1. INTRODUCTION

There are four programs designed to help low-income Medicare beneficiaries with payment of their Medicare premiums and, in some cases, Medicare deductible and co-insurance amounts. The programs in Oregon are called:

- Qualified Medicare Beneficiary-Basic (QMB-BAS)
- Qualified Medicare Beneficiary-Disabled Worker (QMB-DW)
- Qualified Medicare Beneficiary-Special Medicare Beneficiary (QMB-SMB)
- Qualified Medicare Beneficiary-Supplemental Medicare Full (QMB-SMF)

2. RESOURCE LIMITS

For all of the QMB programs, in 2012, an individual must not have resources over $6,940. For a couple, the resource limit is $10,410. The resource limit may change every year.

3. QMB-BASIC PROGRAM (QMB-BAS)

Who is eligible and what are the benefits?

To qualify as a QMB-Basic, an individual must:

- Be eligible for Medicare Hospital Insurance (Part A); and
- Have an annual income which does not exceed 100 percent of the Federal Poverty Level (FPL) (in 2012, $931 per month for an individual and $1261 per month for a couple)

For individuals who qualify as QMB-Basic, the state will pay:

- The Part B monthly premium ($99.90 per month in 2012; and
- The Part A monthly premium ($451 per month in 2012 for applicants with 0–29 quarters of coverage; $248 per month for certain applicants with 30-39 quarters) for those individuals who do not qualify for free Part A; and
- All Medicare deductibles and co-insurance amounts

4. QUALIFIED MEDICARE BENEFICIARY-DISABLED WORKER PROGRAM (QMB-DW)

Who is eligible and what are the benefits?

To qualify as a QMB-DW, an individual must:

- Be eligible for Medicare Hospital Insurance (Part A) as a qualified disabled worker. This category includes persons under age 65 who have become ineligible for Social Security Disability Insurance (SSDI) or who have become disabled while covered by Medicare.
Security disability benefits because they are currently substantially gainfully employed, but can continue to receive Part A of Medicare by paying a premium

- Have an annual income which does not exceed 200 percent of the Federal Poverty Level (FPL) (in 2012, $1862 per month for an individual and $2522 per month for a couple)

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The benefit is payment of Part A Medicare premiums.

5. QUALIFIED MEDICARE BENEFICIARY-SPECIAL MEDICARE BENEFICIARY PROGRAM (QMB-SMB)

Who is eligible and what are the benefits?

To qualify as a QMB-SMB, an individual must:

- Be receiving Medicare Hospital Insurance (Part A); and

- Have an annual income which exceeds 100 percent of the FPL but does not exceed 120 percent of the FPL (in 2012, $1117 per month for an individual and $1513 per month for a couple); and

- Not otherwise be eligible for Medicaid

For individuals who qualify as QMB-SMB, the state pays only the Part B monthly premium ($99.90 per month in 2012.)

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6. QUALIFIED MEDICARE BENEFICIARY-SUPPLEMENTAL MEDICARE FULL (QMB-SMF)

Who is eligible and what are the benefits?

To qualify as a (QMB-SMF), an individual must:

- Be entitled to Medicare Hospital Insurance (Part A); and

- Have an annual income which exceeds 120 percent of the FPL but does not exceed 134 percent of the FPL (in 2012, $1257 per month for an individual and $1703 per month for a couple.)

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- Individuals who reside in a nursing facility, an intermediate care facility for the mentally retarded (ICF/MR), or a hospital are not eligible for QMB-SMB if they have income equal to or greater than 120% of the Federal Poverty Level.

For individuals who qualify as a QMB-SMF, the state pays the Part B monthly premium only ($99.90 per month in 2012.) There is a cap on the total number of persons eligible for this benefit.

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7. WHERE CAN I GET MORE INFORMATION?

For more information, call the Public Benefits Hotline (1-800-520-5292) or your local Legal Aid Services Office for possible advice or representation. Go to www.oregonlawhelp.org for a directory of legal aid programs.