

Patients can contact The WellFund at any time of the year, and at any stage of their lives for help with healthcare coverage enrollment.

The WellFund Advocates are located near patient registration.

The WellFund Advocates can also be reached by phone Monday through Friday at **855-365-9300**, from 8am to 5pm or at **info@TheWellFund.org**.



The WellFund understands that finding affordable healthcare coverage can be challenging, but our network continues to find ways to always put the patient first.

The WellFund advocates are available onsite at our hospitals and via telephone to assist patients in determining the most comprehensive and cost-effective plan to meet the needs of individuals seeking high quality health care.

The WellFund exists to help patients navigate the confusing world of State and Federally funded health care coverage options, including initial enrollment and ongoing maintenance of coverage.

The WellFund provides advocacy services AT NO COST to the patient.

The WellFund will help patients qualify and provide information for State/ Federally Funded Programs such as:

Hoosier Health Wise

Healthily Indiana Plan (HIP)

Medicare Savings Program (QMB, SLMB, QI)

Extra Help/LIS for Prescription Drugs

ACA Open Enrollment/ Subsidies

ACA Year-round Exception Enrollment

COBRA

Hospital Presumptive Eligibility (HPE)

Social Security Benefits

Disability

Help with Medicaid Enrollment

The WellFund Patient Advocates are available to meet with patients in person or over the phone to help enroll them in the various Indiana Medicaid programs. These programs are available to patients who meet certain income requirements.

As a requirement of eligibility for these programs you will be asked to provide various forms of documentation such as:

- **Pay Stubs** (30 days worth)
- **Photo ID**
- **Social Security Card**
- **Birth Certificate**
- **Proof of Residency** (if applicable)

The WellFund Patient Advocates can assist in the enrollment process by helping patients gather all appropriate documentation and submitting the documents and application. You can submit the required documentation physically at any of The WellFund locations or via email.

The WellFund will communicate directly with the state from start to finish and keep you updated along the way.

Medicare Coverage Choices

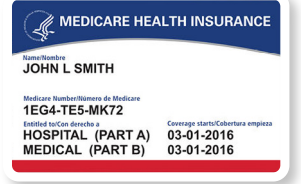
STEP 1 Enroll in Original Medicare.

STEP 2 Decide if you need additional coverage. There are two ways to get it.

Original Medicare
Provided by the federal government

PART A Helps pay for hospital stays and inpatient care


PART B Helps pay for doctor visits and outpatient care




OPTION 1 OR **OPTION 2**

Add one or both of the following to Original Medicare.

Medicare Supplement Insurance Plan
Offered by private companies

 Helps pay some of the out-of-pocket costs that come with Original Medicare


Medicare Part D Plan
Offered by private companies

 Helps pay for prescription drugs


OPTION 2

Choose a Medicare Advantage plan.

Medicare Advantage Plan
Offered by private companies

 Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

Part D
Usually includes prescription drug coverage

 May offer additional benefits not provided by Original Medicare

Help with Medicare Costs & Benefits

If you have limited income and resources, the state may help pay your Medicare Part B premium, and in some cases may also pay your Medicare deductibles and coinsurance. You will automatically receive extra help if the state pays your Part B premiums.

	2019 INCOME	2019 ASSETS
Qualified Medicare Beneficiary (QMB)	\$1,582 (single)	\$7,730 (single)
	\$2,134 (couples)	\$11,600 (couples)
Specified Low Income Beneficiary (SLMB)	\$1,790 (single)	\$7,730 (single)
	\$2,416 (couples)	\$11,600 (couples)
Qualified Individual (QI)	\$1,946 (single)	\$7,730 (single)
	\$2,627 (couples)	\$11,600 (couples)

Part D Drug Plan

What is Medicare prescription drug coverage?

Medicare offers prescription drug coverage (Part D) for everyone with Medicare.

This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future, including late enrollment penalties.

It is best to sit down with a Patient Advocate to get a plan comparison to ensure that your drugs are covered by the plan.

When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage between October 15th and December 7th each year.

Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.