

# FEDERAL PROGRAMS FOR OLDER PERSONS

New Jersey Department of Health and Senior Services  
Division of Aging and Community 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 the Area Agency on Aging in your county at **1-877-222-3737** if you are unable to reach an office listed as the contact point to receive further information or call the New Jersey toll-free number **1-800-792-8820** or **609-943-3437**, Monday through Friday, 8:30 A.M. - 5:00 P.M., to inquire if more current contact information is available.

For your convenience, a list of Area Agencies on Aging is included with this guide.

We hope this information proves helpful.

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## **NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES**

**Who we are**

**What we do**

**Whom we serve**

**O**ur mission is to foster accessible and high-quality health and senior services to help all people in New Jersey achieve optimal health, dignity and independence. We work to prevent disease, promote and protect well-being at all life stages and encourage informed choices that enrich quality of life for individuals and communities.

**W**e will accomplish our mission through leadership, collaborative partnerships, accountability, and advocacy—especially for those who need us most—and a strong commitment to informing and serving the diverse consumers of this state.

## **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 & 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 and Community Services within the NJ Department of Health and Senior Services. The Division allocates the funds under the Act to the 21 County Area Agencies on Aging (AAAs). Each AAA 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 at **1-877-222-3737**. (For the addresses of the Area Agencies on Aging in NJ, please see pages 68 and 69).

## **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.

For more information call **1 (800) FED-INFO (1-800-333-4636)** or visit the FCIC website at **[www.pueblo.gsa.gov](http://www.pueblo.gsa.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+ (WF55+). The main objective of the WorkForce 55+ SCSEP 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;
- 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 New Jersey Department of Labor and Workforce Development, Division of One Stop Programs and Services, PO Box 055, Trenton, NJ 08625-0055, telephone 609-943-5107 or information can be obtained by calling **NJ EASE** toll-free at **1-877-222-3737**.

### **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

## **EMPLOYMENT**

### **EMPLOYMENT AND TRAINING (ONE-STOP CAREER SYSTEM), cont.**

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. For more information contact the New Jersey Department of Labor and Workforce Development, Division of One Stop Programs and Services, PO Box 055, Trenton, NJ 08625-0055, telephone 609-292-5005 or call NJ EASE toll-free number 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](http://www.ssa.gov)**) to obtain further information regarding eligibility and enrollment.

**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), Medicare Advantage Private Fee-For-Service Plan (PFFS), Medicare Advantage Special Needs Plan or a Medicare Advantage Medical Saving Account (MSA) Plan.

**No matter which option you choose, you have Medicare.**

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare**, cont.

**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.

**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. There are 12 standard Medigap policies and each offers a different combination of benefits that fill different gaps in Original Medicare. The benefits for each plan are the same no matter which company offers them. 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, you may not be able to buy the policy of your choice. Medigap supplement policies are "guaranteed renewable". The policy cannot be cancelled or non-renewed for any reason except non-payment of premium.

### **Medicare Enrollment Periods**

The changes an individual can make to their Medicare coverage depends on the enrollment period.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Enrollment Periods**, cont.

**Annual Enrollment Period (AEP)** allows individuals to join or leave a Medicare Advantage Plan, switch to Original Medicare, or join or leave a Medicare prescription drug plan.

**Medicare Advantage Open Enrollment Period (OEP)** occurs from January 1 through March 31 every year. Enrollees can join a new plan, switch plans, or return to Original Medicare. The changes made during this period will be effective the first day of the month after the plan gets the person's enrollment form. The OEP can be used to switch to a different plan or type of plan, but it **cannot be used to change whether or not a person is enrolled in Medicare prescription drug coverage**.

**Special Enrollment Period** is for people who have joined a MA plan for the first time and allows them to drop their MA plan and enroll in Original Medicare anytime within the first **12 months** of their MA plan coverage. They also have a guaranteed issue opportunity to purchase a Medigap (Medicare supplement) policy.

**Annual Election Period** is also referred to as the Medicare fall open enrollment period from November 15 – December 31. People can make changes in their plan enrollment, including choosing which Medicare Advantage Plan or Medicare Prescription Drug Plan they want to join for the upcoming year. They can also choose to return to Original Medicare. Their new plan will start the following January 1.

### **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.

## **HEALTH AND INSURANCE PROGRAMS**

### **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.

**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 coinsurance. 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

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Hospital Insurance Program (Part A), cont.**

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 following **at least a 3-day hospital stay**. Coverage includes the intermittent services of a skilled nurse and the services of physical, occupational and speech-language therapists when furnished through a Medicare-certified home health agency. Part A can also cover reasonable and necessary part-time or intermittent home health aide, durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers) provided under a plan of care established and periodically reviewed by a physician. Part A does not cover full-time nursing care, drugs, meals delivered to your home or homemaker

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Hospital Insurance Program (Part A), cont.**

services that are primarily to assist you in meeting personal care or housekeeping needs.

Medicare beneficiaries may occasionally leave their home for special non-medical events for brief periods without risking termination of their home health benefits coverage.

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.

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.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Hospital Insurance Program (Part A), cont.**

**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, 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.chcs.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 doesn't pay and; (9) other health services and supplies which are not covered by Medicare Hospital Insurance.

#### **A monthly premium is charged.**

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**

### **Medicare Medical Insurance Program (Part B)**, cont.

**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 percent more than the Medicare-approved amount.

**Medicare Mental Health Services** - Medicare's outpatient mental health services coinsurance rate of 50% is being gradually reduced to 20%, the same rate that applies to other types of outpatient medical care. The coinsurance rate of 20% is being phased in over a six-year period beginning in 2008.

**Transplant Services** – Under certain conditions Medicare benefits help pay for immunosuppressive drugs prescribed following organ transplants and certain oral cancer drugs. Chemotherapy for the treatment of disease by means of chemical substances or drugs is also covered. **You will need both Part A and Part B in order for Medicare to cover certain dialysis and kidney transplant services.**

### **Medicare Prescription Drug Coverage (Part D)**

A new federal program offering prescription drug coverage for Medicare beneficiaries began on January 1, 2006. The Medicare prescription drug coverage provides greater peace of mind by protecting you from unexpected drug expenses. This coverage 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

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Prescription Drug Coverage (Part D), cont.**

uses. In January 2009 Medicare began accepting 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 Health & Senior Services.

**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.**

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Prescription Drug Coverage 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," the plan pays no benefit; you pay all of your drug costs. In the gap your expense may be several thousand dollars. Most of the Medicare drug plans provide coverage if you have an unexpected illness or injury that results in extremely high drug costs (called catastrophic coverage). Once you have paid the out-of-pocket for drug costs in a calendar year, your drug costs above that amount may be covered.

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

- ❑ 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](http://www.rx4nj.org)**.
- ❑ If you have limited income and resources, you may qualify for extra help paying for your prescription drugs.

**Contact Social Security by calling 1-800-772-1213. TTY users should call**

## **HEALTH AND INSURANCE PROGRAMS**

**Medicare Prescription Drug Coverage Gap**, cont.

**1-800-325-0778** or visit **[www.socialsecurity.gov](http://www.socialsecurity.gov)** or you can call your State Health Insurance Assistance Program (SHIP). **1-800-792-8820**

### **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 Medical Insurance will cover manual chiropractic manipulation of the spine and/or physiological function of the spine.

**Eyeglasses** – Medicare Medical Insurance can help pay for your first pair of eyeglasses after cataract surgery. Medicare may also cover some types of tints and coatings if your doctor prescribes them. The supplier will submit the claim to Medicare.

**Foot Care** – Medicare Part B Medical Insurance will cover regular foot care once every six months for diabetic patients with peripheral neuropathy, a nerve condition that lessens their ability to feel pain.

**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**

**Abdominal Aortic Aneurysm (AAA) 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. For the AAA screening ultrasound, you pay 20 percent of the Medicare-approved amount with no Part B deductible.

**Cardiovascular Disease Screening Blood Tests** - Medicare will cover blood tests every five years to screen for cholesterol, lipid and triglyceride levels. Medicare will pay 100 percent of its approved amount for these tests, even if you have not yet met the Part B deductible.

**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 or a barium enema as an alternative. You pay nothing for the fecal occult blood test. For all other screening tests (i.e. sigmoidoscopy and colonoscopy), the coinsurance or copayment applies, but the Medicare Part B deductible is waived.

**Diabetes Education** - Medicare Part B covers a wider 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. These benefits are subject to the Medicare Part B deductible and coinsurance. Every 12 months Medicare will cover the laboratory tests to screen high-risk individuals for diabetes.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Preventive Services**, 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. Medicare covers 80% of the Medicare-approved amount for glaucoma screening after the individual has paid the deductible for Part B services.

**Bone Mass Measurement** - Medicare will provide one bone mass measurement every two years (24 months) for beneficiaries at risk for osteoporosis and other bone abnormalities. These tests will help to identify bone mass, detect bone loss, or determine bone quality. The tests are subject to the Part B deductible and coinsurance.

**Preventive Physical Examination** – Medicare will cover a one-time (“Welcome to Medicare”) review of your health. This doctor visit may include education and counseling about preventive services, certain screenings, shots and referrals for other care, if needed. Starting January 1, 2009, Medicare will cover this exam if you get it within the first 12 months you have Part B. **Important:** You pay 20% of the Medicare-approved amount and the Part B deductible no longer applies. **Medicare will not cover routine physicals.**

**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.

**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. Payment for the “Flu Shot” and its administration is at 100% of the Medicare allowed amount when given by doctors who accept Medicare assignment.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Preventive Services**, cont.

**Pneumococcal Vaccine** - Medicare Part B pays the full-approved charges for pneumococcal vaccine and its administration. A Medicare certified physician must administer the vaccine. No Medicare deductible or coinsurance is applicable.

**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.

**"Pap Smear" 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. The Part B deductible is waived but the service is subject to the 20% co-pay.

**Prostate Cancer Screening** - Medicare Part B will cover annual preventive screenings for prostate cancer for Medicare eligible men aged 50 and older. This will include the prostate specific antigen (PSA) test as well as the digital rectal exam. Medicare will pay 100% of the Medicare-approved amount for the PSA test and 80% of the Medicare-approved amount for the digital rectal examination after the annual Medicare Part B deductible is met.

**Mammogram** - Medicare Part B Insurance helps pay for annual breast examinations, x-ray screenings and new digital technologies for mammogram screenings. For Medicare-eligible women aged 35 – 39 Medicare pays for a baseline mammogram. For Medicare-eligible women aged 40 and older Medicare pays for an annual mammogram. The Part B deductible is waived, but the 20% co-pay applies. Medicare also pays for diagnostic mammograms as needed when symptoms are present.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Preventive Services**, cont.

**Medical Nutrition Therapy** – Medicare Part B will cover medical nutrition therapy for people with diabetes, chronic renal disease (but not on dialysis), and post-transplant patients when referred by a doctor. The services must be provided by registered dietitians or other qualified nutrition professionals. 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. Medicare covers 80% of the Medicare-approved amount for Medical Nutrition Therapy after the individual has paid the deductible for Part B services.

**Smoking Cessation (Counseling to quit smoking)** - People with Medicare who are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco are covered for up to eight counseling visits during a 12-month period. Medicare will pay 80 percent of the Medicare-approved amount after you pay the Part B deductible.

**Durable Medical Equipment/Supplies** - Under very specific guidelines, Medicare Part B helps pay for 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. Your supplier must have a Medicare approved number. If you have any questions about claims or payments relating to durable medical equipment or supplies telephone toll-free **1-800-Medicare (1-800-633-4227)**.

### **Medicare Part A and Part B Carriers**

Medicare is replacing its current private claims payment contractors for Medicare Part A and Medicare Part B fiscal intermediaries with entities called **Medicare Administrative Contractors (MACs)** except for Railroad Retirement retirees. Railroad Retirement beneficiaries entitled to Medicare, physicians and other suppliers (except for DMEPOS

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Part A and Part B Carriers, cont.**

suppliers) will continue to enroll with and bill the contractor designated by the Railroad Retirement Board for Part B services furnished to these beneficiaries. The MAC's will handle major business functions of contractors such as - Claims Processing, Beneficiary and Provider Customer Service, Appeals, Provider Education, Financial Management, Provider Enrollment, Reimbursement, Payment Safeguards and Information Systems Security.

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 **1-800-833-4455** or **1-800-808-0772**. More descriptions of services covered under Part B can be found in the **MEDICARE AND YOU** publication.

**Electronic Handbook (eHandbook)** - You can now choose to receive the annual "Medicare & You" handbook electronically (also called the eHandbook). 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 for 2010. You will not receive a copy of the handbook by mail if you select to receive it electronically.

**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:

- routine dental care and dentures
- custodial care (help with bathing, dressing, toileting and eating)
- cosmetic surgery, wigs, hearing aids and routine eye care
- routine foot care and orthopedic shoes
- routine physical exams and acupuncture
- most health care outside the United States and its territories

## **HEALTH AND INSURANCE PROGRAMS**

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

**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. 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.**

### **Medicare Advantage Program (Part C)**

The Medicare Advantage 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), private fee-for-service plans (PFFS), medical savings accounts (MSAs), 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).

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Advantage Program Plans, cont.**

- ❑ 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

#### **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.**

**Medicare Advantage Managed Care Plans** - Managed care plans provide all of Medicare's benefits and frequently more. They have agreed to provide care to beneficiaries in exchange for a predetermined amount of money from Medicare every month. The managed care plans provide most of Medicare's benefits through a network of doctors and hospitals on an approved list. You generally must receive all covered care through the plan or from health care professionals to whom the plan refers you. Some plans may offer supplemental benefits for which you pay a separate premium. Services may be obtained outside the network if you are willing to pay extra. **If you receive services not authorized by the plan, neither the plan nor Medicare will pay.**

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Advantage Program Plans**, cont.

**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. In most cases, if you receive services not authorized by the plan, neither the plan nor Medicare will pay.

**Medicare Advantage Preferred-Provider Organization (PPO) (also referred to as a Point of Service Plan - POS)** - 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.

**Provider-Sponsored Organization (PSO)** - PSOs are owned and operated by doctors, hospitals or an affiliated group of health care providers that provide a substantial portion of health services to beneficiaries. You must use the plan's doctors, hospitals and affiliated providers.

**Religious Fraternal Benefit Society Plans (RFBS)** - RFBS plans are offered by a Religious Fraternal Benefit Society that may restrict enrollment to members of the group with which the society is affiliated.

**Private Fee-For-Service Plan (PFFS)** - A Private-Fee-For-Service plan is a Medicare health plan offered by a private insurance company. In a Private Fee-for-Service plan, Medicare pays a set amount of money every month to the private company to provide health care coverage to people with Medicare on a pay-per-visit arrangement.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Advantage Program Plans**, cont.

Each year insurance companies offering Private Fee-for-Service plans can decide to join or leave Medicare.

- In Private Fee-for-Service plans, you may go to any doctor or hospital
- You can get services outside your service area
- You get all services covered under Medicare Part A and Part B
- You may have extra benefits the Medicare Plan does not cover, like outpatient prescription drugs, but you may have to pay more for these extra benefits
- Private Fee-for-Service plans can charge you a premium amount above the Medicare Part B premium
- Private Fee-for-Service plans can charge deductible and coinsurance amounts that are different than those under the Original Medicare Plan

Private Fee-for-Service plans may let providers charge you **15% over** the plan's payment amount for services. This 15% balance billing amount applies to providers who have a written contract with the Private Fee-for-Service Plan or who the company has decided to think of as having a contract because they have met certain conditions. If the provider does not have a contract with the Private Fee-for-Service plan, or is not deemed to have a contract with the plan, the provider cannot charge you more than the plan's cost sharing amount. Because this could affect how much you will pay for services, find out if your Private Fee-for-Service plan allows balance billing and what other costs you may have. Even if balance billing is allowed, your provider may be willing to accept the plan's payment in full.

**Note: The insurance company, rather than the Medicare Program, decides how much you pay for the services you get.**

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Advantage Program Plans**, cont.

**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 Medicaid/NJ FamilyCare, those who reside in a nursing home, or those who have certain chronic medical conditions. New guidelines that **take effect in 2010** 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 Medical Saving Account (MSA)** –MSA Plans combine a high deductible Medicare Advantage Plan (like an HMO or PPO) with a Medical Savings Account for medical expenses. A Medicare MSA Plan has two parts. One part is the **Medicare MSA, a special type of savings account**. We will call this the “**Account**”. The Account holds money for you to use to pay your medical bills. The money in your Account is not taxed if it is used for qualified medical expenses, and it may earn interest or dividends.

The other part of a Medicare MSA Plan is the **Medicare MSA Health Policy**. We will call this the “**Policy**”. This is a special health insurance policy that has a high annual deductible. You choose the Policy you want to use as part of your Medicare MSA Plan. The Medicare program must have approved this Policy. An insurance company offers the Policy to you, and it must be designed to work as part of a Medicare MSA Plan. You also choose the bank or other institution where your Account is set up. The bank or institution (called a trustee or custodian of your Account) must be registered with the Medicare program to set up Medicare MSAs. When you have chosen a policy and set up your account, your Medicare MSA Plan is complete and ready to work.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Advantage Medical Saving Account (MSA)**, cont.

You enroll in a Medicare MSA Plan for a year, January through December. At the beginning of the year, the Medicare program makes a deposit in your Account for the entire year. You can use that money to pay for your health care. Every month, the Medicare program (not you) pays a premium for your Policy to the insurance company. Your Policy must offer all Medicare covered benefits. Some Policies may cover additional benefits. If you meet your Policy's deductible, your Policy coverage begins and helps you pay your bills after that (for benefits that the Policy covers). You may be able to choose any doctor or provider for your medical care, or your Policy may limit your choice of doctors and other providers depending on the Policy you choose.

**Medicare as Secondary Payer** - 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. Some employer and union-provided health insurance policies can continue or switch over to provide coverage for you when you are 65 and retired. 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. 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

## **HEALTH AND INSURANCE PROGRAMS**

### **Original Medicare Appeals**, cont.

disputed claims and also tells you exactly what appeal steps you can take. If you ever need more information about your right to appeal and how to request it, call Social Security or Medicare. Your Area Agency on Aging or the State Health Insurance Assistance Program (SHIP) can also offer direction.

**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.

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

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, there are a few actions you can take to repair the situation and get out of the plan.

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Marketing Fraud, cont.**

- ❑ **Retroactive disenrollment** – You will be able to enroll in a new private health plan or Original Medicare. The **new** plan will pay claims for costs incurred while enrolled in the plan. The providers must resubmit the bills.
- ❑ **Prospective disenrollment** - If you did not incur a lot of costs or your claims were not denied, it may be better to disenroll from the plan at the beginning of the next month, but you will have to pay any costs incurred while you were in the plan.
- ❑ **Special enrollment period (SEP)** – If you are the victim of marketing fraud, the SEP will entitle you to change plans outside of the official annual enrollment periods. You could switch into another Medicare private health plan that better fits your needs or back to Original Medicare.
- ❑ To get a prospective or retroactive disenrollment, you will need to prove a “lack of intent” to enroll. Evidence of “lack of intent” may include:
  - ❑ A legal representative should have signed for you
  - ❑ You requested a cancellation of enrollment before the effective date of enrollment in the plan
  - ❑ You were enrolled in a supplemental insurance plan (Medigap) after enrolling in a private health plan.

For further information on marketing fraud of or to disenroll you should call

**1-800-MEDICARE (1-800-633-4227).**

**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

## **HEALTH AND INSURANCE PROGRAMS**

### **Identity Theft**, cont.

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 number in your wallet and carry only needed credit cards.
- ❑ 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 when 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 asks for your personal information over the telephone or that call to enroll you in a plan.

**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 call **1-877-678-4697** or 1-732-777-1940.

## **HEALTH AND INSURANCE PROGRAMS**

### **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.

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 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 Department of Health and Senior Services, Division of Aging and Community Services, telephone, toll-free, 1-800-792-8820 or 609-943-3437.

**Qualities of Plans and Providers (Compare)** – Medicare collects information about the quality of care and services given by most Medicare plans and other health care providers, as well as information about how satisfied people are with the care and service they get. You can compare the quality of care and services given by health and prescription drug plans or health care providers by visiting ***www.medicare.gov*** or by calling your State Health Insurance Assistance Program (SHIP) **1-800-792-8820**.

**Health Records – Electronic and Personal** – Many health care providers, like doctors, nurses, hospitals and equipment suppliers, are starting to keep your information in a computer instead of writing the information in a paper chart. Two types of health records are stored

## **HEALTH AND INSURANCE PROGRAMS**

### **Health Records – Electronic and Personal, cont.**

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). **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, which lowers the chances of medical errors and can 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 more information about EHRs and PHRs visit [www.medicare.gov](http://www.medicare.gov).

### **Medicare Savings Programs**

**The Medicare Savings Program may help pay part of your medical expenses.** If you qualify, you may not 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 must not exceed 135% of the Federal Poverty Level 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 Medicaid/New Jersey FamilyCare program. QMB also helps pay for the Medicare Part B premium, deductibles and coinsurance. The QMB program has

## **HEALTH AND INSURANCE PROGRAMS**

### **Medicare Savings Programs**, cont.

slightly lower income guidelines but the same asset guidelines as the SLMB program.

**Qualifying Individual (QI-1)** - Persons with income between 120% and 135% of the Federal Poverty Level may be eligible for assistance as a Qualifying Individual (QI) to have monthly Medicare Part B premiums paid.

### **Medicaid/NJ FamilyCare**

**Medicaid/NJ FamilyCare** is a joint federal-state medical assistance program that pays medical bills for certain individuals of any age with low income and limited resources. In NJ, persons eligible for Supplemental Security Income (SSI) are also eligible for Medicaid/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 44-45) also receive Medicaid/NJ FamilyCare. Persons seeking Medicaid/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 Medicaid/NJ FamilyCare.

Please call your County Board of Social Services for information on Medicaid/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

## **HEALTH AND INSURANCE PROGRAMS**

### **Continuing Coverage After Leaving Employment (COBRA), cont.**

insurance policy, and provided that the employer's policy remains in effect.

COBRA coverage for eligible individuals premiums have been temporary reduced by the American Recovery and Reinvestment Act of 2009 (ARRA). Eligible individuals pay 35% of their COBRA premiums for up to 9 months. If you elect this premium reduction, you are disqualified for the Health Coverage Tax Credit (see below), which could be more valuable to you than the premium reduction. If you are eligible for other group health coverage (such as through a new employer's plan or a spouse's plan) or Medicare you are not eligible for the premium reduction.

For information governing such continuance, contact the Employee Benefits Security Administration, Division of Technical Assistance and Inquiries, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-5658, Washington, DC 20210, telephone toll-free 1-866-487-2365 or 202-219-8776 or [www.dol.gov/COBRA](http://www.dol.gov/COBRA).

### **Health Coverage Tax Credit**

The federal Health Coverage Tax Credit was created to help certain displaced workers, certain retirees and employers experiencing financial hardship afford health insurance coverage. The program begins operations **August 1, 2009**. The credit is not available to everyone. A worker receiving certain specified health coverage, such as Medicare, will be ineligible to use the HCTC program. **These HCTC extended benefits are only valid for the remainder of 2009 and 2010.**

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 of 1-866-628-4282 (for TTY/TDD users, call 1-866-626-4282).

## **HEALTH AND INSURANCE PROGRAMS**

### **Health Coverage Tax Credit**, cont.

You can find more information about the HCTC program by visiting the IRS Web site at [www.irs.gov/individuals](http://www.irs.gov/individuals) and selecting Health Coverage Tax Credit (HCTC).

**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 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.

Information on these centers is available from the New Jersey Primary Care Association (NJPCA), toll-free at **1-800-328-3838** or 609-689-9930 or [www.njpca.org](http://www.njpca.org).

## **HOUSING**

### **FEDERALLY ASSISTED HOUSING PROGRAMS**

The American Recovery and Reinvestment Act of 2009 will provide funding to the U.S. Department of Housing and Urban development to make significant improvements to public housing units and investments for a range of HUD programs. These grants will help provide low-income elderly persons with the opportunity to live independently in an environment that provides the services they need. The programs will deal primarily with rental housing and rental assistance programs. 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. To qualify, an individual's income generally must be within certain limits. 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. Income limits are determined by family size and geographic area. Participants usually pay no more than 30 percent of their adjusted monthly income for rent. 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 NJ Department of Community Affairs, Division of Housing and Community Resources, 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***.

## **HOUSING**

**Section 202** - The Section 202 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. Section 202 is now only applicable to those Housing Authorities with approved conversion plans that are still in the process of implementation.

**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.

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 NJ Department of Community Affairs, Division of Housing and Community Resources, 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**.

**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.

## **HOUSING**

### **Reverse Mortgage**, cont.

For information, call **1-800-792-8820** or write the NJ Department of Health and Senior Services, Division of Aging and Community Services, PO Box 807, Trenton, NJ 08625-0807. Information is also available by calling toll-free the New Jersey Housing and Mortgage Finance Agency at **1-800-NJ-HOUSE (1-800-654-6873)** or call the AARP Reverse Mortgage Education Program at **1-800-209-8085**.

**The Senior Housing Information Center** - The Senior Housing Information Center provides program options and HUD sponsored technical assistance to public housing authorities (PHA's) that may have an interest in modernizing or constructing elderly public housing. The agency will assist very-low income elderly public housing residents to age in place and avoid unnecessary institutionalization. The Senior Housing Information Center answers inquiries from PHA's and link them with the appropriate supportive services to sustain service-enriched elderly housing.

For further information about Elderly Housing please call **1-800-955-2232** or visit website ***www.hud.gov/pihforseniors***.

**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 - in turn - provide the actual services.

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

## **OTHER FEDERAL HOUSING ASSISTANCE**

The federal **Rural Economic and Community Development Program** (formerly Farmers Home Administration) operates a limited 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, consult the telephone directory or 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, TDD 856-787-7784 or [www.rurdev.usda.gov/nj](http://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.

### **Housing Information**

**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 (AAA) for direction to the appropriate contact point. The AAA will also be able to provide referrals for home improvement and weatherization programs.

**Housing Lists** - For lists of subsidized housing or other lists of housing options for older persons telephone toll-free (within NJ), NJ Senior Citizens Information & Referral Assistance, **1-800-792-8820** or 609-943-3437, or write to the Division of Aging and Community Services, NJ Department of Health and Senior Services, PO Box 807, Trenton, NJ 08625-0807, Attention: Senior Housing, or visit website [www.njhousing.gov](http://www.njhousing.gov).

## **OTHER FEDERAL HOUSING ASSISTANCE**

**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.

## **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

There are now two important utility assistance programs available to eligible households, **The New Jersey Universal Service Fund (USF)** and **The Low Income Home Energy Assistance Program (LIHEAP)**. 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. Applications are accepted beginning on November 1 and ending on March 31 for both heating and cooling assistance costs. To be eligible, the applying household must be a resident of New Jersey, pay its own heating and/or cooling cost directly to the fuel supplier, pay its landlord according to usage or pay a rental charge which includes such costs; and **must meet income eligibility requirements.**

Payments vary according to an applicant's income, household size, fuel type, and heating region.

**NOTE:** Income guidelines for each program year are issued in late October.

### **There are four types of LIHEAP payments:**

- ❑ Automatic payments to eligible Food Stamp recipients
- ❑ Special Energy Assistance to eligible households who apply for assistance
- ❑ Emergency Energy Assistance
- ❑ Medically Necessary Cooling Assistance

## **HOUSING**

### **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), cont.**

Persons applying for LIHEAP should present: Social Security card; driver's license or birth certificate; proof of residence; current fuel/utility bill showing account number and the name, address, telephone number of the dealer; proof of earnings, and any other requested documentation.

Renters who pay their share of the heat must present a copy of the lease or an affidavit from the landlord. Persons who live in public housing and/or receive rental assistance **are not eligible** unless they pay their own heating or cooling costs directly to the fuel suppliers.

**Submission of Applications** - Applications for LIHEAP are available at subgrantee outreach centers. You apply for two energy assistance programs at the same time. The LIHEAP application is also an application for the Universal Service Fund (USF) Program. Benefits are subject to availability of federal funds. For further information on applications and eligibility, call the LIHEAP hotline at **1-800-510-3102**.

**Funding, Administration** - 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** with funding 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.

**Information on the New Jersey Universal Service Fund (USF) program can be found in our companion publication "Statewide Benefits for Older Persons."**

## **HOUSING**

### **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 NJ Department of Community Affairs, Division of Housing and Community Resources (see LIHEAP) administer the Weatherization Program, which in turn awards grants to local agencies. These local agencies accept applications and determine eligibility. Older persons wanting further information on eligibility requirements, limits of assistance, and whether or not funds remain available, should contact their Area Agency on Aging for direction to the designated local agency or call the Weatherization Program at 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 will begin 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 able

## **INCOME MAINTENANCE**

### **Social Security**, cont.

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 percent;
- age 63 is about 25 percent;
- age 64 is about 20 percent;
- age 65 is about 13 and 1/3 percent; and
- age 66 is about 6 and 2/3 percent.

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 it will gradually increase to age 67. For clarification on how this change will affect your benefits, contact Social Security.

## **INCOME MAINTENANCE**

### **Social Security**, cont.

**Direct Deposit** - Individuals who currently get Social Security or other federal benefits by check in the mail can now have those benefits deposited directly into their checking or savings accounts instead. Direct deposit is convenient and helps protect you from having your check and/or your identity stolen. To sign up for direct deposit call toll-free **1-800-333-1795**, or sign up on-line at **[www.godirect.org](http://www.godirect.org)**. It takes just a few minutes and can make a big difference in your financial safety.

**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 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**. The telephone is staffed weekdays 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

## **INCOME MAINTENANCE**

### **Social Security**, cont.

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.

**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 in-depth information.

## **SURVIVORS BENEFITS**

Social Security Survivors Insurance provides monthly cash 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 only 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.

**Lump Sum Death Payment** - In addition to any monthly survivor insurance benefits, there is a special one-time payment of \$255. This payment can be made only to certain family members.

## **INCOME MAINTENANCE**

### **Social Security, cont.**

**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](http://www.ssa.gov)**.

## **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. People who get SSI usually qualify for Food Stamps and Medicaid/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

## **INCOME MAINTENANCE**

### **Social Security**, cont.

- Car, if used for essential transportation, or if worth \$4,500 or less
- Certain monies set aside for burial are not counted
- 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 (**1-800-808-0772**) for answers to Medicare questions.

## **INCOME MAINTENANCE**

### **Railroad Retirement**, cont.

**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 (usually 40 quarters of coverage). Full annuities are available at full retirement age with 10 years of service, or age 62 with 30 years of service. Full retirement age is gradually rising from 65 to 67. Reduced annuities are payable at age 62 with 10 to 29 years of service or age 60 with 30 years of service. Annuities are also payable to spouses/divorced spouses, and to widow(er)s, remarried widow(er)s, children, and parents of deceased railroad workers. Qualified persons also are covered by Medicare in the same manner as Social Security beneficiaries.

**Current Connection** - Employees having a current connection with the railroad industry, and disabled for work in their regular railroad occupation, are eligible for an occupational disability at age 60 with 10 years of service, or at any age with 20 years of service. A "current connection with the railroad industry" is required for an occupational disability annuity. The current connection requirement is normally met if the employee worked for a railroad in at least 12 of the last 30 consecutive months before applying for a disability annuity.

**Spouse Requirements** - Widow(er)s benefits are payable at age 60 or over. They are payable at any age if the widow(er) is caring for an unmarried child of the deceased employee who is under age 18 or a disabled child of any age who became permanently disabled before age 22. Widow(er)s benefits are also payable at aged 50 if the widow(er) is permanently disabled and unable to work.

## **INCOME MAINTENANCE**

### **Railroad Retirement**, cont.

**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 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 that for southern NJ in Philadelphia. Their addresses are as follows:

### **Railroad Retirement Board - 1-800-808-0772 (automated) or 312-751-7139 - [www.rrb.gov](http://www.rrb.gov)**

Veteran's Administration Building

20 Washington Place, Room 516

Newark, NJ 07102-3127

973-645-3990

NIX Federal Building

900 Market Street, Suite 301

Philadelphia, PA 19107-4232

215-597-2674

## **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 employees 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](http://www.pbgc.gov)**.202-326-4000. Be sure to have the name of the pension plan and the employer's "Employer's Identification Number" (EIN).

## **INCOME MAINTENANCE**

### **Private Pensions**, cont.

**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 Administration, Division of Technical Assistance & Inquiries, 200 Constitution Avenue N.W., Room N-5658, Washington, DC 20210, telephone 202-219-8776, ***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.

## **NUTRITION**

### **PROGRAMS PROVIDING MEAL SERVICES**

All NJ counties have community programs that provide meals to persons age 60 and older. 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. In March 2009, funds from the American Recovery and Reinvestment Act were allocated to ensure continuation of Senior Nutrition Programs. 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 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, 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 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 is no strict income requirement.

## **NUTRITION**

### **PROGRAMS PROVIDING MEAL SERVICES**, cont.

**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 (See pages 68 and 69) or call NJ EASE toll-free at 1-877-222-3737.

### **FOOD STAMP PROGRAM (SNAP)**

#### **Food Stamp Benefits**

The Food Stamp Program, known in New Jersey as the Supplemental Nutritional Assistance Program (SNAP), is a nutrition program that is designed to increase the food purchasing power of low-income households. It is funded by the U.S. Department of Agriculture and administered in New Jersey by the NJ Department of Human Services, Division of Family Development. Eligibility for Food Stamp benefits is based on the number of people in a household, their income and resources. A household can be an individual, a traditional family, or a group of unrelated people who live together and customarily purchase food and prepare meals together. 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. Food Stamp benefits are administered to eligible recipients through use of the "Families First" card.

## **NUTRITION**

### **PROGRAMS PROVIDING MEAL SERVICES, cont.**

#### **Simplified Nutritional Assistance for Seniors (SNAS) Program**

The Simplified Nutritional Assistance for Seniors (SNAS) Program provides outreach to elderly residents receiving SSI benefits making it easier for those individuals to apply for food stamp benefits. Many individuals, who previously may have been either physically unable to apply in person, had concerns regarding the complexity of the program, or simply felt uncomfortable applying at the agency, will now be able to apply for food stamp benefits by mailing a signed application to the county agency.

The SSI recipients will be mailed an application form with a return envelope. Interested applicants must sign the application and return to the County Welfare Agency (CWA). Applications will be processed without a face-to-face or telephone interview.

**Applicants who do not wish to participate may opt out of SNAS and may apply for food stamp benefits under the regular Food Stamp Program.**

**Applications** - To apply for Food Stamp benefits, contact your local Board of Social Services/County Welfare Agency to obtain an application and schedule an interview.

**Food Stamp Information** - Food Stamp Hotline: **1-800-687-9512.**

## **LEGAL**

### **SERVICES AND PROGRAMS**

Legal services for older persons are provided under a number of existing programs. They include programs funded under the Legal Services Corporation Act, the Older Americans Act, and Title XX of the Social Security Act.

**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 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 Americans Act** - Under Title III of the Older Americans Act, it is mandated that each Area Agency on Aging have a Legal Assistance Program separate and apart from other services or programs. Low-income minority individuals over age 60 with the greatest social or economic need receive particular attention.

**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 the above programs should contact their Area Agency on Aging.

## **LEGAL**

### **Discrimination**

**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.

**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, telephone 973-645-6383. For information about federal laws on job discrimination, call EEOC's toll-free number, 1-800-669-4000 or visit their website at [www.eeoc.gov](http://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 609-292-4605.

## **RECREATION**

### **PARKS AND RECREATION AREAS**

A new series of passes, available since January 1, 2007 covers the entrance and standard amenity fees charged for 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 new Interagency Pass Program was established as part of the Federal Lands Recreation Enhancement Act and authorized by Congress in December 2004. 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.

**American the Beautiful – National Parks and Federal Recreational Lands Pass – Annual Pass (For persons under age 62)** – This pass is an annual entrance permit to federal parks, monuments, historic sites and recreation areas. This pass replaces the Golden Eagle Passport. The 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 cost for this pass is \$80.00. It 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.

## **RECREATION**

### **American the Beautiful – National Parks and Federal Recreational Lands Pass – Senior Pass**, (cont.)

**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. This pass replaces the Golden Age Passport. It also provides the pass holder a 50 percent discount on federal use fees charged for facilities and services such as parking, camping, boat launching, etc.

The Senior Pass admits the permit holder and a carload of accompanying persons. Where entry is not by private car, the pass admits the permit holder, spouse, children and parents.

**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. This pass replaces the Golden Access Passport. 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 percent discount on federal use fees charged for facilities and services such as parking, camping, boat launching, and the like. The pass admits the permit holder and a carload of accompanying persons. Where entry is not by private car, the pass admits the permit holder, spouse, children, and parents.

## **RECREATION**

### **The American the Beautiful – National Parks and Federal Recreational Lands Pass, cont.**

The pass is obtainable only in person, and is available at most federally operated recreation areas. Medical proof of permanent disability or blindness must be supplied.

**Further Pass Information** - The America the Beautiful – National Parks and Federal Recreational Lands Pass allows unlimited entries at *sites where Entrance or Standard Amenity Fees are charged*. The Forest Service, National Park Service, Fish and Wildlife Service, Bureau of Land Management, and Bureau of Reclamation honor the passes. All National Parks Passes will continue to be honored according to the provisions of the pass. Existing Golden Eagle Passports and National Parks Passes with an expiration date will be honored until they expire. Paper versions of the Golden Age or Golden Access Passports should be exchanged for the new Senior or Access passes. The plastic Golden Age or Access passes are valid for the pass holder's lifetime and do not need to be exchanged. Only paper Golden Age and Access Passports may be exchanged free of charge for new plastic passes.

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 \$15, 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](http://www.nps.gov).**

## **RECREATION**

### **Further Pass Information**, cont.

In NJ the Senior Pass is available for purchase at Morristown National Historical Park's (NHP) Washington's Headquarters unit at 30 Washington Place, Morristown, NJ, and at the park's Jockey Hollow Visitor Center.

For park hours and further information, please call Morristown NHP's Washington's Headquarters at 973-539-2016 x 204 or the Jockey Hollow Visitor Center at 973-543-4030, website [www.nps.gov/morr](http://www.nps.gov/morr).

## **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.

**Tax Credit for the Elderly** - Persons with low income, who are age 65 or over, or under 65 and retired 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 you are:

- Age 65 or older, or
- Under 65, retired on permanent and total disability, and
- Received taxable disability income, and
- Did not reach mandatory retirement age before the tax year

## **FEDERAL INCOME TAX BENEFITS**, cont.

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.

**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. For more information on TCE call **1-800-829-1040**. To locate the nearest AARP Tax-Aide site, call **1-888-227-7669** or visit ***www.aarp.org/money***.

## **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; web site – [www.oefoif.va.gov](http://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**, cont.

**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 veterans in need of housing and supportive services, and provide outreach and referral,

## **VETERANS' BENEFITS**, cont.

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

## **VETERANS' BENEFITS**

### **Uniformed Services Beneficiaries, cont.**

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 is 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](http://www.tricare.osd.mil).

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

**Additional VA Help** - For the VA Health Benefits Service Center, call toll-free at **1-877-222-VETS**; TDD - **1-800-829-4833**; Education & Training - **1-888-442-4551**; Life Insurance - **1-800-669-8477**; Special Issues - **1-800-749-8387**; Headstones/Markers - **1-800-697-6947**; 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](http://www.nj.gov/military) or [www.va.gov](http://www.va.gov).

## **VOLUNTEER OPPORTUNITIES**

### **NATIONAL SENIOR SERVICE CORPS**

The **National Senior Service Corps -- or SENIOR CORPS** -- is funded and administered by the Corporation for National Service, which engages Americans of all ages and backgrounds in full or part-time service. Serving through local sponsoring agencies and organizations, the SENIOR CORPS offers older adults the opportunities to make a difference to others and get things done in the community. It includes the following programs:

**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. They also serve as mentors to youth.

**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 stipended 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

## **VOLUNTEER OPPORTUNITIES**

### **Senior Companion Program (SCP)**, cont.

others with special needs. Services may include short-term acute care assistance, non-medical 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, please contact your Area Agency on Aging or SENIOR CORP at 1-800-424-8867 or 202-606-5000, [www.cns.gov](http://www.cns.gov).

### **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. Before service there is a training period of 8 to 16 weeks, depending on the country and the nature of assignment. The training includes intensive language instruction, in-depth orientation on the culture and traditions of the assigned country, and additional training in technical skills as needed.

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. 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

## **VOLUNTEER OPPORTUNITIES**

### **PEACE CORPS**, cont.

the 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.

**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, seasoned volunteer business executives with management and technical expertise are connected with owners/managers of small businesses needing management counseling.

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 may be found at a number of locations around NJ. The offices are staffed by volunteers; most are operational by appointment only, usually for around two hours one day a week.

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

## **VOLUNTEER OPPORTUNITIES**

**SCORE**, cont.

### **U.S. Small Business Administration (SBA)**

2 Gateway Center, 15<sup>th</sup> Floor.

Newark, NJ 07102

973-645-3982

(Weekdays, 9:00 AM - 2:00 PM)

**1-800-634-0245**

4900 Rt. 70 c/o Bank of America

Pennsauken, NJ 08109-4792

856-406-1532

(Monday-Thursday 9:30 AM-11:30)

***www.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 the New Jersey Commission on National & Community Service, New Jersey Department of State, Office of Community Services, 609-633-9627.

### **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 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 609-989-2243.

## Appendix

### Area Agencies on Aging

#### NJ EASE NATIONWIDE TOLL-FREE 1-877-222-3737

**ATLANTIC COUNTY DIVISION OF INTERGENERATIONAL SERVICES 609-645-7700 X4700**

Shoreview Building, Office 222, 101 South Shore Road, Northfield 08225

**BERGEN COUNTY DIVISION OF SENIOR SERVICES 201-336-7400**

One Bergen County Plaza, 2<sup>nd</sup> 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 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, 790 East Commerce Street, Bridgeton 08302

**ESSEX COUNTY DIVISION OF SENIOR SERVICES 973-395-8375**

50 South Clinton Street, 3<sup>rd</sup> Floor, Suite 3200, East Orange 07018

**GLOUCESTER COUNTY DIVISION OF SENIOR SERVICES 856-384-6900**

115 Budd Boulevard, Woodbury, NJ 08096

**HUDSON COUNTY OFFICE ON AGING 201-271-4322**

595 County Avenue, Building 2, Secaucus 07094

**HUNTERDON COUNTY DIVISION OF SENIOR, DISABILITIES AND VETERANS SERVICES**

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

**AREA AGENCIES ON AGING**, cont.

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

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

**MIDDLESEX COUNTY DEPARTMENT ON AGING** 732-745-3295

John F. Kennedy Square, 5<sup>th</sup> Floor, New Brunswick 08901

**MONMOUTH COUNTY DIVISION ON AGING, DISABILITIES & VETERANS INTERMENT**

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, DISABILITY SERVICES & 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 OFFICE ON AGING** 908-704-6346

92 East Main Street, PO Box 3000, Somerville 08876

**SUSSEX COUNTY DIVISION OF SENIOR SERVICES** 973-579-0555

Administrative Center, 1 Spring Street, 2<sup>nd</sup> Floor, Newton 07860

**UNION COUNTY DIVISION ON AGING** 908-527-4870/4872

County Administration Building, Elizabethtown Plaza, 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**

AARP Reverse Mortgage Education Program.....	<b>1-800-209-8085</b>
AARP Tax-Aide sites.....	<b>1-888-227-7669</b>
American the Beautiful – National Parks and Federal Recreational Lands Pass.....	<b>1-877-465-2727</b>
Area Agency on Aging.....	<b>1-877-222-3737</b>
Continuing Coverage After Leaving Employment (COBRA).....	<b>1-866-487-2365</b>
Department of Housing and Urban Development (HUD).....	<b>1-800-669-9777</b>
Federal Citizen Information Center (FCIC).....	<b>1 800 FED-INFO (1-800-333-4636)</b>
Federal Civil Service Retirement.....	<b>1-888-767-6738</b>
Federal Health Benefit Plans.....	<b>1-866-275-7922</b>
Federal Pension Benefit Guaranty Corporation (PBGC).....	<b>1-800-400-7242</b>
Federal Pension Plan Administration.....	<b>1-800-736-2444</b>
Federal Private Pension Plan Regulations (ERISA).....	<b>1-877-829-5500</b>
Federal Qualified Health Centers - Medicare (FQHCs).....	<b>1-800-328-3838</b>
Food Stamp Program.....	<b>1-800-687-9512</b>
Health Coverage Tax Credit.....	<b>1-866-628-4282</b>
Homeless/Homeless Prevention.....	<b>1-866-889-6270</b>
Housing Lists/Assistance.....	<b>1-800-792-8820</b>
Internal Revenue Service (IRS) Publications.....	<b>1-800-829-3676</b>
IRS Tax Counseling/Assistance.....	<b>1-800-829-1040</b>

**SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont**

Life Insurance.....	<b>1-800-669-8477</b>
Low Income Home Energy Assistance Program (LIHEAP).....	<b>1-800-510-3102</b>
Medicaid/NJ FamilyCare.....	<b>1-800-356-1561</b>
Medicare.....	<b>1-800-MEDICARE</b> <b>(1-800-633-4227)</b>
National Park Service.....	<b>1-877-465-2727</b>
National Senior Service Corps - or SENIOR CORPS.....	<b>1-800-424-8867</b>
New Jersey Housing and Mortgage Finance Agency.....	<b>1-800-NJ-HOUSE</b> <b>(1-800-654-6873)</b>
New Jersey Primary Care Association (NJPCA).....	<b>1-800-328-3838</b>
NJ Department of Military & Veterans' Affairs.....	<b>1-888-8NJ-VETS</b> <b>(1-888-865-8387)</b>
NJ EASE.....	<b>1-877-222-3737</b>
NJ Senior Citizens Information & Referral Assistance.....	<b>1-800-792-8820</b>
Patients' Rights, Quality of Care Complaints.....	<b>1-800-624-4557</b>
Peace Corps .....	<b>1-800-424-8580</b>
Pension Rights Center.....	<b>1-866-444-3272</b>
Prescription Help Rx4NJ.....	<b>1-888-793-6765</b>
Programs Providing Meal Services.....	<b>1-877-222-3737</b>
Railroad Retirement Medicare information.....	<b>1-800-833-4455</b>
Retirement Railroad Board.....	<b>1-800-808-0772</b>
Reverse Mortgage.....,,,	<b>1-800-792-8820</b>

**SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont**

Senior Community Service Employment Program (SCSEP).....	<b>1-877-222-3737</b>
Senior Housing Information Center.....	<b>1-800-955-2232</b>
Senior Medicare Patrol Project (SMP of NJ).....	<b>1-877-678-4697</b>
Senior Nutrition Programs.....	<b>1-877-222-3737</b>
Service Corps of Retired Executives (SCORE).....	<b>1-800-634-0245</b>
Social Security.....	<b>1-800-772-1213</b>
TTY.....	<b>1-800-325-0778</b>
Social Security Direct Deposit.....	<b>1-800-333-1795</b>
Social Security.....	<b>1-800-772-1213</b>
Special Issues.....	<b>1-800-749-8387</b>
State Health Insurance Assistance Program (SHIP).....	<b>1-800-792-8820</b>
Taxpayer Advocate Service.....	<b>1-877-777-4778</b>
TDD.....	<b>1-800-829-4833</b>
TRICARE.....	<b>1-877-874-2273</b>
TRICARE Pharmacy.....	<b>1-877-363-6337</b>
TTY.....	<b>1-866-626-4282</b>
U.S. Equal Employment Opportunity Commission (EEOC).....	<b>1-800-669-4000</b>
U.S. Office of Personnel Management.....	<b>1-888-767-6738</b>
Universal Service Fund (USF).....	<b>1-866-240-1347</b>
U. S. Department of Veterans' Affairs	
Crisis Intervention Hotline.....	<b>1-888-899-9377</b>

**SUMMARY OF TOLL-FREE TELEPHONE NUMBERS, cont**

U.S. Department of Veterans' Affairs (VA)

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

U.S. Department of Veterans' Affairs (VA) Health Benefits..... **1-877-222-8387**

U.S. Department of Veterans' Affairs (VA)

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

U.S. Department of Veterans' Affairs (VA)

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

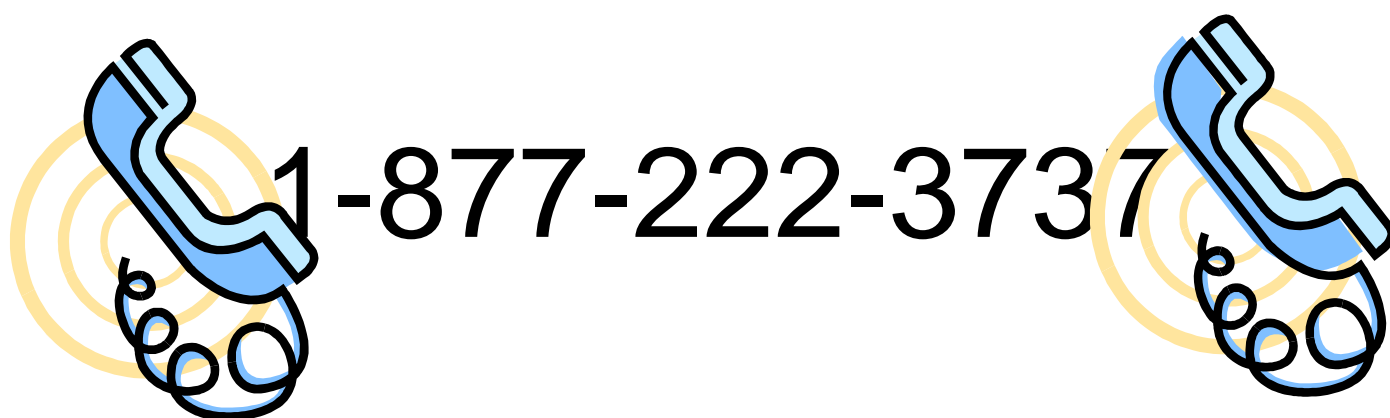
U.S. Department of Veterans' Affairs (VA) Life Insurance.....**1-800-669-8477**

U.S. Department of Veterans' Affairs (VA).

Health Benefits Service Center..... **1-877-222-VETS**  
**(1-877-222-8387)**

U.S. Department of Veterans' Affairs (VA) Special Issues..... **1-800-749-8387**

U.S. Department of Veterans' Affairs (VA) Suicide Hotline..... **1-800-273-TALK**  
**(1-800-273-8255)**



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.