



What to Bring Counseling Document Checklist



APPOINTMENT DATE: _____ TIME: _____

Lebanon County Area Agency on Aging (Senior Center Building), 710 Maple Street, Lebanon, basement level (next to the elevator).

Please arrive **15 minutes** before your scheduled appointment time. Please call if you need to cancel by phoning (717) 273-9262.

Help Us Help You

Below is your checklist. Bring as much information as you can to your APPRISE counseling appointment or enrollment event. That way, we can find the best possible options for your personal situation.

- Your Medicare card
- Your Pennsylvania ACCESS and Managed Care ID cards, if you have Medicaid
- Any other insurance or prescription drug cards and benefit booklets
- Any letters about your insurance coverage:
 - From **Social Security Administration** or **Medicare** about your eligibility for Extra Help, or about changes in your prescription drug coverage.
 - From the **Pennsylvania Department of Public Welfare** about changes to your Medicaid coverage, Medicare health plan premiums, or prescription drug co-pays.
 - From **your insurance provider** telling you if your prescription drug coverage is as good as (or is credible to) Medicare Part D.
 - From **any others** concerning Part D coverage, including letters from your employer, union or retirement insurance plan.
- A list of any questions you may want to remember to ask our counselors.

Part D “Extra Help” and PACE

	Part D “Extra Help” Income Guidelines		PACE/PACENET 2016 Income Guidelines		
	Income	*Resources	PACE Income	PACENET Income	
	Single	\$1,485	\$13,640	Single	\$14,500
Couple	\$2,003	\$27,250	Couple	\$17,700	\$31,500

* If you are close to meeting the income guideline limits above and you are not sure of your assets, we encourage you to bring all proof of income (2015 tax returns, Social Security award letters, etc.) to your appointment. **NOTE:** PACE/PACENET does not ask for Resources.

My Medical Costs

- Approximate, monthly, out-of-pocket dollar amount you pay now for prescription drugs and other medical co-pays (equals) \$ _____
- Approximate, monthly, amount you pay now for insurance plan premiums (equals) \$ _____

