

# 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](http://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:

| FAMILY SIZE | GROSS MONTHLY INCOME |               |
|-------------|----------------------|---------------|
|             | DEL                  | Maine Rx Plus |
| 1 person    | \$1,575              | \$2,978       |
| 2 people    | \$2,111              | \$3,993       |
| 3 people    | \$2,648              | \$5,008       |
| 4 people    | \$3,184              | \$6,023       |
| 5 people    | \$3,721              | \$7,038       |

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.

# Maine Rx Plus Application

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

Return to:

Department of Human  
Services  
13 Prescott Drive  
Machias, Maine  
04654

Received \_\_\_\_\_

## 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<br>(Add to your check amount the total taken out to pay for your Medicare Part B premium) |
|----------------------------|---|---------------------|---|
| 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 | Owners     | Current value | Amount |
|-------------|------------|---------------|--------|
| Year        | Make/model |               |        |
|             |            |               |        |
|             |            |               |        |

## 9. Help with Applying

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:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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.