

Big Sky Rx Program

Big Sky Rx is a State of Montana program to assist with Medicare Prescription drug premiums for eligible Montana citizens enrolled in a prescription drug plan under Medicare Rx. The program was created by the 2005 Legislature and is funded from the Tobacco tax (I-149 Funds).

To qualify, the applicant must meet the following requirements:

- ◆ Be a Montana resident, and
- ◆ Have a family income of 200% or below the Federal Poverty Level (FPL).

To be enrolled, the qualified applicant must provide the following information:

- ◆ Medicare Rx drug plan enrollment information, and
- ◆ If income is at or below 150% of the FPL and the applicant has limited assets, a determination from Social Security Extra Help must be provided.

The maximum premium payment for the Big Sky Rx program is \$33.11 per month. For applicants who also receive premium assistance from Extra Help, they will not receive more than \$33.11 per month total in premium assistance between both programs. Applicants are responsible for any monthly premium above \$33.11.

Contact Information: Please contact us with questions or to request a Big Sky Rx application at:

| | |
|------------------------------|---------------------|
| Toll Free (In State) | 1-866-369-1233 |
| Out of state and Helena area | 1-406-444-1233 |
| Email | bigskyrx@mt.gov |
| Big Sky Rx Website | www.bigskyrx.mt.gov |

Program Update:

As of January 25th, the program has entered 2187 applications. From those applications, we have:

- 362 People enrolled into the Big Sky Rx program (eligible for the February premium payment)
- 326 Pending applications (missing income information). We cannot determine if they are qualified for the program until we have received complete income information.
- 1154 Qualified (passed the income and Montana resident requirements.) We still need Medicare Rx Drug Plan or Extra Help information before they can be enrolled in the program.
- 345 Ineligible for the Big Sky Rx program

We have received an additional 92 applications that have not yet been entered. We are entering applications that we received on January 23rd.

We are receiving an average of 50 calls per day and around 60 new applications per day. We are referring callers with questions regarding Medicare Rx to the SHIP counselors who can help them better understand the Medicare Rx program.

How Do I Apply for Big Sky Rx?

Call

Call Big Sky Rx for an application or print one from our Big Sky Rx Website.

Complete

Complete the Big Sky Rx application. Call Big Sky Rx if you need help.

Send

Send the completed application to our Big Sky Rx address.

Did I Qualify for Big Sky Rx?

Within about 20 calendar days of sending your Big Sky Rx application, you will receive a letter to tell you:

- If you qualify but you need more information to enroll in Big Sky Rx.
- If you are enrolled in Big Sky Rx, when the payments start for your premiums and how much Big Sky Rx will pay.
- If you are not eligible for Big Sky Rx benefits and the reason.



Big Sky Rx

Write To

Big Sky Rx
PO Box 202915
Helena, MT 59620-2915

Call In State Toll Free

1-866-369-1233

Call Out Of State and Helena Area

1-406-444-1233

Fax 1-406-444-1861

Email bigskyrx@mt.gov

Website www.bigskyrx.mt.gov

Medicare Part D Resources

Medicare

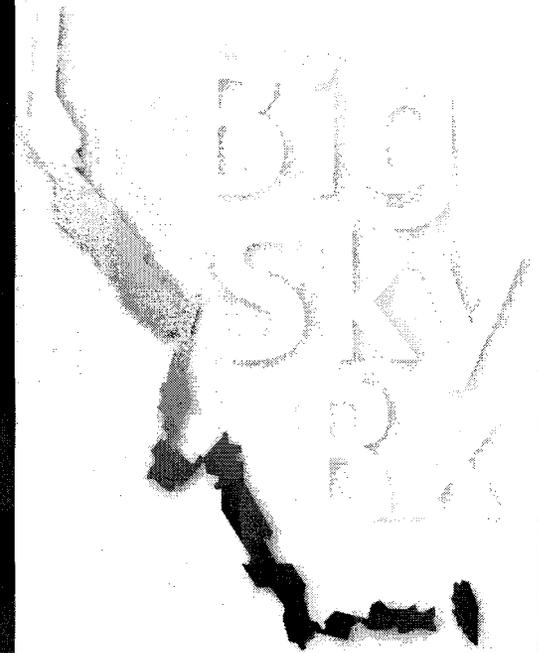
1-800-Medicare
www.medicare.gov

Social Security Administration and Extra Help

1-800-772-1213
www.socialsecurity.gov

Area Agency on Aging / State Health Insurance Assistance Program (SHIP)

(Counselors will help with Medicare Rx)
1-800-551-3191



**A State of Montana program
to help pay monthly premiums
for people with
Medicare prescription
drug coverage**

1-866-369-1233

**Big Sky
Rx**

Need Help Paying Medicare Rx Premiums?

What is Medicare Rx?

Medicare prescription drug coverage is insurance provided by private companies approved by Medicare starting January 1, 2006. This new coverage will be available to anyone with Medicare. Drug plans may vary in which prescription drugs are covered, how much you have to pay, and the pharmacies you can use. You will have to pay a monthly premium. Call **Medicare** at **1-800-Medicare** with questions about Medicare Rx.

What is Big Sky Rx?

Big Sky Rx is a State of Montana program administered by the Department of Public Health and Human Services. Big Sky Rx helps pay monthly Medicare drug coverage premiums up to \$33.11 for qualified Montana residents with Medicare. Anyone on Medicare can apply for Big Sky Rx. Fill out an application for Big Sky Rx even if you are not yet enrolled with a Medicare Rx plan. Call **Big Sky Rx** at **1-866-369-1233** with questions.

To Qualify for Big Sky Rx You Must:

- Be a Montana resident,
- Be on Medicare, and
- Have an annual family income less than about \$19,140 if you are single or about \$25,660 if you are married and living together (this income changes on an annual basis).

To Enroll in Big Sky Rx You Must:

- Be qualified,
- Be enrolled in a Medicare Rx plan, and
- Have applied for Extra Help if you have an annual family income less than \$14,355 if you are single or \$19,245 if you are married and living together. (this income changes on an annual basis). Big Sky Rx will tell you if your application looks close to being eligible for Extra Help.

You should apply even if you think your income is too high. Some income is not counted in determining eligibility for Big Sky Rx.

Even if you have not yet signed up for a Medicare Rx plan, you can fill out the Big Sky Rx Application. Big Sky Rx will tell you if you qualify. You will not be enrolled in Big Sky Rx until your Medicare Rx information and your Extra Help information (if appropriate) is received.

What is Social Security Extra Help?

If you have limited income and resources, you may qualify for Extra Help. Extra Help offers assistance in paying for prescription drug plan premiums, co-payments, and deductibles through Social Security. The amount of Extra Help you get depends on your income, resources and family size. You still need to join a Medicare prescription drug plan for Medicare to pay for your drug costs. Call **Social Security** at **1-800-772-1213** with questions about **Extra Help**.

Qualifying Family Income for Big Sky Rx

A portion of family income is considered for Big Sky Rx. Examples of income are wages, net self employment earnings, in kind income, rental income, Social Security benefits, Railroad Retirement, and Veterans benefits.

●
Assets are not counted for Big Sky Rx!

●
You should apply even if you think you are over income because some income is not counted in determining eligibility for Big Sky Rx. Your income will be determined from the information on your Big Sky application.

●
Annual family income must be at or below \$19,140 if you are single or \$25,660 if you are married and living together. **Be sure and apply for Big Sky Rx because only part of family income will be counted. Amounts increase by family size.**

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Big Sky Rx

AFFIX
POSTAGE
HERE

New 11/05
DPHHS-HPS/BSRx-001



Big Sky Rx Program Application

Big Sky Rx is a State of Montana program to help qualified Medicare Montana residents pay for Medicare monthly prescription drug premiums. Please read our application cover for eligibility information. If you have questions or need help completing this application, call us toll-free in-state at 1-866-369-1233 or 1-406-444-1233 from out-of-state or in the Helena area. Please print in all CAPITAL letters. It is **IMPORTANT** that you **fill in** all sections. Missing information will cause delays.

**Answer the questions separately for you and
your spouse if you are married and living together.
Please print. Use capital letters.**

Big Sky Rx Program
PO Box 202915
Helena, MT 59620-2915

1. Applicant's Name:

First Name
Last Name
MI Suffix (Jr, Sr, etc)

Spouse's Name: If you are married and living together.

First Name
Last Name
MI Suffix (Jr, Sr, etc)

Send Application to:
Big Sky Rx Program
PO Box 202915
Helena, MT 59620-2915

This does not enroll you in a
Medicare Prescription Drug Plan
or Social Security Extra Help.

2. Are you applying for Big Sky Rx? Yes No
 Spouse Yes No

3. Applicant's Social Security Number -
 Spouse -

4. Applicant's Medicare #
 Spouse

5. Applicant's Date of Birth (Month-Day-Year) / /
 Spouse / /

6. Applicant's Gender Male Female
 Spouse Male Female

7. Home Phone Number --

8. Home Street Address

9. Mailing Address (if different from home address)

10. City, State, and Zip Code

11. Email Address (optional)

Spouse Email (if different)

12. Are you a Montana resident? Yes No
 Is your spouse a MT resident? Yes No

Signature of Applicant _____
 Date _____

Signature of Spouse _____
 (if applying for Big Sky Rx)
 Date _____

Signature of Representative _____
 (if applicable)
 Date _____

Send In Your: Big Sky Rx Application
 Copy of Enrollment Information
 (Medicare Prescription Drug Plan)
 Copy of Your Extra Help Determination
 (if applicable)

Send To: Big Sky Rx Program
 PO Box 202915
 Helena, MT 59620-2915

Contact Us At: 1-866-369-1233 Toll Free From In State
 1-406-444-1233 Out Of State and Helena
 1-406-444-1861 Fax
 bigskyrx@mt.gov Email
 www.bigskyrx.mt.gov Website



21. Other Contact: If you would prefer that we contact someone else if we have additional questions or if someone else is assisting you, please provide the person's name and a daytime phone number. By listing this person it gives us your permission to share your Big Sky Rx program information with them. (Please Print)

First Name

Last Name

Phone Number - -

22. My signature on this application indicates: I understand that by submitting this application, I am declaring under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime. I know I must provide any documentation related to this application if requested. Failure to do so will result in ineligibility or closure of benefits. I understand that the Big Sky Rx Program may check my statements and compare my records from Federal, State, and local government agencies, with my application to make sure the determination is correct. By submitting this application, I am authorizing Big Sky Rx to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, insurance policies, benefits, and pensions. If I knowingly give false information to enroll in Big Sky Rx, I understand that I must reimburse Big Sky Rx for any costs incurred. If an audit proves I am over income, I know I will be disenrolled as of the following month from Big Sky Rx. If I change my address, am no longer a Montana resident, change Medicare Prescription Drug Plans or have a change in Extra Help (if applicable), I must report the change to Big Sky Rx within 20 business days. **All applicants must sign. Keep a copy of this application for your records.**

13. Are you a member of a Tribe? (Optional)

Applicant Yes No Tribe Name: _____

Spouse Yes No Tribe Name: _____

14. Family Size: Your living situation may affect the amount of help you can receive. Therefore, we need to know how many relatives live with you and/or your spouse and depend on you or your spouse to provide at least one-half of their financial support. Relatives include anyone related to you by blood, marriage or adoption. **Do not include yourself or your spouse in this number. Check only one box.**

0 1 2 3 4 5 6 7 8 9

15. Family Income: If you (and/or your spouse, if married and living together) receive income from any of the sources listed below, please enter the **total monthly income. If the amount changes from month to month, enter the average monthly income for the past year for each type** in the appropriate boxes. **Do not list** income tax refunds, wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. **If no income** is received from the source check the NONE box.

Social Security Benefits NONE \$,

Railroad Retirement NONE \$,

Veterans Benefits NONE \$,

Lease/Net Rental Income NONE \$,

If you have any other income, please list it in the space(s) below. Examples include: Public or Private Pensions, Annuities, Worker's Compensation, Dividends, Interest, Alimony, Income From A Trust, Inheritances, Conservation Reserve Program (CRP).

_____ \$,

_____ \$,

No Family Income

16. Wages: What do you expect to earn in wages before taxes **this year**? Include wages, tips, net earnings from self-employment, royalties, and honoraria.

Applicant: NONE \$,
Your Spouse: NONE \$,

17. In-kind: Does anyone provide or help you (or your spouse, if married and living together) pay for any of the following household expenses — food, mortgage, rent, heating fuel or gas, electricity, water and property taxes? (Do not include food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, or help with medical treatment and drugs.)

If you put an **X** in the **YES** box, enter the monthly amount, or if the amount changes each month, enter the average monthly amount for the past year.

Yes No \$,

18. Disability or Blindness Work-Related Expense: Do you (or your spouse, if married and living together) have to pay for things that enable you to work? We will count only a part of your earnings toward the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair; personal attendant services; vehicle modifications, driver assistance or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.

| Disability | | Blindness | |
|--------------|--|--------------|--|
| Applicant: | <input type="checkbox"/> No <input type="checkbox"/> Yes | Applicant: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Your Spouse: | <input type="checkbox"/> No <input type="checkbox"/> Yes | Your Spouse: | <input type="checkbox"/> No <input type="checkbox"/> Yes |

19. Family Assets: Assets are not counted for the Big Sky Rx Program. We collect this information in case you might be eligible for the Federal program called Social Security Extra Help. Extra Help can pay for Medicare prescription drug plan co-payments, deductibles, and premiums. We will notify you if your income and asset information look like you might be eligible for the Extra Help so you can apply. List the total value of your assets. **Total value of any** financial institution accounts (including checking, savings, certificates of deposit, retirement accounts, such as Individual Retirement Accounts (IRA), 401(k) accounts and similar items), stocks, bonds, savings bonds, mutual fund shares, or other similar investments, cash, life insurance policies with a total face value of \$1,500 or more,

and any other real estate other than your home and the property on which it is located, investments and real estate other than your home. If you are single, assets need to be less than \$11,500 to qualify for Extra Help. If you are married and living together, assets need to be less than \$23,000 to qualify for Extra Help. Include the things you own by yourself, with your spouse or with someone else. **Do not include your home, vehicles, burial plots or personal possessions.**

List Asset Value: \$,

20. Medicare Prescription Drug Plan Information:

Have you signed up for your Medicare prescription drug coverage plan?

Applicant: Yes No Spouse: Yes No

If yes, what is your Medicare drug coverage plan name?

What is your spouse's Medicare drug coverage plan name?

If you have not yet signed up for a Medicare prescription drug coverage plan please continue to fill out this application and mail it to Big Sky Rx. When we receive your application, we will determine if you are qualified for Big Sky Rx. If you are qualified, we will send you a letter asking for your prescription plan information. You cannot be enrolled until we receive this information.

If you have signed up for a Medicare prescription drug plan, how is your premium paid?

Self Spouse (If living together and applying for Big Sky Rx.)

Check here if your monthly drug plan premium is not taken out of your Social Security check and you pay the premium to your prescription drug plan. If you qualify for Big Sky Rx, the program will **pay your premium directly to your prescription drug plan.**

If your monthly drug plan premium is taken directly out of your Social Security check and if you qualify for Big Sky Rx Program: Check here if you want the monthly premium amount from Big Sky Rx **directly deposited** to your bank account. (If you want direct deposit, the State Big Sky Rx Program will send you the direct deposit forms to complete.)

If your monthly drug plan premium is taken out of your Social Security check and if you qualify for Big Sky Rx Program: Check here if you do not want direct deposit. We will **send** the check to your home address listed on your Medicare Rx information application.