

Maine Rx Plus

Including Low Cost Drugs for the Elderly or Disabled (DEL) Benefit

Information and Application Form

Do you spend too much for prescription drugs?

Maine Rx Plus may be able to help you!

Enroll in Maine Rx Plus now and start saving on your prescriptions at participating Maine pharmacies.

More than 200,000 Maine residents are eligible.

For more information call toll free:

1-866-RxMaine (1-866-796-2463)

TTY/TDD 207-287-1828 or 1-800-423-4331

Maine Department of Human Services

How To Fill Out Your Application.

1. Person Applying

Give information about the person filling out the application. Be sure to provide the Social Security Number to avoid delays in processing.

2. Mailing Address

This is the address where you get your mail.

3. Household Members

List everyone who lives with you. Tell us if they want to enroll for this benefit. You need to list the Social Security Numbers for you, your spouse and those who are applying.

4. Citizenship

Answer only for people applying. This information is not shared with Immigration Services and will not affect applications for citizenship.

5. Disability

If anyone age 19 – 62 has a disability please check the box and write their name in the space provided.

6. Health Insurance

List anyone applying who has health insurance. Tell us about the insurance. MaineCare will pay for covered services after other insurance has paid their part.

7. Income

If you are employed please tell us the name of your employer, the amount you earn, how often you are paid, and your hours worked each week. If you expect changes in income in the next month, please tell us about this.

Tell us all the income information for you, your spouse and dependents living with you and any other person in your household who is applying.

8. Assets

List any assets owned by you, your children or your spouse who lives with you. Include assets owned jointly or together with anyone else.

A. Cashable Assets – This includes savings and checking accounts, certificates of deposit (CDs), credit union shares, stocks, bonds, annuities, individual retirement accounts (IRAs), Keogh, or profit sharing.

B. Real Estate – This includes any property you own.

C. Vehicles – This includes any motorized vehicle such as a car, truck, boat, camper, motor cycle, snowmobile, or ATV.

9. Help With Applying

If you would like us to contact someone to help fill out the application, tell us who this is and how to contact them.

How Can I Get Information Or Help Filling Out My Application?

Call the Maine Department of Human Services
toll free at 1-866-RxMaine (1-866-796-2463)

Or visit the Department of Human Services web site at:
www.maine.gov/dhs

1. Who is eligible for the Low Cost Drugs for the Elderly or Disabled?

You need to be age 62 or older, or at least age 19 and disabled.

The DEL benefit has not changed. Some drugs are discounted 80%. These are generic drugs and other prescription drugs that treat the following conditions:

Diabetes, heart disease, high blood pressure, chronic lung disease (including emphysema and asthma), arthritis, anticoagulation, hyperlipidemia (high cholesterol), incontinence, thyroid disease, osteoporosis (bone density loss), Parkinson's disease, glaucoma, multiple sclerosis, and amyotrophic lateral sclerosis (Lou Gehrig's disease).

You get an 80% discount on all prescriptions once you pay more than \$1,000 in out-of-pocket expenses when you use your Maine Rx Plus card. The \$1,000 applies to only some drugs. It is counted between August 1 and the following July 31.

2. Who is eligible for Maine Rx Plus?

This is open to all Maine residents with incomes up to 350% of the Federal poverty level. You may also be eligible if your family income is higher, if you spend more than 5% of your family income on drugs or 15% on medical expenses.

On brand name prescription drugs you will get about a 15% discount and on generic drugs about a 60% discount. Most drugs are covered under Maine Rx Plus. Some prescriptions need approval before they can be filled. Your doctor or pharmacist can help you get the approval you need.

Each benefit has a different income limit. The income limit changes every year, usually in March.

As of ~~March 2007~~, these are the income limits:

Effective January 2018

GROSS MONTHLY INCOME		
	DEL	Maine Rx Plus
1 person	\$1,771	\$3,542
2 people	\$2,401	\$4,802
3 people	\$3,031	\$6,062
4 people	\$3,661	\$7,322
5 people	\$4,291	\$8,582
6 people	\$4,921	\$9,842
Each Additional person	\$630	\$1,260

3. How do I apply?

Fill out and mail the attached application to:

**Department of Human Services
13 Prescott Drive
Machias, Maine 04654**

If your application is approved, you will get a Maine Rx Plus card. To get your savings, show this card to your pharmacist each time you buy prescription drugs. You will need to reapply each year. We will send you a new application when it is time to reapply.

4. How much does it cost?

The price you pay will vary with each prescription and whether you are enrolled in the Low Cost Drugs for the Elderly or Disabled, or Maine Rx Plus.

5. What if I have MaineCare Full Benefits?

You are not eligible for the Low Cost Drugs for the Elderly or Disabled, or Maine Rx Plus. MaineCare Full Benefits gives you a better discount on your prescriptions. If your enrollment for Full Benefits is about to end, we will see if you can be enrolled in the Low Cost Drugs for the Elderly or Disabled, or Maine Rx Plus. You will not have to file a separate application.

6. Will the Estate Recovery Law apply to me if I am enrolled in the Low Cost Drugs for the Elderly or Disabled, or Maine Rx Plus?

No. The Estate Recovery Law does not apply to the Low Cost Drugs for the Elderly or Disabled, or Maine Rx Plus.

7. What if I have other drug coverage or Medi-Gap Insurance?

The Low Cost Drugs for the Elderly or Disabled and Maine Rx Plus give a discount on prescription drugs only. It does not substitute for insurance coverage. Please carefully compare benefits before making any changes in your coverage. Before you decide to drop any other coverage, check to see how difficult it would be to get coverage back if you need it.

To apply for MaineCare, you can do one of the following:

- Use the internet to browse to MyMaineConnection to check eligibility or complete an online application (www.maine.gov/mymaineconnection) You can also complete your annual review (re-certification) or tell OFI about changes to your address, income, assets, or when people move in or out of your home.
- Mail your paper application to:
DHHS 114 Corn Shop Lane, Farmington, ME 04938
- Call 1-855-797-4357.

Local DHHS – Office for Family Independence (OFI)

<p>Augusta District Office 35 Anthony Avenue Augusta ME 04333 Toll Free Number: 1-800-452-1926</p>	<p>Houlton District Office 11 High Street Houlton ME 04730 Toll Free Number: 1-800-432-7338</p>
<p>Bangor District Office 396 Griffin Road Bangor ME 04401 Toll Free Number: 1-800-432-7825</p>	<p>Lewiston District Office 200 Main Street Lewiston ME 04240 Toll Free Number: 1-800-482-7517</p>
<p>Biddeford District Office 208 Graham Street Biddeford ME 04005 Toll Free Number: 1-800-322-1919</p>	<p>Machias District Office 53 Prescott Drive Machias ME 04654 Toll Free Number: 1-800-432-7846</p>
<p>Calais District Office 392 South Street Calais ME 04619 Toll Free Number: 1-800-622-1400</p>	<p>Portland District Office 161 Marginal Way Portland ME 04101 Toll Free Number: 1-800-482-7520</p>
<p>Caribou District Office Unit 100 Skyway Plaza 30 Skyway Drive Caribou ME 04736 Toll Free Number: 1-800-432-7366</p>	<p>Rockland District Office 91 Camden Street Rockland ME 04841 Toll Free Number: 1-800-432-7802</p>
<p>Ellsworth District Office 17 Eastward Lane Ellsworth ME 04605 Toll Free Number: 1-800-432-7823</p>	<p>Sanford District Office 890 Main Street, Suite 208 Sanford ME 04073 Toll Free Number: 1-800-482-0790</p>
<p><u>All paper applications must be mailed to this address!!!</u></p> <p>Farmington District Office 114 Corn Shop Lane Farmington ME 04938</p> <p>Toll Free Number: 1-800-442-6382</p>	<p>Skowhegan District Office 98 North Avenue Suite 10 Skowhegan ME 04976 Toll Free Number: 1-800-452-4602</p>
<p>Fort Kent District Office 137 Market Street Fort Kent ME 04743-1447 Toll Free Number: 1-800-432-7340</p>	<p>South Paris District Office 243 Main Street, Suite 6 South Paris ME 04281 Toll Free Number: 1-800-593-9775</p>

Maine Rx Plus Application

Including Low Cost Drugs for the Elderly or Disabled (DEL) Benefit

1. Person Applying

Your name (first, middle initial, last)		
Social Security Number	Birthdate (month/day/year)	Sex

2. Mailing Address

Street, PO Box, or RR (include apartment number, in care of, etc.)			
City	State	Zip	Phone
If different from your mailing address, give the address where you actually live:			

3. Household Members *List the people who live with you.*

First name	Last name	Sex	Birthdate	Relationship to you	Is this person applying for benefits?	Social Security Number for those applying

4. Citizenship *Answer only for people applying.*

Are all the people who are applying U.S. citizens? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, list their names and Alien Registration Numbers. This is on the back of the I-94 card.	
Name	Alien Registration Number

5. Disability

Check here if anyone in your household has a disability. If yes, who _____

6. Health Insurance

Check here if you or anyone who is applying has health insurance. If yes, who _____

Name of insurance company _____ Policy# _____

Does this insurance cover prescription drugs? Yes No

7. Income *Answer for you, your spouse and dependents living with you and any other person in your household who is applying.*

Employer's name and phone number	Amount you earn	How often you are paid	Hours worked each week

(Income continued on other side.)

7. Income *(continued)*

List all gross income (before taxes). This includes income from wages and from other sources such as pensions, Social Security, Unemployment Compensation, interest income, Worker's Compensation, child support.			
Name of person with income	Source of income (wages, Social Security, etc.)	How often received?	Gross amount received <small>(Add to your check amount the total taken out to pay for your Medicare Part B premium)</small>
1.			
2.			
3.			
4.			
Self-Employment			
Name of person who is self-employed		Name of business	
List business income from the most recent federal tax return: Form 1040, line 12			
If you did not file a tax return, what is your yearly income from self-employment (minus business expenses)			

8. Assets *Compare only if you are applying for yourself along with your children and teens age 18 and under.*

A. Cashable Assets	Name(s) on account	Account number and bank	Value or balance
Type of asset			
B. Real Estate (other than the home where you live)		Type of real estate	
Owners			
C. Vehicles			
Year	Make/model	Owners	Current value
Amount			

9. Help with Applying

<p>If you know someone who can answer the questions on this form and you would like us to ask them to help with this application, please tell us who this is:</p> <p>Name _____ Telephone _____</p> <p>Address _____</p>
--

I understand the questions on this form. As far as I know all my answers are correct and complete. I know that if I give information that is not true I am breaking the law.

Signature of person applying _____ Date _____

Signature of person filling out this form _____ Date _____

Social Security Numbers are used to do computer matches with I.R.S., the Social Security Administration, Department of Labor, other government agencies and private financial institutions. The Department of Human Services and federal officials may verify any information given.

The only benefit is help with paying for prescription drugs.