lies on their application to get benefits or to get more benefits that they are supposed to get
- When a retailer has been disqualified from the program for past abuse and provides false information on the application to get in the program again.

Report suspicious SNAP Activity **1-800-424-9121** or NJ SNAP Information Line **1-800-687-9512.**

Program fraud complaints of any kind may be filed with the USDA Office of Inspector General; contact information is found at: ***http://www.usda.gov/oig/hotline.htm.***

Fraud may also be reported to the appropriate States. To report for NJ, please call **1-800 792 9773.** Phone numbers to report fraud for other states are available at ***http://www.fns.usda.gov/snap/contact_info/fraud.pdf.***

NUTRITION

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program provides low-income older adults with vouchers that can be used to purchase fresh fruits and vegetables from farmers markets, roadside stands and community supported agriculture programs. For some seniors on fixed incomes buying fresh fruits and vegetables is not a possibility. The farmer's markets benefits eligible seniors with the goal of improving their health and well-being with access to fresher, better tasting produce with less travel.

The Senior Farmers Market Nutrition Program is administered by the Department of Human Services, Division of Aging Services, with funds provided by the USDA Food and Nutrition Service,

For more information on the Farmers Market Nutrition Program, visit ***www.nj.gov/agriculture/divisions/md/prog/wic.html.***

For complete information on locations, days and hours of community farmers markets throughout New Jersey, visit ***www.state.nj.us/jerseyfresh/searches/urban.htm***.

LEGAL

SERVICES AND PROGRAMS

Legal services for older persons are provided under a number of existing programs funded under the Legal Services Corporation Act, the Older Americans Act, and Title XX of the Social Security Act. All Area Agencies on Aging/ADRC fund legal assistance to protect and secure the rights of older persons 60 years of age and older. Legal assistance is provided in priority areas, such as public entitlements, planning/protecting autonomy, health care/long term care, family/domestic, housing/utilities, individual rights and consumer issues.

Legal Services Corporation Act - The purpose of this Act is to make legal assistance available to those who face an economic barrier to adequate counsel. Although programs

Services and Programs, cont.

funded under the Legal Services Corporation Act make services available to all low-income people without focusing on any group, priority consideration is given to clients with special access difficulties or special unmet legal needs. Older persons are being confronted with the challenge of protecting themselves or their loved ones from the threats of elder abuse, neglect, and exploitation. Legal assistance and elder rights programs work with other AoA programs and services to provide important protections for older persons.

Title XX - Title XX of the Social Security Act allocates funds to state governments for social services into a single grant. This increases the state's flexibility in using the grants to furnish services to achieve or maintain economic self-support to prevent, reduce or eliminate dependency. Individuals can obtain legal help in civil matters such as housing, child support, guardianship, paternity, and legal separation. Services are also directed toward preventing or reducing institutional care by providing for community-based care, home-based care or other forms of less intensive care and services to individuals.

Persons desiring information concerning services available under this or any of these programs should contact their Area Agency on Aging/ADRC.

The Age Discrimination in Employment Act (ADEA) protects most persons 40 years of age or older from arbitrary age discrimination in hiring, discharge, pay, promotions, fringe benefits (including health insurance, pension plan), and other aspects of employment. Generally, older persons are protected if they work for a private employer of 20 or more persons, or for any federal, state or local governmental agency. The ADEA's broad ban against age discrimination specifically prohibits an age limit except in the rare circumstances where age has proven to be a bona fide occupational qualification.

LEGAL

Penalties for Employer Violation - Employers found guilty of discrimination are subject to penalties, which include: payment of damages, interest, liquidated damages, attorney's fees, and court costs.

Filing a Charge

Equal Employment Opportunity Commission (EEOC) - Charges of unlawful discrimination due to age must be filed with the U.S. Equal Employment Opportunity Commission (EEOC). Every effort should be made to act on a discriminatory action as soon as possible, given the strict time limits under the ADEA. First, you must file a charge within 180 days of the discriminatory act. State laws may extend this 180-day filing deadline to 300 days. Second, you should also attempt to file a timely charge under applicable state law.

EEOC's NJ office is located at 1 Newark Center, 21st Floor, Newark, NJ 07102. For information about federal laws on job discrimination, call EEOC's toll-free number, **1-800-669-4000,** TTY **1-800-669-6820**, info@eeoc.gov or visit website at ***www.eeoc.gov.***

NJ Division on Civil Rights - Complaints of age discrimination may also be filed with the Division on Civil Rights, NJ Department of Law & Public Safety, PO Box 090, Trenton, NJ 08625-0090, telephone toll-free **1-800-830-0647** or 609-292-4605.

RECREATION

PARKS AND RECREATION AREAS

The National Park Service protects a wealth of forests, seas, rivers, lakes, mountains, deserts, and grasslands and has endeavored to protect these areas—and the plants and animals that call them home. The National Park Service is a participant in the Interagency Pass Program which includes the National Park Service, U. S. Department of Agriculture, Forest Service, Fish and Wildlife Service, Bureau of Land Management and Bureau of Reclamation. A series of passes covers the entrance and standard amenity fees charged for

Parks and Recreations Areas, cont.

using federal recreational lands – including national wildlife refuges. This pass series is collectively known as the **America the Beautiful – National Parks and Federal Recreational Lands Pass.** The passes are the Annual Pass, the Senior Pass, the Access Pass and the Volunteer Pass. Of these passes, three are specific to target populations. A brief explanation of each pass follows. During National Park Week visitors can enjoy the beauty and wonder of 84 million acres of the world's most spectacular scenery, historic places and cultural treasures for **FREE!**

Download a copy of The National Parks Owner's Guide, the one-stop resource to discover all 397 national parks at ***www.nationalparks.org/explore/download-center/.***

American the Beautiful - National Parks and Federal Recreational Lands Pass - Annual Pass (for the general public) - This Annual Pass admits the permit holder and any accompanying passengers in a single, private, non-commercial vehicle. Where entry is not by private vehicle, the pass permits the holder, spouse, children and parents to enter.

The Annual Pass is valid for entrance fees only; it does not cover use fees - e.g., fees for camping or parking. (It is particularly useful for persons planning visits to several Park System areas.) The pass may be purchased in person or by mail from a National Park Service or Forest Services office, or at a Park System area, which charges an entrance fee. The Annual Pass is valid for a 12-month period. It is not refundable or transferable.

American the Beautiful - National Parks and Federal Recreational Lands Pass - Senior Pass (For persons age 62 and older) - The American the Beautiful - National Parks and Federal Recreational Lands Pass - Senior Pass is a lifetime entrance permit for persons age 62 or older, to national parks, monuments, historic sites, recreation areas, and national Wildlife refuges which charge entrance fees. It also provides the pass holder a 50% discount

Parks and Recreations Areas, cont.

on federal use fees charged for facilities and services such as parking, camping, boat launching, etc. **The pass can only be obtained in person at the park.** The pass is non-transferable and generally does NOT cover or reduce special recreation permit fees or fees charged by concessionaires.

The American the Beautiful - National Parks and Federal Recreational Lands Pass (Access Pass) (For Blind and Permanently Disabled Persons) - The American the Beautiful - National Parks and Federal Recreational Lands Pass (Access Pass) is a free lifetime entrance permit to those national parks, monuments, and recreation areas, which charge entrance fees. It is issued to persons who have been medically determined to be blind or permanently disabled, and as a result are eligible to receive benefits under federal law. The pass also provides the pass holder a 50% discount on federal use fees charged for facilities and services such as parking, camping, boat launching, and specialized interpretive services. **The pass is free and can only be obtained in person at the park.** The pass is available at most federally operated recreation areas. Medical proof of permanent disability or blindness must be supplied.

America the Beautiful - National Parks and Federal Recreational Lands Pass - Volunteer Pass - Free - The America the Beautiful - National Parks and Federal Recreational Lands Pass - Volunteer Pass - is for volunteers acquiring 500 service hours on a cumulative basis. This pass is the equivalent of the Annual Federal Lands Pass and is issued as a thank you for hard working volunteers in our national parks. Volunteering is an American tradition that has made an immeasurable contribution to communities, organizations, and individuals throughout the country. The major objective of the program is to utilize this

Parks and Recreations Areas, cont.

voluntary help in such a way that is mutually beneficial to the National Park Service and the volunteer.

The **Federal Duck Stamp** is a mandatory permit to hunt waterfowl and can be purchased at most post offices, many national wildlife refuges, and local sporting goods stores. The stamp is also available online at ***www.duckstamp.com*** or by calling the Federal Duck Stamp Office at 703-358-2000. For an additional fee, a **Golden Eagle sticker** may be purchased and affixed to a National Parks Pass to cover entrance fees at not only national parks, but also at sites managed by the U.S. Fish and Wildlife Service, the U.S. Forest Service, and the Bureau of Land Management. The Golden Eagle sticker is valid until the expiration of the National Parks Pass to which it is affixed.

For information on any American the Beautiful - National Parks and Federal Recreational Lands Pass contact: National Park Service, 200 Chestnut St., U.S. Custom House Building, Philadelphia, PA 19106, toll-free at **1-877-465-2727** or website ***www.nps.gov***.

National Parks Located in New Jersey:

- Delaware Water Gap Recreation Area, Kittatinny Point, NJ/PA
- Gateway National Recreation Area, Sandy Hook, NJ/NY
- Great Egg Harbor Scenic and Recreational River, Mays Landing, NJ
- Morristown National Historical Park, Morristown, NJ
- New Jersey Coastal Heritage Trail Route, Newport, NJ
- Paterson Great Falls National Historical Park, Paterson, NJ
- Pinelands National Reserve, New Lisbon, NJ
- Statue of Liberty/Ellis Island National Monument, Liberty State Park, NJ/NY

RECREATION

Parks and Recreations Areas, cont.

- Thomas Edison National Historical Park, West Orange, NJ

The **NJ Senior Citizen Park Pass** is available for purchase at Morristown National Historical Park's (NHP) Washington's Headquarters unit at 30 Washington Place, Morristown at the park's Jockey Hollow Visitor Center and Thomas Edison National Historical Park, 211 Main Street, West Orange 07052.

For additional information on New Jersey's State historic sites or parks, call **1-800 843-6420** or 609-984-0370. Text telephone users call NJ Relay Services at **1-800-852-7899** or visit website ***www.njparksandforests.org.***

TAX BENEFITS

Federal Income Tax Benefits

In general, the federal income tax laws apply to all taxpayers regardless of age. However, there are certain provisions, which give special treatment to older persons. At age 65, the standard deduction, if you do not itemize deductions, is increased for both single taxpayers and married taxpayers filing jointly. The Internal Revenue Service (IRS) also allows an addition to the standard deduction for blindness, regardless of age.

Persons with low income, who are age 65 or under 65 and on permanent and total disability, may be eligible for a **Tax Credit for the Elderly**. You are a qualified individual for this credit if you are a U. S. citizen or resident at the end of the tax year, and meet eligibility guidelines.

For further information, please consult IRS Publication 524, "Credit for the Elderly or Disabled." This publication may be obtained by calling the IRS Publications/Forms toll-free telephone **1-800-829-3676** or download at ***www.irs.gov/publications/p524/index.html.***

TAX BENEFITS

Sale of Principal Place of Residence - Persons age 55 or older selling their principal place of residence may exclude from their gross income up to $250,000 for single filers or $500,000 for joint filers of the capital gain on a one-time basis, provided they owned and occupied the residence for two of the five years ending on the date of sale. IRS Form 2119 must be filed with the Internal Revenue Service the year in which the property is sold.

Taxpayer Advocate Service - While the IRS is improving its systems and providing better service, some taxpayers still have difficulty obtaining solutions to a problem or an appropriate response to an inquiry. To make sure that all taxpayer problems receive equal consideration, the taxpayer advocate service provides someone to speak for them within the service-- an advocate. Taxpayers facing significant hardships due to an action or inaction on the part of the IRS may now apply to the IRS for assistance. This service of the IRS may be requested through filling out IRS Form 911. For further information, call the IRS toll-free number, **1-877-777-4778** or visit website ***www.irs.gov.***

IRS Tax Counseling/Assistance - Through the Tax Counseling for the Elderly (TCE) program, IRS-trained volunteers assist individuals age 60 and over with their tax returns at various neighborhood locations. In addition, certain volunteer income tax assistance aides (VITA) have been trained to help older persons with their tax returns.

For further information regarding site locations, please contact your Area Agency on Aging/ADRC.

For more information on TCE call **1-800-829-1040**.

To locate the nearest AARP Tax-Aide site in your community during the tax season, call **1-888-AARP-NOW (1-888-227-7669) or visit *www.AARP.org/taxaide.***

VETERANS' BENEFITS

For veterans of service with the armed forces of the United States, there are services and programs offered by the U.S. Department of Veterans Affairs (VA), especially for those who are wartime veterans.

There are eligibility or other requirements connected with the various benefits. You may be eligible if you were discharged under other than dishonorable conditions and you served 90 days or more of active duty with at least 1 day during a period of wartime. In addition to federal benefits, there are also benefits and services available to eligible veterans who are residents of NJ. These benefits are provided by the NJ Department of Military and Veterans' Affairs.

VA Welcoming Vets Home - **Welcome home and *thank you* for your service to our country!** The Department of Veterans Affairs (VA) has launched its "Returning Veterans; website – ***www.oefoif.va.gov*** - to welcome home veterans. The website is a social, veteran –centric web site focusing on their needs and questions. Following are some of the benefits VA provides.

Veterans' Pensions -To qualify for veterans compensation and pensions, you must have a service related disability and have received an honorable discharge. Veterans who served in a war, whose incomes are low, will not be considered totally disabled and eligible for a pension unless the VA determines that they are not employable.

Disability Compensation - The VA pays compensation on disabilities incurred in, or aggravated by, military service. Wartime Veterans with service-connected disabilities with limited income who are no longer able to work may qualify. Some income is not counted toward the yearly limit, but eligibility requirements include family income. The VA payments will be the difference between your family income and the yearly income limit, which describes your situation.

VETERANS' BENEFITS

Medical Care - VA Health Care Programs offer quality care in the most efficient manner. The goal is to prevent and lessen the burden of disability on older, frail chronically ill patients and their families/caregivers, and to maximize each patient's independence. Eligibility for VA outpatient treatment, inpatient care and nursing home care is subject to various constraints and restrictions.

Veterans who may be eligible for the US Department of Veterans Affairs' (VA) health benefits should call for information toll-free at **1-877-222-8387**. If there is a medical emergency or need for immediate crisis counseling, please go to your nearest medical facility emergency room or call **911**. Veterans' Crisis Intervention Hotline **1-888-899-9377**, Suicide Hotline **1-800-273-TALK (1-800-273-8255)** counselors are available 24 hours a day.

Prescription Drug Coverage - You may be eligible for the VA low-cost prescription drug program if your present illness is not service connected. If you are being provided treatment, necessary prescriptions will also be provided. A co-payment is charged for each 30 day or less supply of medications provided on an outpatient basis for the treatment of a nonservice-connected disability. Veterans with a service-connected disability rated 50% or more and veterans who meet income requirements are exempt from paying this co-payment.

Home Loans - VA guaranteed loans are made by private lenders, such as banks or mortgage companies to eligible veterans for the purchase of a **home which must be for their own personal occupancy**. The VA offers home loan guarantees as protection against default.

Homelessness - As part of the national VA effort to assist homeless veterans, grants have been awarded to non-profit and local government agencies to develop or expand programs to provide services to homeless veterans. Eligible transitional projects serve

Homelessness, cont.

veterans in need of housing and supportive services, and provide outreach and referral, vocational counseling, rehabilitation and community support.

Death Benefits - Death benefits may be provided to eligible widow(er)s, and children of qualified veterans. Survivors may also take advantage of burial expense assistance - burial flags, headstone or grave markers, burial plot in a national cemetery, memorial markers, or memorial plots. If the death is service related VA will pay up to $1,500 toward the burial expenses. If the death is nonservice related, VA will pay up to $300 toward burial and funeral expenses and a $150 plot interment allowance.

Denial of Benefits - Persons who have been denied veterans' benefits, or had their payments or services stopped or reduced, have certain appeals procedures available free of charge. Contact the VA for information.

Other Services, Benefits - Other services or benefits to veterans which may be provided through the VA include: dental care, prosthetic devices, special assistance to the blind, grants for specially adapted housing, federal employment preference, and Military Exchange & Commissary Privileges.

Uniformed Services Beneficiaries - All uniformed services beneficiaries 65 years of age or older who are eligible for Medicare must be enrolled in Medicare Part B to use the pharmacy program. They will be able to use the military's National Mail Order Pharmacy Program to buy a 90-day supply of a drug or a 30-day supply of brand-name prescription drugs, or a 30-day supply of generic prescription drugs. For those outside of the TRICARE network, you can get prescriptions mail order or a non-network retail benefit that has a deductible and a co-payment. If you are near a base pharmacy and get your prescriptions there, they will be **free**.

VETERANS' BENEFITS

Uniformed Services Beneficiaries, cont.

For information about **TRICARE** call **1-877-874-2273** or for TRICARE **pharmacy** information **1-877-363-6337**.

During a Special Enrollment Period, uniformed services retirees were given the opportunity to enroll in Medicare Part B, TRICARE Prime (the military's managed-care plan) or choose a civilian provider with no penalties imposed**. Eligible retirees who turned down enrollment in Medicare Part B during this "open enrollment" period are ineligible for TRICARE benefits.**

TRICARE For Life - the Medicare-wraparound coverage for TRICARE beneficiaries entitled to Medicare Part A and purchase Medicare Part B. **Payment of the monthly Medicare premium is required**. Supplemental insurance policies may not be necessary as TRICARE programs offer comprehensive health benefits. For services covered by Medicare and TRICARE, TRICARE will pick up whatever costs, fees, or deductible Medicare does not.

For services not covered by Medicare or TRICARE, you are responsible for the entire bill.

For TRICARE **eligibility** information and other military retiree benefit questions, please call **1-800-538-9552** or visit website ***www.tricare.osd.mil*.**

Veterans' Information - To contact the U.S. Department of Veterans Affairs' (VA) telephone **1-800-827-1000**.

Additional VA Assistance

For the VA Health Benefits:

- Service Center, call toll-free at **1-877-222-VETS (8387)**; TDD - **1-800-829-4833**
- Caregivers Support - **1-855-260-3274**
- Education & Training - **1-888-442-4551**

VETERANS' BENEFITS

Additional VA Assistance, cont.

- Family Caregivers Support - **1-855-260-3274**
- Headstones/Markers - **1-800-697-6947**
- Life Insurance - **1-800-669-8477**
- Special Issues - **1-800-749-8387**
- VA Inspector General - **1-800-488-8244**

Information and assistance may also be obtained from the NJ Department of Military & Veterans' Affairs, Eggerts Crossing Road, PO Box 340, Trenton, NJ 08625-0340, telephone toll-free **1-888-8NJ-VETS (1-888-865-8387)** or 609-530-6868 or visit the website ***www.nj.gov/military*** or ***www.va.gov.***

VOLUNTEER OPPORTUNITIES

THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)

The Corporation for National and Community Service engages Americans in service through Senior Corps, AmeriCorps, and Learn and Serve America. CNCS explore, develop, and model effective approaches for using volunteers to meet the nation's human needs, and conducts and disseminates research that helps develop and cultivate knowledge that will enhance the overall effectiveness of national and community service programs. The corporation helps to meet local needs through a wide array of service opportunities.

The National Senior Service Corps - or SENIOR CORPS - Serving through local sponsoring agencies and organizations, the SENIOR CORPS connects today's seniors with the people and organizations that need them most. Older adults have the opportunities to make a difference to others and get things done in the community as mentors, coaches or companions to people in need, or contribute their job skills and expertise to community

VOLUNTEER OPPORTUNITIES

The National Senior Service Corps - or SENIOR CORPS, cont.

projects and organizations. Volunteers for SENIOR CORPS must be 55 years of age or over. Those who meet certain income guidelines may receive a small stipend.

Foster Grandparent Program (FGP) - provides stipends, transportation and other support services to low-income elders working as part-time volunteers who provide one-on-one assistance to children with special and exceptional needs. They serve children who have disabilities, those who are abused and neglected, and teen parents and their children. Some members care for children who are HIV-positive or addicted to drugs. You serve as mentors to youth and help children learn to read, provide one-on-one tutoring, and guide children at a critical time in their lives. You give the kind of comfort and love that sets a child on the path toward a successful future.

Retired and Senior Volunteer Program (RSVP) - The program provides a variety of opportunities for retired persons aged 60 or older to participate more fully in the life of their community through significant volunteer service. Retired or semi-retired persons serve in a variety of agencies, organizations, and institutions designated as volunteer stations. These include courts, schools, libraries, day care centers, hospitals, nursing homes, Boy and Girl Scout offices, economic development agencies, and other community service centers. RSVP volunteers serve without compensation, but may be reimbursed for such expenses as transportation.

Senior Companion Program (SCP) - The Senior Companion Program (SCP) offers part-time volunteer community service opportunities for low-income persons age 60 and over. The volunteers work in community service activities serving adults with physical, mental or emotional impairments. They assist primarily homebound frail elderly persons and others with special needs. Services may include short-term acute care assistance, non-medical

Senior Companion Program (SCP), cont.

personal care and social/recreational activities. Volunteers receive a modest stipend and other benefits.

Program Availability - Not every county in NJ offers opportunities to serve in FGP, RSVP or SCP programs. To find out if any of these programs are available in your area, contact Senior Corps, 44 South Clinton, Suite 312, Trenton, NJ 08609-1507, 609-989-2246, Fax: 609-989-2304 or, 1201 New York Avenue, NW, Washington, DC 20525, 1-202-606-5000, TTY: **1-800-833-3722**.

PEACE CORPS

There is no upper age limit for service with the Peace Corps. The Peace Corps actively recruits older persons to serve as senior volunteers. Persons accepted as volunteers agree to spend at least two years assisting people of developing countries with meeting their basic needs for food, health care, shelter, education, and economic development. While volunteers continue to do important work like bringing clean water to communities and teaching children, today's volunteers also work in areas like HIV/AIDS awareness, information technology, and business development. Volunteers are trained for living in different cultures and in the jobs they will do.

Volunteers receive a monthly living allowance, health services, and vacation. In addition, there is a readjustment allowance set aside by the Peace Corps, payable upon completion of service. Some student loans are eligible for deferment and some for partial cancellation. A life insurance policy is optional, but all volunteers are covered by the Federal Employees Compensation Act for disabilities incurred in training and during service. By itself, service with the Peace Corps will not affect a volunteer's Social Security benefits, or federal civil service/military pension. Service as a volunteer is counted as time in service for the

PEACE CORPS, cont.

purpose of accruing years employed by the federal government. To have time spent as a volunteer count toward federal retirement; a volunteer must be employed with the federal government for at least one year following service with the Peace Corps. Unlike other international volunteer programs, there is no fee to participate in the Peace Corps.

Information - Call the Peace Corps Recruiting Office, toll-free, at **1-800-424-8580**, or contact Peace Corps, 201 N. Varick St., Suite 1025, New York, NY 10014, 212-352-5440, Fax 212-352-5441, ***nyinfo@peacecorps.gov.***

SCORE PROGRAMS

Service Corps of Retired Executives (SCORE) is a volunteer program of the U.S. Small Business Administration (SBA). Through SCORE, volunteer business executives with management and technical expertise are connected with owners/managers of small businesses needing management counseling. SCORE volunteers provide confidential business mentoring services, both in person and online. Volunteering as a SCORE mentor means you are joining a community of volunteers who are committed to helping small business owners succeed.

SCORE volunteers work in their home communities or nearby. They provide their services without charge but are reimbursed for out-of-pocket expenses. Almost any small independent business not dominant in its field can apply to SCORE. The approach is completely confidential, person-to-person, and at no cost to the small business. A business does not have to have a SBA loan to qualify nor even to be in operation yet. Pre-business consulting is an important part of these services.

SCORE Programs, cont.

To find out the location of the office nearest you, and the day(s) and hours of operation, contact the SCORE Northwest, Central or Southern office. The addresses of these offices are as follows:

U.S. Small Business Administration (SBA)

Northwest NJ SCORE
c/o CCM Morristown
30 Schuyler Place - Suite 220,
Morristown, NJ 07960
973- 442-6400

Central Jersey SCORE
Raritan Valley College
14 Vogt Drive
Bridgewater, NJ 08807
908-526-1200 (8235)
E-mail:
chap14admin@centraljersey-score.org

Southern New Jersey SCORE
Burlington County College
100 Technology Way
Mount Laurel, NJ 08054
856-457-8372

1-800-634-0245 - w*ww.score.org*

AMERICORPS

AmeriCorps (the domestic Peace Corps) is the national service program that provides people of all ages and backgrounds with education awards in exchange for a year or two of community service.

To find out more about AmeriCorps and other national service programs, please contact New Jersey National & Community Service, 44 South Clinton, Suite 312, Trenton, NJ 08609, 609-989-2246 ***www.state.nj.us/state/programs/dos_program_americorps.html.***

VOLUNTEERS IN SERVICE TO AMERICA (VISTA)

Volunteers in Service to America (VISTA) is a volunteer program for persons 18 years of age or older to work with low-income persons to assist them in improving the conditions of their lives. VISTA volunteers are assigned to local sponsors who may be state or local public agencies, or private non-profit organizations. They live and work among the poor, sharing their skills and experience in areas such as: drug abuse, literacy, employment training, food

VOLUNTEER OPPORTUNITIES

VISTA, cont.

distribution, shelter for the homeless, neighborhood revitalization, domestic violence, health outreach and education, and senior nutrition.

For more information on the VISTA program, contact the NJ Corporation for National Service, 44 South Clinton Ave., Suite 312, Trenton, NJ 08609, telephone 609-989-2246. To learn more about National Service call 202-606-5000 or TTY **1-800-833-3722**.

The Corporation for National and Community Service leads the national call to service initiative.

For further information contact Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, DC 20525, 202-606-5000, TTY: **1-800-833-3722**, e-mail: ***info@cns.gov***. or visit ***NationalService.gov*** or ***Serve.gov***.

Appendix

Area Agencies on Aging/ADRC

ADRC TOLL-FREE 1-877-222-3737

ATLANTIC COUNTY DIVISION OF INTERGENERATIONAL SERVICES 1-609-645-7700

Ext. 4700, Shoreview Building, Office 222, 101 South Shore Road, Northfield 08225

BERGEN COUNTY DIVISION OF SENIOR SERVICES 201-336-7400

One Bergen County Plaza, 2nd Floor, Hackensack 07601-7000

BURLINGTON COUNTY OFFICE ON AGING 609-265-5069

County Office Building, 49 Rancocas Road, PO Box 6000, Mt. Holly 08060

CAMDEN COUNTY DIVISION OF SENIOR and DISABLED SERVICES 856-858-3220

Parkview on the Terrace, 700 Browning Road, Suite 11, West Collingswood 08107

CAPE MAY COUNTY DEPARTMENT OF AGING & DISABILITY SERVICES

609-886-2784/2785, Social Services Building, 4005 Route 9, South, Rio Grande 08242

CUMBERLAND COUNTY OFFICE ON AGING & DISABLED 856-453-2220/2221

Administration Building, 800 East Commerce Street, Bridgeton 08302

ESSEX COUNTY DIVISION OF SENIOR SERVICES 973-395-8375

900 Bloomfield Avenue, Verona 07044

GLOUCESTER COUNTY DIVISION OF SENIOR SERVICES 856-384-6900

115 Budd Boulevard, West Deptford, NJ 08096

HUDSON COUNTY OFFICE ON AGING 201-369-4313

595 County Avenue, Building 2, Secaucus 07094

HUNTERDON COUNTY DIVISION OF SENIOR, DISABILITIES AND VETERANS SERVICES

908-788-1361/1362/1363, 4 Gaunt Place, Bldg. 1, P.O. Box 2900, Flemington 08822-2900

AREA AGENCIES ON AGING/ADRC, cont.

MERCER COUNTY OFFICE ON AGING 609-989-6661/6662

640 South Broad Street, P.O. Box 8068, Trenton 08650

MIDDLESEX COUNTY OFFICE OF AGING AND DISABLED SERVICES 732-745-3295

John F. Kennedy Square, 5th Floor, New Brunswick 08901

MONMOUTH COUNTY DIVISION ON AGING, DISABILITIES & VETERANS SERVICES

732-431-7450, 21 Main and Court Center, Freehold 07728

MORRIS COUNTY DIVISION ON SENIORS, DISABILITIES AND VETERANS 973-285-6848

340 West Hanover Avenue, Ground Floor, PO Box 900, Morristown 07963-0900

OCEAN COUNTY OFFICE OF SENIOR SERVICES 732-929-2091

1027 Hooper Avenue, Building #2, P.O. Box 2191, Toms River 08754-2191

PASSAIC COUNTY DEPARTMENT OF SENIOR SERVICES, DISABILITIES & VETERANS'

AFFAIRS 973-569-4060, 930 Riverview Drive, Suite 200, Totowa, NJ 07512

SALEM COUNTY OFFICE ON AGING 856-339-8622

98 Market Street, Salem 08079

SOMERSET COUNTY AGING AND DISABILITY SERVICES 908-704-6346

27 Warren Street, First Floor, PO Box 3000, Somerville 08876-1262

SUSSEX COUNTY DIVISION OF SENIOR SERVICES 973-579-0555

Administrative Center, 1 Spring Street, 2nd Floor, Newton 07860

UNION COUNTY DIVISION ON AGING 908-527-4870

County Administration Building, Elizabeth 07207

WARREN COUNTY DIVISION OF AGING & DISABILITY SERVICES 908-475-6591

165 County Road, Suite 245, Route 519 South, Belvidere 07823-1949

SUMMARY OF TOLL-FREE TELEPHONE NUMBERS USED IN THIS PUBLICATION

Aging and Disability Resource Connection (ADRC)..... **1-877-222-3737**

Area Agency on Aging/ADRC (AoA)..... **1-877-222-3737**

Citizen Information Center (Federal)(FCIC)..... **1 800 FED-INFO (1-800-333-4636)**

Civil Service Retirement (Federal)..... **1-888-767-6738**

Continuing Coverage After Leaving Employment (COBRA)..... **1-866-444-EBSA (1-866-444-3272)**

Direct Deposit (Social Security)..... **1-800-333-1795**

Division on Civil Rights (NJ)..... **1-800-830-0647**

Employee Benefits Security Administration (DOL)..... **1-866-444-3272**

Employee Plans Technical & Actuarial Division (IRS)..... **1-877-829-5500**

Equal Employment Opportunity Commission (U.S.) (EEOC)..... **1-800-669-4000**

FamilyCare (NJ Medicaid)..... **1-800-356-1561**

Food Stamp Program
(Supplemental Nutrition Assistance Program (NJ_SNAP)) **1-800-687-9512**

SNAP (Food Stamp) Fraud Activity..... **1-800-424-9121**

Health Benefit Plans (Federal)..... **1-866-275-7922**

Health Centers (Federal Qualified) - Medicare (FQHCs)..... **1-800-328-3838**

Health Coverage Tax Credit..... **1-866-626-4282**

Historic Sites or Parks (New Jersey)..... **1-800 843-6420**

..... TTY **1-800-852-7899**

Homeless/Homeless Prevention..... **1-866-889-6270**

Housing and Mortgage Finance Agency (New Jersey)..... **1-800-NJ-HOUSE (1-800-654-6873)**

SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont.

Housing and Urban Development (US HUD)..... **1-800-669-9777**

Housing Call Resource Center (HUD)..... **1-800-955-2232**

Housing Lists..... **1-800-792-8820**

Internal Revenue Service (IRS) Publications..... **1-800-829-3676**

Life Insurance..... **1-800-669-8477**

Low Income Home Energy Assistance Program (LIHEAP)..... **1-800-510-3102**

Meal Services (Programs Providing)..... **1-877-222-3737**

Medicare..... **1-800-MEDICARE**

(1-800-633-4227)

Medicare TTY..... **1-877-486-2048**

Military & Veterans' Affairs (NJ)..... **1-888-8NJ-VETS**

1-888-865-8387

New Jersey Primary Care Association (NJPCA)..... **1-800-328-3838**

NJ Protect (Pre-existing Condition Insurance) Contacts

..... AmeriHealth of New Jersey **1-866-681-7368**

..... Horizon Blue Cross Blue Shield of NJ **1-888-551-2130**

Nutrition Programs (Senior)..... **1-877-222-3737**

Parks (American the Beautiful)

Federal Recreational Lands Pass..... **1-877-465-2727**

Patients' Rights, Quality of Care Complaints..... **1-800-624-4557**

Peace Corps..... **1-800-424-8580**

Pension Benefit Guaranty Corporation (PBGC) (Federal)..... **1-800-400-7242**

Pension Counseling Center..... **1-800-355-7714**

Pension Plan Administration (Federal)..... **1-800-736-2444**

SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont.

Pension Plan Regulations (ERISA) (Private Federal)..... **1-877-829-5500**

Pension Rights Center..... **1-800-355-7714**

Personnel Management (U.S.)..... **1-888-767-6738**

Prescription Help Rx4NJ..... **1-888-793-6765**

Railroad Retirement Board..... **1-877-772-5520**

Railroad Retirement Medicare Information..... **1-877-772-5772**

Reverse Mortgage Education Program

(AARP)..... **1-800-209-8085**

National Council on Aging (NCOA)..... **1-800- 510-0301**

Senior Medicare Patrol Project (SMP of NJ)..... **1-877-767-4359**

Service Corps (National) - or SENIOR CORPS..... **1-800-942-2677**

Service Corps of Retired Executives (SCORE)..... **1-800-634-0245**

Small Business Administration (SBA) (U.S.)..... **1-800-634-0245**

Social Security..... **1-800-772-1213**

Social Security TTY..... **1-800-325-0778**

Special Issues..... **1-800-749-8387**

State Health Insurance Assistance Program (SHIP)..... **1-800-792-8820**

Supplemental Nutrition Assistance Program (SNAP Fraud)

(Food Stamp Fraud)..... **1-800-424-9121**

Tax-Aide Sites (AARP)..... **1-888-227-7669**

Taxpayer Advocate Service (Internal Revenue Service (IRS)..... **1-877-777-4778**

. Taxpayer TDD..... **1-800-829-4833**

Tax Counseling/Assistance - Internal Revenue Service (IRS)... **1-800-829-1040**

TRICARE..... **1-877-874-2273**

SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont.

TRICARE Eligibility..... **1-800-538-9552**

TRICARE Pharmacy..... **1-877-363-6337**

TRICARE TTY..... **1-866-626-4282**

Universal Service Fund (USF)..... **1-866-240-1347**

Veterans' Information

Crisis Intervention Hotline..... **1-888-899-9377**

General Information..... **1-800-827-1000**

Headstones/Markers..... **1-800-697-6947**

Inspector General..... **1-800-488-8244**

Health Benefits Service Center..... **1-877-222-VETS**

(1-877-222-8387)

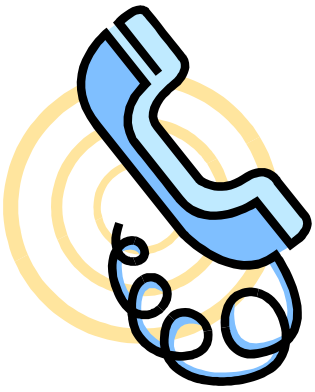
Life Insurance..... **1-800-669-8477**

Special Issues..... **1-800-749-8387**

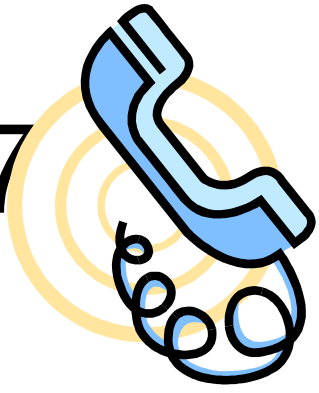
Suicide Hotline..... **1-800-273-TALK**

..... **(1-800-273-8255)**

Weatherization Assistance Program..... **1-866-551-7165**



1-877-222-3737



For information on benefits, programs and services provided to older persons by the State of New Jersey, please consult our companion publication, STATEWIDE BENEFITS FOR OLDER PERSONS.