

Health..... 1

 Medicare Overview..... 1

 Medicare Part A 5

 Medicare Part B 6

 Help with Part B Costs: Medicare Savings Programs..... 8

 Medicare Advantage Plans/Part C 10

 Medicare Part D 12

 Help with Part D Costs: Extra Help..... 15

 Medigap 16

 Medicaid 18

 Medicaid Spend-Down..... 22

 Elderly Pharmaceutical Insurance Coverage (EPIC) 23

Income 25

 Social Security 25

 Social Security Disability Insurance (SSDI) 27

 Supplemental Security Income (SSI) 28

Food 30

 Supplemental Nutrition Assistance Program (SNAP) 30

 The Commodity Supplemental Food Program (CSFP) 32

 Home Delivered Meals for Older Adults..... 33

 Food Pantries 33

Heating/Cooling 34

 Heating and Cooling Assistance (HEAP)..... 34

 Con Ed Energy Affordability Program (Low-Income Discount)..... 37

Home..... 38

 Senior Citizen Rent Increase Exemption (SCRIE) 38

 New York State School Tax Relief Program (STAR)..... 41

 Partial Tax Exemption for Real Property of Senior Citizens..... 44

 Claim for Real Property Tax Credit..... 46

THIS BENEFITS CHECKLIST WAS UPDATED ON FEBRUARY 20, 2026.

Health

Medicare Overview

Medicare is a federal health insurance program mainly for older adults 65+, which began in 1966 under the Social Security Administration (SSA). Medicare provides health coverage at a time of life when a person's health may diminish, and care and prescription costs often increase. Medicare is now administered by the Centers for Medicare and Medicaid Services (CMS).

The basic Medicare program, known as Original Medicare, consists of [Part A](#) (hospital insurance) and [Part B](#) (medical insurance). Beneficiaries enrolled in Original Medicare can get care from any provider who accepts Medicare assignment. (About 90 percent of primary care physicians accept Medicare, but not all of them accept new Medicare patients.)

Prescription coverage is available under [Part D](#), administered by private insurers.

Medicare [Part C](#) combines these parts into privately administered plans, also known as [Medicare Advantage](#) plans. Medicare Advantage plans cover all the benefits of Part A, Part B, and usually Part D, and may offer additional benefits, such as exercise club memberships, hearing aids, dental and vision care, and nonmedical home care.

Because Original Medicare does not cover 100 percent of costs, enrollees may choose to buy a supplemental [Medigap](#) insurance plan. Medigap is purchased directly from private companies to pay costs not covered by Medicare Parts A and B. *Medigap cannot be used with a Medicare Advantage plan.*

For most people, Part A is premium-free. The Part B premium is at least \$202.90/month, depending on income. Medicare Advantage plans may charge an additional premium, and Part D premiums vary per plan. For beneficiaries with low incomes, there are [Medicare Savings Programs](#) to help with medical cost sharing, and the [Extra Help](#) program, which provides assistance with Part D prescription costs.

Each part of Medicare has specific benefits, cost sharing, and enrollment rules. The parts are covered in more detail below.

Eligibility

There are three main categories of people who are eligible for Medicare with premium-free Part A:

- Individuals who are age 65 or older AND eligible for [Social Security](#) or Railroad Retirement benefits. It is not necessary to be collecting Social Security to enroll in Medicare. (Individuals may be eligible based on their spouse's work history.)
- Individuals who are disabled and enrolled in Social Security Disability Insurance (SSDI) for at least 24 months. (SSDI recipients who have amyotrophic lateral sclerosis, or ALS, are eligible immediately.)

- Individuals with end stage renal disease (ESRD) who have sufficient Social Security credits or Railroad Retirement benefits
- **Noncitizen eligibility criteria:** As of July 2025, eligibility is restricted to three categories of lawfully present immigrants: legal permanent residents (green card holders), Cubans and Haitians who entered under a family reunification program, and people residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau). **Other previously eligible noncitizen beneficiaries (including refugees, asylees, and people with Temporary Protected Status) will be disenrolled from Medicare as of January 4, 2027.**

Individuals 65 and older who do not have sufficient work credits to be eligible for Social Security may purchase coverage in Part B or both Parts A and B. They will have to pay a premium for Part A as well as Part B, unless they meet income limits for a [Medicare Savings Program](#).

- **Noncitizen eligibility criteria:** To purchase coverage, an individual must have been a lawful permanent resident (hold a green card) with continuous U.S. residency for at least 5 years.

Anyone who is eligible for Medicare and enrolled in Part A and/or Part B may enroll in Part D.

Income Limits

There is no income limit to participate in Medicare, but premiums are based on income. Medicare Savings Programs and Extra Help, which assist with the cost of Medicare, do have income limits.

Resource Limits

None. In some states, Medicare Savings Programs may have resource limits, but New York has no resource limits for Medicare Savings Programs. Extra Help, which assists with Part D costs, does have resource limits. (Please see Medicare [Part D](#) information for those specific limits.)

When and How to Sign Up

- Individuals who are collecting Social Security will be automatically enrolled in Medicare Part A and Part B when they turn 65.
- Those who are not receiving Social Security benefits must actively enroll, either online at ssa.gov or by visiting, calling, or writing to the Social Security Administration (details below).

Medicare has a 7-month enrollment window centered on an individual's 65th birthday *month*. The sign-up period begins 3 months *before* an individual turns 65, and ends 3 months *after* the month in which an individual turns 65. Penalties may occur if an applicant does not enroll in Part B, at least, within the initial enrollment window. Individuals who are eligible for premium-free [Part A](#) may sign up for Part A anytime after they become eligible for Medicare; coverage will go back 6 months from signup (but not earlier than eligibility).

Those who miss the initial enrollment period may sign up during Medicare's general enrollment period — January 1 through March 31 each year. Coverage then begins on the first day of the month following enrollment. Late enrollees face a [Part B premium penalty](#) for life. (The penalty is not permanent for people under 65 who receive Medicare because of a disability.)

As of 2023, special enrollment periods have been created for exceptional circumstances: emergencies, disasters, the receipt of incorrect information, release from incarceration, and termination of Medicaid coverage. In addition, individuals with low incomes may qualify for a Medicare Savings Program, which permits enrollment in Part B outside the regular enrollment periods and excuses recipients from the premium penalty.

Individuals who receive coverage from a union or employer (or a spouse's employer) may choose to delay enrolling in Part B as long as they continue active employment, but the situation differs with employer size. See [Part B](#) for important information.

Once enrolled in Medicare, beneficiaries may choose to get their benefits through a [Medicare Advantage plan](#) instead of Original Medicare. They may switch to another Medicare Advantage plan, or back to Original Medicare, at certain times of the year or under certain circumstances, discussed below.

[Part D](#) enrollment is not required.* However, unless a person has a current prescription plan that meets the standard of "creditable coverage," those who do not enroll when turning 65 may face a premium penalty if they enroll later on.

To enroll in Part D, individuals must select a private plan from those available in their area. Stand-alone drug plans are available for those receiving Original Medicare. Beneficiaries enrolled in a Medicare Advantage plan usually receive their drug coverage as part of that plan.

*Individuals who qualify for both Medicare and Medicaid, known as "dual eligibles," have a different set of rules and benefits. In New York, dual eligibles **must** sign up for a Part D or Medicare Advantage plan, or they may lose their Medicaid benefits. See the [Medicaid](#) section of the Benefits Checklist.

Government Agencies

Enrollment

Medicare is a *federal* program managed by the Centers for Medicare and Medicaid Services (CMS) for older adults (65+) and people with disabilities. The annual *Medicare & You Handbook* is mailed to beneficiaries, and is available in several languages at <https://www.medicare.gov/medicare-and-you/>.

For more information, see <https://www.medicare.gov>.

The Social Security Administration (SSA) works with CMS to enroll eligible individuals in Medicare. Medicare applicants who are not collecting Social Security benefits must call SSA directly, at 800-772-1213; TTY users: 800-325-0778; visit www.ssa.gov; or apply in person at a local Social Security office. Local offices are open again after the COVID-19 shutdown, but appointments are strongly encouraged.

To find a local SSA office online, go to www.ssa.gov/locator.

Counseling and Assistance re: Medicare Rules

Individuals may seek free Medicare counseling and help with disputes from their State Health Insurance Assistance Program, or SHIP. New York State's health insurance assistance program is called: the Health Insurance Information Counseling and Assistance Program (HIICAP).

HIICAP helps advocates and applicants to:

- Choose between Original Medicare and different types of Medicare Advantage and other plans, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), private fee-for-service (PFFS) plans, special needs plans, and medical savings accounts
- Understand:
 - Medicare rules and an individual’s medical bills
 - low-income subsidy programs, including “Extra Help” and Medicare Savings Programs (MSPs)
 - the Medicare prescription drug benefit (Medicare Part D), and how to select the best plan
 - and apply for Elderly Pharmaceutical Insurance Coverage (EPIC)
- Find available options that may help pay for prescription drugs or medical equipment
- Appeal Medicare decisions or those made by a managed care provider or health insurance company
- Explore ways to fill in Medicare’s gaps

NYC. NYC Department for the Aging’s Health Insurance Information Counseling and Assistance Program (HIICAP) counseling line is 212-602-4180. Identify yourself as an advocate or an applicant, leave a message, and your call will be returned.

Physical address: HIICAP Unit, 2 Lafayette Street, 9th Floor, between Duane and Reade Streets, New York City, 10007. Email: HIICAP@aging.nyc.gov

Outside NYC. The New York State HIICAP hotline is 800-701-0501; callers will be routed to their local HIICAP office. Local HIICAPs are often affiliated with the Area Agency on Aging. For more information, visit <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>.

Other Assistance

Medicare Rights Center is a nonprofit advocacy organization, not a part of the government. The Medicare Rights Center operates a National Helpline at 800-333-4114; press 1 if calling on behalf of yourself/friend/family member. Hours M–F, 10 am–3 pm Eastern time. For help in Spanish, press 8.

- Professionals, please email: professional@medicarerights.org. Online information is also available at www.medicareinteractive.org.

Medicare Part A

Benefits

Medicare Part A provides coverage for inpatient care at hospitals and skilled nursing facilities, hospice care, and a limited amount of home health care.

Enrollment Rules and Premiums

- Individuals who are collecting Social Security will be automatically enrolled in Medicare Part A and Part B when they turn 65.
- Those who are not receiving Social Security benefits must actively enroll, either online at ssa.gov or by calling or writing to the Social Security Administration. See [Overview](#) above.

Most people are eligible for premium-free Part A, and they may sign up for Part A anytime after they become eligible for Medicare; coverage will go back 6 months from the date of signup – but it not will not start earlier than when a person first becomes eligible.

Individuals who are not eligible for Social Security or Railroad Retirement benefits, and who do not have a spouse who qualifies for premium-free Part A, may purchase coverage, if they are 65+ and are U.S. citizens or have been lawful permanent residents for at least 5 years. If they miss their initial enrollment period, there is a 10% premium penalty for twice the number of years they were eligible before signing up. They must also sign up for Part B when they enroll, and pay any applicable Part B late enrollment penalty. The monthly Part A premium for 2026 is \$565, or \$311 for those who paid into Social Security for 7.5 to 10 years. Individuals with low incomes may qualify for a [Medicare Savings Program](#) that covers the Part A premium.

Patient's Share of Costs

Cost sharing is calculated per benefit period (also known as “episode of illness”). “Benefit periods” begin the day of admission into a hospital or skilled nursing facility and end after 60 consecutive days without inpatient care. There is no limit to the number of benefit periods.

- *Deductible*: \$1,736 per benefit period
- *Inpatient hospital copayments*: \$0 for first 60 days of each benefit period; \$434/day for hospital days 61-90; \$868/day after day 90 of each benefit period, up to a max of 60 “lifetime reserve days.” Once lifetime reserve days are used up, the patient is responsible for all costs after day 90 of each benefit period.
- *Skilled nursing facility copayments*: \$0 for first 20 days of each benefit period; \$217/day for days 21-100; all costs after day 100 per benefit period.
- *Hospice care copayments*: \$0; unlimited hospice days, with possible charges for prescription drugs and inpatient respite care.
- *Home health care duration*: Patient must be homebound and care must be doctor-ordered after a face-to-face visit. Parts A and B cover medically necessary services up to 7 days/week for up to 8 hours/day, for no more than 28 hours/week (with possible exceptions). The plan of care requires recertification by a doctor every 60 days. It is unusual for home health care to be authorized beyond the benefit period.

Medicare Part B

Benefits

Medicare Part B is coverage for physicians, outpatient services, diagnostic tests, and durable medical equipment, and covers two types of services:

- Medically necessary services: Services or supplies that are needed to diagnose or treat a medical condition and that meet accepted standards of medical practice.
- Preventive services: Health care to prevent illness (such as the flu) or detect an illness at an early stage, when treatment is most likely to work best.

Enrollment Rules

- Individuals who are collecting Social Security will be automatically enrolled in Medicare [Part A](#) and Part B when they turn 65.
- Those who are not receiving Social Security benefits must actively enroll, either online at ssa.gov or by visiting, calling, or writing to the Social Security Administration. See [Overview](#) above.

Delayed enrollment. Individuals who receive coverage from an employer (or a spouse's employer) may choose to delay Part B as long as they continue active employment. (Retiree insurance does not count for this purpose.) Once that employment ends, an individual has an 8-month special enrollment period (SEP) in which to sign up for Part B without penalty.

Note: Employed individuals who are considering delaying enrollment in Part B should consult their benefits manager or the SSA to understand how Medicare works with their insurance.

For individuals age 65+ working at companies with fewer than 20 employees, Medicare, by law, is the individual's primary insurance, and the employer's plan is secondary—meaning that the employer's plan will not pay at all if Medicare is not in place. In the absence of Medicare, the employee would be responsible for covering their health care costs out of pocket.

Late enrollment. Individuals who miss their initial sign-up period for Medicare and who enroll during the general enrollment face a **Part B premium penalty for life**. (The penalty is not permanent for people under 65 who receive Medicare because of a disability.) The penalty is 10% of the Part B base premium for each year that a person delays enrollment. (For instance, a two-year delay in enrollment would incur a 20% lifetime penalty.)

As of 2023, special enrollment periods have been created for exceptional circumstances: emergencies, disasters, the receipt of incorrect information, release from incarceration, and termination of Medicaid coverage. Individuals with low incomes may be able to avoid the Part B and/or Part D penalties if they qualify for a [Medicare Savings Program](#) or for [Extra Help](#).

For 2026, the base monthly premium is \$202.90. Medicare beneficiaries with higher incomes will be charged higher premiums, based on their modified adjusted gross income as reported on their 2024 tax return:

Individual Tax Return	Joint Tax Return	Part B Premium
\$109,000 or below	\$218,000 or below	\$202.90
\$109,001 to \$137,000	\$218,001 to \$274,000	\$284.10
\$137,001 to \$171,000	\$274,001 to \$342,000	\$405.80
\$171,001 to \$205,000	\$342,001 to \$410,000	\$527.50
\$205,001 to \$499,999	\$410,001 to \$749,999	\$649.20
\$500,000 or above	\$750,000 or above	\$689.90

Married people filing separate tax returns with incomes between \$109,000 and \$391,000 have a premium of \$649.20; those with incomes \$391,000 or above have a premium of \$689.90.

Note: Some Medicare Part B recipients won't pay the full \$202.90 premium due to a "hold harmless" provision that prevents rising Part B premiums from reducing Social Security benefits from their previous level. If a person's annual Social Security cost-of-living adjustment (COLA) is not large enough to cover their full premium increase, they will not be charged the full increase. For 2026, the Social Security COLA is 2.8%. Costs are determined by the applicant's tax return of two years previous; for 2026, an applicant's 2024 tax return is the basis for determining the annual premium.

Patient's Share of Costs

Deductible: \$283 per year

Copayment: 20% of the Medicare-approved amount for:

- Most doctors' services (including doctors' services for hospital inpatients)
- Outpatient therapy
- Durable medical equipment

There is **no copayment** for preventive services (as defined by the U.S. Public Health Service).

To cover the coinsurance and/or copays, individuals may buy a Medigap plan, designed to work with Medicare. (See the [Medigap](#) section for information on benefits and enrollment periods.) Some people may have secondary coverage from a retiree plan, other insurance, or Medicaid.

Help with Part B Costs: Medicare Savings Programs

Benefits

Medicare Savings Programs (MSPs) are federally funded programs administered by each state to assist low-income Medicare recipients with Medicare premiums and, in some cases, other costs. The program is administered through Medicaid but serves people whose income or assets may be too high for Medicaid, as well as some Medicaid recipients. Medicare Savings Programs work with both Original Medicare and Medicare Advantage plans.

New York made significant changes in its MSPs as of 2023. There are two different types of Medicare Savings Programs to help eligible residents 65 and older* with Medicare costs:

1) Qualifying Individuals (QI): Pays for Medicare Part B premium, with up to 3 months' reimbursement within the same calendar year.

2) Qualified Medicare Beneficiary Program (QMB): QMB pays for Medicare Parts A and B premiums, coinsurance, deductibles, and copayments. Medicare providers are not allowed to bill QMB enrollees for Medicare-covered services. (In New York, QMB covers those who previously qualified for the Specified Low-Income Medicare Beneficiary [SLMB] Program.)

Applicants cannot choose their program; they will be enrolled in the program that matches their eligibility. Individuals who enroll in a Medicare Savings Program will be automatically enrolled in [Extra Help](#), which assists with Part D (prescription drug) costs.

Enrollment in a Medicare Savings Program also provides a special enrollment period for beneficiaries to sign up for Part B, while eliminating the late enrollment penalty.

*Another program, QDWI, is only for people under 65 who are disabled and working. For more information about QDWI: <https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

Eligibility

For QI, applicants must have Medicare Part A. For QMB, applicants must be eligible for Part A (premium or premium-free).

Income Limits

New York State monthly income limits for 2026 (based on 2024 income):

	Individual	Married Couple
QI	\$2,494	\$3,375
QMB	\$1,856	\$2,509

Resource Limits

Since 2008, there are no resource limits for New York residents applying for Medicare Savings Programs (MSP), and there is no longer a requirement to apply for Social Security benefits if eligible. Many Medicare beneficiaries who might not qualify for Medicaid because of excess resources can qualify for an MSP.

How to Sign Up

Individuals can apply for a Medicare Savings Program by calling their local Medicaid office (see below), or by downloading the form and sending it in. They can also get assistance from their local [HIICAP](#). The agency will determine which type of MSP is appropriate for each applicant. Applicants must recertify each year, and previous participants have priority over new applicants.

New York City's Human Resources Administration now offers free application assistance, in multiple languages, for NYC residents who are 65 years and older, blind, or disabled. Call 347-396-4705.

Medicare Savings Program Application - DOH4328 ([PDF](#)) and Instructions ([PDF](#)); the application and instructions are also available in Spanish: DOH-4328ES ([PDF](#)), ([PDF](#)).

Online enrollment for Medicare Savings Programs is being rolled out on the [New York State of Health](#) platform. As of January 2026, online enrollment is limited to new Medicare Savings Program applicants and new Medicaid applicants who are not applying for long-term care or the Medicaid [spend-down](#). Renewals will be possible online in the future. The New York State of Health cannot be used to enroll in Medicare itself.

Government Agencies

NYC

Call the Human Resources Administration (HRA) General Infoline, 718-557-1399, or the HRA Medicaid Helpline, 888-692-6116. To reach an enroller, call the New York City Department of Health Office of Insurance Services, 347-396-4637. For the Facilitated Enrollment Program for the Aged, Blind and Disabled (FE-ABD) in New York City, call 347-396-4705.

Outside NYC

NYS Department of Health Medicaid Helpline/New York State of Health Contact Center: 800-541-2831. This number refers callers to their Local Department of Social Services (LDSS) offices. NYS county LDSS office info is online at: https://www.health.ny.gov/health_care/medicaid/ldss.htm.

Medicare Advantage Plans/Part C

Medicare Part C allows beneficiaries to receive their Medicare coverage through a private insurance plan, known as a Medicare Advantage plan (or “MA plan”), that “bundles” [Parts A](#) and [B](#), and usually Part D. Joining a Medicare Advantage plan is optional, and beneficiaries may switch between Original Medicare and Medicare Advantage. Beneficiaries who choose a private plan are still enrolled in Medicare.

Note: Medicare Advantage plans are NOT supplemental health insurance. Supplemental insurance, or [Medigap](#), works with Original Medicare to cover the share of expenses Original Medicare does not cover.

Medicare Advantage plans have advantages: Plans may offer more benefits than Original Medicare, such as fitness programs, vision, dental, and hearing aid coverage. Since 2019, they have also been allowed to cover nonmedical home care. Medicare Advantage plans may have lower cost sharing (out-of-pocket costs), and unlike Original Medicare, these plans put an annual cap on out-of-pocket expenses.

There are also disadvantages: Private plans typically restrict buyers to a much smaller network of doctors and health care providers, and they often require referrals for specialists. Individuals who have access to secondary coverage from a retiree or other plan may end up paying more with Medicare Advantage.

The Medicare Rights Center offers more details on the differences between Original Medicare and Medicare Advantage:

<https://www.medicareinteractive.org/get-answers/medicare-basics/medicare-coverage-overview/choosing-original-medicare-medicare-advantage>

Medicare Advantage plans are not all the same. The federal government sets some rules, but plans differ and should be compared carefully. Applicants should take the time to compare plans to find the one that best suits their needs, and make an informed choice.

- Medicare.gov has a Plan Finder tool for comparison: <https://www.medicare.gov/plan-compare/>.
- A variety of nonprofit organizations create annual comparison charts to show the benefits offered by different plans.
- The local HIICAP can help callers choose an appropriate plan.

Medicare Advantage plans are aggressively marketed to eligible people. In online searches for CMS/federal information about Medicare, private insurance companies’ proprietary information marketing Medicare Advantage plans often appears first.

Special Needs Plans. Medicare Special Needs Plans (SNPs) are Medicare Advantage plans with specific rules and restrictions. There are three types: Chronic Condition SNPs (C-SNPs) for people with cancer, dementia, diabetes, HIV/AIDS, or other conditions; Institutional SNPs, for residents of skilled nursing

facilities; and D-SNPs, for individuals who are eligible for both Medicare and Medicaid. Contact HIICAP for more information.

Benefits

Medicare Advantage plans cover almost all the benefits that Original Medicare does. (Original Medicare still covers the cost of hospice care and some other benefits even for Medicare Advantage members.) Most Medicare Advantage plans include Medicare Part D (drug coverage). Plans *may* also cover some of the following services:

- Vision services
- Hearing aids
- Dental care
- Fitness and other wellness programs
- Nonmedical home care
- Transportation to doctor visits
- Over-the-counter drugs

Premiums

Medicare Advantage Plan members pay the Part B premium and any additional plan premium. A plan with a larger network of doctors and hospitals will usually come with a higher premium than a plan that offers a smaller, more local network. See <https://www.medicare.gov/plan-compare/> for specific plan premiums.

How to Sign Up or Change Plans

Individuals can enroll in a Medicare Advantage plan when they first become eligible for Medicare or during certain other periods of the year.

- Beneficiaries can switch between Original Medicare and Medicare Advantage, or switch from one Medicare Advantage plan to another, during Fall Open Enrollment (Oct 15–Dec 7) (aka Annual Election Period or Annual Coordinated Election Period). Coverage changes will be effective the following January.
- In addition, those who already have a Medicare Advantage plan can switch to another or switch back to Original Medicare during the Medicare Advantage Open Enrollment Period (Jan 1–Mar 31) each year, with coverage changes effective the first day of the month following enrollment.
- A number of situations may qualify a person for a special enrollment period:
<https://www.medicareinteractive.org/pdf/SEP-Chart.pdf>

The safest way to enroll in a private plan is to call 1-800-MEDICARE with the name of the plan you want to enroll in. Individuals may also enroll directly with a plan representative. Either way, it's important to record the facts of the call, including the date and the name of the representative, in case of administrative errors.

Medicare Part D

Part D is Medicare’s optional prescription drug benefit. Part D prescription drug coverage is offered through private companies as a stand-alone plan for those enrolled in Original Medicare, or as a set of benefits included with Medicare Advantage. Individuals must be enrolled in Part A and/or Part B to enroll in Part D. Although it is optional, it is usually advisable to sign up for Part D when enrolling in Medicare, because there is a lifetime penalty for late enrollment for those without equivalent coverage.

For New York State Medicaid beneficiaries, it is very important to enroll in Part D. Prescription costs are paid through Medicare Part D rather than Medicaid. When an individual becomes eligible for both Medicaid and Medicare, the state will assign the person to a Part D plan. The individual may then switch to a different plan if desired. According to the [New York State Department of Health](#), “If you currently receive NYS Medicaid and you do not join a Medicare prescription drug plan, you may lose all your NYS Medicaid benefits.”

Note: In New York State, [EPIC](#) (Elderly Pharmaceutical Insurance Coverage) supplements Medicare Part D coverage.

Benefits

Part D helps pay for self-administered drugs (that is, drugs not administered within a doctor’s office or hospital, which are covered by Part B). All plans must cover a wide range of drugs, including at least two drugs in the most commonly prescribed categories. Each plan has its own formulary, in which the specific drugs covered are arranged into tiers of different cost levels. As of 2023, no cost sharing or deductibles apply to vaccines.

There are many different Part D plans, each with their own formulary covering different drugs at different prices. Individuals should look for a Part D Plan that best suits their specific needs. Medicare.gov offers an online [Plan Finder tool](#) to help with comparisons. Plans change from year to year, so beneficiaries should review the available plans each fall.

Premiums

Part D premiums vary widely. The New York State Benchmark Premium for 2026 is \$58.82. Beneficiaries with higher incomes will be charged higher premiums, based on their modified adjusted gross income as reported on their 2024 tax return:

Individual Tax Return	Joint Tax Return	Beneficiary pays
\$109,000 or below	\$218,000 or below	Premium for selected plan
\$109,001 to \$137,000	\$218,001 to \$274,000	\$14.50 + plan premium
\$137,001 to \$171,000	\$274,001 to \$342,000	\$37.50 + plan premium
\$171,001 to \$205,000	\$342,001 to \$410,000	\$60.40 + plan premium
\$205,001 to \$499,999	\$410,001 to \$749,999	\$83.30 + plan premium
\$500,000 or above	\$750,000 or above	\$91.00 + plan premium

Married people filing separate tax returns with incomes between \$109,000 and \$391,000 pay an adjustment of \$83.30; those with incomes above \$391,000 have an adjustment of \$91.00.

Patient's Share of Costs

- *Annual deductible:* Each plan sets its own deductible, up to a maximum of \$615. Some plans have no deductible.
- *Copayments* after the deductible has been met: Each plan has its own copayment level up to the initial annual coverage level — \$2,100 in 2026.
- *Catastrophic coverage:* After \$2,100 in out-of-pocket costs, beneficiaries have no cost sharing for covered drugs for the rest of the year. The so-called “donut hole” or coverage gap was eliminated as of Jan. 1, 2025.
 - Out of pocket costs include both out-of-pocket costs, including the deductible but not premiums, and costs paid by others on the beneficiary's behalf, including other persons, insurance plans, most charities, and drug assistance programs like [EPIC](#).

How and When to Sign Up

Part D enrollment is not required. However, unless a person has a current prescription plan that meets the standard of “creditable coverage,” those who do not enroll when turning 65 may face a lifetime premium penalty if they enroll later on. Employer-based or other prescription plans should send an annual statement confirming that they meet Medicare's standard for “creditable coverage.” In the absence of such a statement, individuals should contact their plan or benefits manager to confirm their coverage if they plan to defer Part D enrollment.

To enroll in Part D, individuals must select a private plan from those available in their area. Stand-alone drug plans are available for those receiving Original Medicare. Beneficiaries enrolled in a Medicare Advantage plan usually receive their drug coverage as part of that plan.

After choosing a plan, individuals can call 1-800-MEDICARE to enroll or call the plan directly. Individuals can also enroll online with Medicare's [Plan Finder tool](#).

- Beneficiaries have the opportunity to sign up for Part D during their initial enrollment in Medicare.
- In most cases Part D plans can be changed during fall Open Enrollment period (Oct 15–Dec 7); beneficiaries with Medicare Part C/Medicare Advantage Plans can change their Part D coverage during the Medicare Advantage Open Enrollment Period, Jan 1–Mar 31.
- Enrollees in New York's [EPIC](#) program are entitled to a once-a-year special enrollment period in which they can switch their Part D or Medicare Advantage plan.

Late enrollment penalty. For Part D, Medicare calculates the penalty by multiplying 1% of the “national base beneficiary premium” (\$38.99 in 2026) by the number of months that the individual had neither Part D nor equivalent coverage after becoming eligible for Medicare. Each year an individual's penalty is recalculated with the current year's base premium.

Individuals with low incomes may be able to avoid the penalty if they qualify for a [Medicare Savings Program](#) or [Extra Help](#). In addition, a number of situations may qualify a person for a special enrollment period: <https://www.medicareinteractive.org/pdf/SEP-Chart.pdf>

Government Agencies

Medicare Part D enrollment: (800) 633-4227 and 1-800-MEDICARE or visit: www.medicare.gov

NYC

NYC Department for the Aging's Health Insurance Information Counseling and Assistance Program ([HIICAP](#)) counseling line: 212-602-4180. Identify yourself as an advocate or an applicant and leave a message, and your call will be returned.

Office location: HIICAP Unit, 2 Lafayette Street, 9th Floor, between Duane and Reade Streets, New York City, 10007, Email: HIICAP@aging.nyc.gov

Outside NYC

The New York State HIICAP hotline is 800-701-0501; callers will be routed to their local HIICAP. Local HIICAPs are often affiliated with the Area Agency on Aging. For more information, visit <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>.

Other Assistance

Medicare Rights Center National Helpline: 800-333-4114, press 1 if calling on behalf of yourself/friend/family member. Hours M–F, 10 am–3 pm, EST. For help in Spanish, press 8.

- Professionals, please email: professional@medicarerights.org. Online information is also available at www.medicareinteractive.org.

Help with Part D Costs: Extra Help

The Low Income Subsidy (LIS), commonly known as Extra Help, is a federal program that helps pay out-of-pocket prescription drug costs for Part D recipients.

Benefits

- Pays the Part D premium (up to \$58.82 in New York) and deductible.
- In 2026, copays are limited to \$5.10 generic/\$12.65 brand-name, or lower for those with Medicaid and an income below the federal poverty level.
- Provides special enrollment period for Part D; eliminates the Part D penalty for late enrollment.

Income and Resource Limits

The following income and asset limits apply for 2026:

- Income: \$2,015/mo. for an individual; \$2,725/mo. for a married couple living together. Limits may be higher if the applicant supports other family members in the household.
- Resources: \$18,090 for an individual and \$36,100 for a married couple living together.

Those with somewhat higher incomes should still check eligibility, as they may be qualified based on uncommon circumstances. The Social Security Administration (SSA) may require an annual review of eligibility for those who are not enrolled automatically.

See: www.ssa.gov/pubs/EN-05-10508.pdf

<https://www.medicarerights.org/fliers/Help-With-Drug-Costs/Extra-Help-Chart.pdf?nrd=1>

How to Sign Up

Individuals enrolled in both Medicare and Medicaid (“dual eligible”) or a Medicare Savings Program are automatically enrolled in Extra Help.

Other applicants can visit <https://www.ssa.gov/medicare/part-d-extra-help>; call Social Security at 1-800-772-1213 (TTY 1-800-325-0778); or apply at their local Social Security office (www.ssa.gov/locator). Local offices are open again after the COVID-19 shutdown, but appointments are strongly encouraged.

Medigap

Medigap is optional supplemental insurance purchased directly from private companies to pay costs not covered by [Medicare Parts A and B](#). It is also known as “Medicare Supplemental Health Insurance.” Beneficiaries without secondary insurance from a retiree plan or other coverage should consider whether a Medigap policy would be appropriate for them. Medigap policies have monthly premiums that recipients pay directly to the company that issues the policy.

Benefits

There are currently 8 standardized Medigap plans. (Plan C and Plan F, which included coverage of the Part B deductible, cannot be sold to people who became eligible for Medicare after Jan. 1, 2020.) Each standardized plan has a consistent set of benefits, which may include copayments, coinsurance, and deductibles, blood supply, and sometimes emergency medical care during travel outside the U.S. Insurance companies may charge different premiums for the same standardized plan, so it is important to compare policies.

Enrollment Rules

Individuals must be enrolled in Medicare Part A and Part B to purchase a Medigap plan. The 6-month, one-time, open enrollment Medigap period starts the first day of the month that an individual turns 65 AND is also enrolled in Medicare Part B. In some states, this may be the only opportunity to buy a Medigap policy.

New York State has year-round open enrollment for Medigap. New York is a guaranteed issue right Medigap policy state; under certain circumstances, an insurance company may not deny an applicant a Medigap policy that covers their pre-existing conditions. Policies may, however, contain a 6-month waiting period for coverage of a pre-existing condition. Insurers are required to reduce the waiting period when an individual enrolls within 63 days of losing coverage.

Applicants enroll by contacting the insurance company directly. It is important to keep a record of the call, noting the date and the representative’s name, as well as the outcome of the call.

Income Limits

None.

Resource Limits

None.

Government Agencies

The New York State Department of Financial Services provides a list of available plans. Call 212-480-6400 or 800-342-3736, or visit:

https://www.dfs.ny.gov/consumers/health_insurance/information_for_medicare_beneficiaries

https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_rates

NYC

For NYC residents, please contact the NYC Department for the Aging's Health Insurance Information Counseling and Assistance Program (HIICAP) counseling line: 212-602-4180, identify yourself as an advocate or an applicant, leave a message and your phone number, and your call will be returned.

Outside NYC

The New York State HIICAP hotline is 800-701-0501; callers will be routed to their local HIICAP. Local HIICAPs are often affiliated with the Area Agency on Aging. For more information, visit <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>.

Sources: medicare.gov, [Medicare & You handbook](#), medicareinteractive.org (Medicare Rights Center)

Medicaid

Medicaid is a means-tested, needs-based federal–state program covering a wide range of medical services, including hospital and long-term care (both residential facility and home care), physicians, and lab and pharmacy services. In New York, most people with Medicaid must join a managed care plan.

- The federal government sets minimums—groups of people required to be eligible, eligible services, and minimum reimbursements. The federal government also defines optional additional benefits (most famously, the Medicaid expansion defined in the Affordable Care Act) and then pays a share of federally required and permitted services (federal share depends on state poverty level).
- States can enact expansions on the federally defined minimums as well as manipulate those minimums to limit who is covered. New York has historically had—and continues to have—one of the most expansive (and expensive) Medicaid programs in the country. As a result, the NYS legislature, regulators, and administrators are continually attempting to regulate its coverage to control costs. This means that patients, advocates, and providers must check specific rules frequently rather than relying on the belief that Medicaid will cover a given service in a specific circumstance.

In general, Medicaid covers four groups of older adults:

- Older adults who are income-eligible for Medicaid but who are ineligible for Medicare. (For this group, Medicaid is their main health coverage.)
- Older adults who are eligible for Medicare AND income-eligible for Medicaid. This group is dual-eligible. If they meet certain health criteria, they can access Programs of All-Inclusive Care for the Elderly (PACE®) as well as Special Needs Plans, which are specialized insurance plans.
- Income-eligible long-term care recipients (nursing home, home care, and personal care services).
- People who have too many resources or income to be income-eligible for Medicaid, but whose medical expenses consume so much of their income, that they “[spend down](#)” their resources, becoming income-eligible for Medicaid.

Benefits

In New York State, Medicaid managed care covers physician services, emergency and hospital care, lab and pharmacy services, medical equipment, limited dental, vision, and hearing care, mental health and substance use services, and long-term care (both residential facility and home care).

Managed long-term care (MLTC) programs, for dual-eligible adults, provide coverage for home care (skilled nursing or personal care); adult day programs; home-delivered and congregate meals; medical equipment; dentistry; optometry and eyeglasses; audiology and hearing aids; podiatry; physical, speech, and occupational therapy; home modifications; nonemergency medical transportation; and nursing home care.

Eligibility

- No age limit for those who are income-eligible for Medicaid.
 - Noncitizen eligibility criteria:
 - Lawful permanent residents (people with green cards), after a 5-year waiting period
 - Federally documented “qualified immigrants” exempt from 5-year waiting period (refugees, asylees, and victims of trafficking, Amerasians and Cuban/Haitian entrants, veterans and active-duty military and their families, and other categories).
 - Immigrants with Permanently Residing Under Color of Law (PRUCOL) status
 - **Undocumented immigrants age 65 and older are eligible for full New York State Medicaid as of January 1, 2024.** This is still the case as of January 2026. Current recipients of emergency Medicaid will have their cases transferred to Medicaid on the New York State of Health exchange, where they will need to choose a managed care plan. New applicants must apply through their local department of social services (see “Government Agencies” below).
 - **Effective October 2026, federal eligibility is limited to three categories of lawfully present immigrants:** lawful permanent residents (green card holders), Cubans and Haitians who entered under a family reunification program, and people residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau). Other previously eligible noncitizen beneficiaries (including refugees, asylees, and people with Temporary Protected Status) will no longer be eligible. **New York State plans to use state funds to cover previously eligible individuals.** See <http://health.wnyc.com/health/entry/25/> for current information.
 - Medicaid eligibility requires annual renewals. Renewals will be based on the recipient’s initial eligibility date. In some cases, for example SNAP recipients, renewals will be processed automatically.
- Long-term care:**
- Must be dually eligible for Medicare and Medicaid.
 - Nursing home eligibility must be determined by a medical doctor.
 - Long-term home care needs must be assessed by a nurse from the Conflict Free Evaluation and Enrollment Center (CFEEC).
 - Enrollment in an MLTC plan is mandatory for dual-eligible New Yorkers age 21+ who require long-term services and supports for more than 120 days.

Income Limits

Individual 65+: \$1,836

Two family members in 65+ household: \$2,489 (but see paragraph below)

Long-term care: Medicaid is the only public payer for long-term care services. Therefore, many people who need long-term care services must figure out how to qualify for Medicaid. This is enormously complex and the rules change every year. One common issue is how one member of a couple can be eligible for long-term care in a facility without impoverishing the one who remains in the community.

Since 1998, the “community spouse” of a Medicaid MLTC member in New York has been permitted to keep a reasonable level of income for living expenses. Income is defined broadly and includes earned and unearned income as well as most government benefits. In 2026, the Monthly Maintenance Needs Allowance (MMNA) for the “community” spouse is \$4,066.50. Spouses receiving income in excess of the MMNA may be asked to contribute 25% of the excess income to the cost of care.

Source: https://www.health.ny.gov/health_care/medicaid/

Resource Limits

Individual 65+: \$33,038

Two family members in 65+ households: \$44,796 (but see paragraph below)

Long-term care: The resource rules are complex in defining who is eligible for MLTC. The community spouse of an applicant seeking nursing home care is allowed to retain resources of \$74,820, or up to \$162,660 of the “spousal share” amount (one-half the total value of the couple’s countable resources).

Resources that count against Medicaid eligibility (“countable assets”) include: vacation homes; savings and checking accounts; stocks, bonds, and investments; retirement accounts. Exempt resources: home (home equity limit up to \$1,130,000 for Medicaid coverage of long-term care, subject to certain exceptions); one car.

Government Agencies

NYC

New York City’s local department of social services is the Human Resources Administration (HRA). New Medicaid applications are handled through HRA’s Medical Assistance Program. Residents are also encouraged to use the [ACCESS HRA](#) platform to apply for and recertify their benefits. For more information, call 311 or the HRA Infoline at 718-557-1399 or visit a Medicaid office.

Most HRA locations have reopened for clients whose needs cannot be met through ACCESS HRA. For more information on each location’s opening hours, call 311 or visit <https://www1.nyc.gov/site/hra/locations/medicaid-locations.page>.

In addition, online Medicaid enrollment for Medicare beneficiaries classified as “aged, blind, or disabled” is being rolled out on the [New York State of Health](#) platform. As of January 2026, online enrollment is limited to new Medicaid applicants who are not applying for long-term care or the Medicaid [spend-down](#).

For free assistance from the Facilitated Enrollment Program for the Aged, Blind and Disabled (FE-ABD) in New York City, call 347-396-4705.

Outside NYC

New Yorkers 64 years old or younger who are not eligible for Medicare should apply for Medicaid or Emergency Medicaid through the New York State of Health Marketplace:

<https://nystateofhealth.ny.gov>, 855-355-5777. This includes applicants for Emergency Medicaid.

Most people who are 65+ (including undocumented immigrants) or who have a disability should call 347-396-4705 or apply through their local department of social services:

https://www.health.ny.gov/health_care/medicaid/ldss.htm

Hospital patients may sign up during or after an emergency; they must sign up within three months of emergency treatment to be covered for the costs.

Questions

New York Medicaid Choice: 800-505-5678; <https://nymedicaidchoice.com>

(Medicaid Choice is the managed care enrollment program of the New York State Dept. of Health.)

For information on who is not required to join a managed care plan:

<https://www.health.ny.gov/publications/1109.pdf>

Medicaid Spend-Down

Also known as Medicaid Excess Income or Surplus Income

Medicaid spend-down is a federal-state program that enables beneficiaries to deduct certain medical expenses so that an otherwise income-ineligible person can qualify for Medicaid. Medicaid coverage applies only in the months when the person has enough medical expenses to qualify. If a person needs medical care, the Pay-In Program can be used to “prepay” expenses.

Benefits

Medicaid spend-down allows applicants with income and/or assets over the Medicaid limit to access benefits by offsetting their excess with eligible medical expenses, such as bills from doctors’ visits, prescription or over-the-counter drugs, or insurance premiums. Once an eligible person or married couple has “spent down” their “surplus income” or assets, they are eligible for Medicaid coverage.

Eligibility

- Under age 21,
- age 65 or older,
- disabled or blind, or
- pregnant or a parent of a child under age 21
- **Noncitizen eligibility criteria:** Same as Medicaid.

Income Limit

No maximum, provided that medical expenses reduce the applicant’s net income to Medicaid eligibility levels or that individuals prepay their surplus income amount.

Resource Limit

Same as Medicaid.

Government Agency

Same as Medicaid.

More Information

For an explanation of benefits, see: [https://www.medicarerights.org/fliers/Medicaid/Medicaid-Spend-Down-\(NY\).pdf?nrd=1](https://www.medicarerights.org/fliers/Medicaid/Medicaid-Spend-Down-(NY).pdf?nrd=1)

Elderly Pharmaceutical Insurance Coverage (EPIC)

Through EPIC, New York State assists eligible older adults with [Medicare Part D](#) prescription drug payments. There are two kinds of EPIC: the Fee Plan, which charges a sliding scale annual fee (\$8-\$300) but covers Part D premiums for people with very low incomes, and the Deductible Plan, which charges no fee but has its own deductible (\$530-\$3,215 for an individual, depending on income).

Benefits

EPIC is a State Pharmaceutical Assistance Program; it is not primary drug coverage. It works with Medicare Part D.

- Members pay only EPIC drug copays (\$3 to \$20) after Medicare Part D deductible is met, and after EPIC deductible is met (Deductible Plan only):
 - New prescriptions and refills, brand-name and generic
 - Insulin and insulin supplies
 - Part D-excluded drugs, such as prescription vitamins
- The EPIC Fee plan pays the Part D premium up to \$58.82. The EPIC Deductible Plan also pays the Part D premium for members with incomes ranging from \$20,001 to \$23,000 if single or \$26,001 to \$29,000 if married. (If Extra Help is already paying \$58.82 for a member's premium, EPIC will cover any additional premium up to \$117.64.) Deductible Plan members with higher incomes are required to pay their Medicare Part D premium; their EPIC deductible is reduced by \$705.84 to account for this.
- EPIC members have one Medicare Special Enrollment Period (SEP) to join a Part D drug plan or Medicare Advantage plan or to change their plan at any time during the year.

Eligibility

- New York State residents age 65+
- Enrolled in a Medicare Part D plan or Medicare Advantage plan with drug coverage
- Not receiving full Medicaid benefits
- **Noncitizen eligibility criteria:** Same as Medicare.

Income Limits

EPIC Fee Plan:

- Individuals up to \$20,000
- Married couples up to \$26,000

EPIC Deductible Plan:

- Individuals up to \$75,000
- Married couples up to \$100,000

Resource Limits

No restrictions.

Government Agencies

New York State Dept. of Health
New York State Office for the Aging

The NYS EPIC Helpline is available from 8:30 am to 5:00 pm, M-F:
800-332-3742 and TTY 800-290-9138.

https://www.health.ny.gov/health_care/epic/fee_plan.htm

https://www.health.ny.gov/health_care/epic/deductible_plan.htm

Application and instructions (in multiple languages) and contact information:

https://www.health.ny.gov/health_care/epic/application_contact.htm

Mailing address:

EPIC
P.O. Box 15018
Albany, NY 12212-5018

Email: nysdohepic@primetherapeutics.com

For more EPIC information for 2026, see:

https://www.health.ny.gov/health_care/epic/member_info/program_highlights_2026.htm

Income

Social Security

Officially known as Old Age, Survivors and Disability Insurance (OASDI). The federal Social Security Administration (SSA) runs Social Security, which provides monthly cash benefits to retired workers, surviving spouses and dependents of Social Security beneficiaries, and disabled workers (see [SSDI](#)) from two Social Security trust funds (Old-Age and Survivors insurance, or OASI, and Disability Insurance, or DI).

Together, Social Security/OASI tax (12.4% since 1990) and Medicare taxes (2.9% since 1986) are referred to as FICA (Federal Insurance Contributions Act) tax or “withholding tax,” a credit against annual income tax payments. FICA taxes fund Social Security and Medicare programs.

Employees and employers each contribute half of the monthly Social Security or OASI tax (6.2%) and half of the monthly Medicare tax (1.45%) on a worker’s gross compensation through “payroll withholding.” Self-employed workers pay the entire 15.3% (12.4% SS/OASI rate and 2.9% Medicare tax) themselves under the Self-Employed Contributions Act.

Benefits and Eligibility

Social Security retirement benefits are based on an individual’s lifetime average earnings accrued over their working career. Eligibility requires 10 years (40 quarters) of earning “covered wages” —federally taxable earnings that contribute toward the calculation of Social Security retirement benefits—earned either as an employee or as a self-employed person.

While the full retirement age used to be 65, in 1983 Congress enacted legislation to gradually raise the full retirement age to 67 by raising it by one month per year. The full retirement age for people born before 1955 is 66, gradually rising to 67 for those born in 1960 or later. Retirement benefits vary according to each person’s lifetime “covered earnings” and when that person starts claiming benefits.

While Social Security benefits can be claimed as early as age 62, recipients receive a permanently reduced monthly benefit if they claim before full retirement age. Maximum monthly benefits are earned by delaying retirement claims until age 70. There is no incentive to delay claiming benefits past age 70.

There is a "special minimum" benefit for some people with a long history of low earnings (in 2026, for 11 years of coverage, it is \$53.50; for 30 years, \$1,123.70). The most an individual can receive per month is \$5,251 if filing at age 70 in 2026. Spouses who never worked or have low earnings, and dependent children, can receive up to half of a retired worker’s full benefit. The maximum family benefit that can be paid based on the earnings of one individual is between 150 and 180 percent of the individual’s payment. The individual benefits of two people who are married are not limited by each other’s benefit.

Social Security's benefits increase by a cost of living adjustment (COLA) annually, as measured by the Consumer Price Index. In 2026, Social Security benefits increased by 2.8%.

Noncitizen eligibility criteria. Non-U.S. citizens who are authorized to live and work in the United States and who have 40 work credits can qualify for Social Security benefits.

Income Limits

There is no income limit to receive Social Security at full retirement age. If benefits are taken before full retirement age AND a person earns income over a certain amount, benefits will be reduced during those working years. At full retirement age, Social Security will recalculate the benefit to give credit for the benefits not paid out, increasing the monthly benefits thereafter.

Earnings limits for 2026:

- Age 62 to full retirement age (67 for those born in 1960 or later): \$24,480: benefits will be reduced by \$1 for every \$2 earned over the limit.
- Year of full retirement age (in months prior to full retirement age): \$65,160: benefits will be reduced \$1 for every \$3 earned over the limit.
- Full retirement age and older: no limit.

Resource Limits

None.

Government Agency

Social Security Administration: 800-772-1213

To find a local SSA office online, go to <https://www.ssa.gov/locator>. Appointments are required.

Social Security Disability Insurance (SSDI)

SSDI is a federal disability income program, overseen by the Social Security Administration, for workers who are disabled before reaching [full retirement age](#) and who are unable to work. SSDI is funded through payroll taxes, and is also known as “worker’s disability.”

Benefits

SSDI benefits are paid starting six months from the onset date of the disability, but no more than 12 months prior to application. Monthly SSDI benefits are deposited directly into the recipient’s bank account or transferred onto a SSA Direct Express Card.

In 2026, the maximum SSDI benefit an individual can receive is \$4,152 per month. Each family member of a disabled worker may be eligible for a monthly benefit of up to 50 percent of the disability benefit amount, but there is a family maximum of about 150 to 180 percent of the disability benefit.

Social Security benefits increase by a cost of living adjustment (COLA) annually, as measured by the Consumer Price Index. In 2026, SSDI benefits increased by 2.8%.

Eligibility

- Disabled and unable to work for a year or more
- Have enough “work credits” through federally taxable earnings; the number of credits needed increases with age
- Individual determinations of eligibility are required.
- People who are age 55 and older and who have become disabled have a higher chance of being awarded SSDI than those below age 55, as the SSA takes into account the difficulty older, disabled workers face in transitioning to a new career.
- **Noncitizen eligibility criteria.** Same as for Social Security.

Income Limits

Recipients are allowed *earnings* of \$1,690 per month, or \$2,830 for those who are blind. Individuals who are able to earn more than that (“substantial gainful activity”) are not considered disabled.

Resource Limits

None.

Government Agencies

NYS Office of Temporary & Disability Assistance (OTDA) General OTDA number: 800-423-1090.
Social Security Administration: 800-772-1213, M-F, 7:00 am–7:00 pm. TTY: 800-325-0778.

To find out how to qualify for SSDI, use the benefits screening tool available at www.ssa.gov.

To apply online: <https://www.ssa.gov/apply>

Supplemental Security Income (SSI)

SSI, overseen by the Social Security Administration, is the less adequate alternative for those permanently unable to work but not eligible for Social Security. It is a strictly need-based program for aged, blind, or disabled people with very low incomes. SSI provides cash to meet basic needs for food, clothing, and shelter. The New York State Supplement Program (SSP) provides additional financial assistance as part of the monthly benefit.

Benefits

The benefit amount varies based on current earned income. Monthly SSI benefits are deposited directly into the recipient's bank account or transferred onto a SSA Direct Express Card. Benefits may be paid retroactively from the month of application.

SSI payment amounts increase annually according to the cost-of-living increases. In 2026, SSI benefits increased by 3.0%.

Maximum monthly benefit for 2026:

Living alone (in one's own apartment)

- Individual: \$994 (Fed) + \$87 (NYS) = \$1,081
- Married couple: \$1,491 (Fed) + \$104 (NYS) = \$1,595

Living with others

- Individual: \$994 (Fed) + \$23 (NYS) = \$1,017
- Married couple: \$1,491 (Fed) + \$46 (NYS) = \$1,537

Living as part of another's household

- Individual: \$662.67 (Fed) + \$23 (NYS) = \$685.67
- Married couple: \$994 (Fed) + \$46 (NYS) = \$1,040

Eligibility

- At least 65 years old or blind or disabled (with a disability deemed eligible by the federal government; some limitations exist particularly with regard to alcoholism/substance-abuse).
- Individual eligibility determinations
- Recipients who are institutionalized (but not in prison or at government expense) or residing in a public shelter may be eligible.
- Family members may also receive benefits if a former worker is no longer able to work due to a medical condition.
- Applicant must apply for any other cash benefits or payments for which they may be eligible.
- **Noncitizen eligibility criteria.** As of July 2025, **eligibility is restricted to three categories of lawfully present immigrants:** lawful permanent residents (people with green cards) who have been in the U.S. for 5 years or who receive certain disability benefits; Cubans and Haitians who entered under a family reunification program; and people residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau). **Other previously eligible**

noncitizen beneficiaries (including refugees, asylees, and victims of trafficking) are no longer considered “qualified aliens” and are no longer eligible. There are additional criteria for noncitizens, and some noncitizens’ SSI payments are limited to seven years.

Income Limits

Monthly income limits for 2026:

- Individual with income from wages only: \$2,073
- Individual with income not from wages: \$1,014
- Couple with income from wages only: \$3,067
- Couple with income not from wages: \$1,511

For SSI, one’s benefit is reduced based on “countable income.” Earned income is not entirely countable, as specified below. Income rules are complex; see <https://www.ssa.gov/ssi/> for details.

SSI income includes earnings from work, Social Security benefits, workers compensation, unemployment benefits, veterans’ benefits, income from friends and relatives, and free food or shelter (depending on its source).

Earnings that do NOT count as income include the first \$20 of most monthly income, the first \$65 of monthly earnings, one half of earnings over \$65 per month, and various other kinds of less common income.

Resource Limits

For SSI, resources include cash, bank accounts, stocks, U.S. savings bonds, land, vehicles, personal property, and life insurance.

Individual: \$2,000 limit

Married couple: \$3,000 limit

Exemptions:

\$1,500 per person for burial fund or any amount in irrevocable pre-need funeral agreements; burial plots or spaces for oneself or immediate family; life insurance policies owned with a face value of \$1,500 or less per person; house the person lives in; one vehicle, if is used for transportation for oneself or a member of their household; household goods and personal effects; property used in a trade or business; if disabled or blind, money or property set aside under a Plan to Achieve Self-Support (PASS).

Government Agencies

NYS Office of Temporary & Disability Assistance (OTDA) General OTDA number: 800-423-1090.

See <https://www.nyconnects.ny.gov/>

To find out how to qualify for SSI, use the benefits screening tool available at www.ssa.gov.

Social Security Administration: 800-772-1213, M-F, 7:00 am–7:00 pm. TTY: 800-325-0778.

Information for applying online: <https://www.ssa.gov/ssi/text-apply-ussi.htm>

Food

Supplemental Nutrition Assistance Program (SNAP)

The U.S. Department of Agriculture administers the Supplemental Nutrition Assistance Program (SNAP, formerly known as the ‘Food Stamps Program’) through New York State’s Office of Temporary and Disability Assistance (OTDA), county Departments of Social Services, and in New York City, the Human Resources Administration.

Benefits

SNAP provides recipients with a monthly allotment of benefits through an EBT electronic debit card system to buy approved food items. The dollar value depends on household income, number of household members, including children. Older adults and individuals with a disability may be eligible for additional SNAP food benefits. On determination of eligibility, benefits will be backdated to the date of application submission.

SNAP benefits can be used to buy food, including snacks and soda, and seeds and plants to grow food. SNAP benefits cannot be used to buy pet food, hot prepared food, medicine, vitamins or supplements, alcohol, cigarettes, or household supplies.

Maximum SNAP Monthly Benefit Allowance effective October 1, 2025:

Individual: \$298

Household of two: \$546

Household of three: \$785

See <https://otda.ny.gov/programs/snap/> for larger household sizes.

Eligibility

- There is no age limit to qualify for SNAP, but to qualify as “elderly” for the purposes of SNAP, a person must be 60 years or older. Benefits are based on household size, income, and other factors. **NOTE: As of March 1, 2026, new work requirements apply to adults age 18–64 who are not disabled and do not live with children under age 14. See <https://otda.ny.gov/programs/snap/work-requirements.asp> for more information.**

Noncitizen eligibility criteria. As of July 2025, noncitizen eligibility is restricted to three categories:

- Lawful permanent residents (people with green cards) who have been in the U.S. for 5 years or who receive certain disability benefits
- Cubans and Haitians who entered under a family reunification program
- People residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau)
- **Other previously eligible noncitizen beneficiaries (including refugees, asylees, and people with Temporary Protected Status) are no longer eligible.**
- U.S. citizens or eligible immigrants in the same household as ineligible residents can still receive SNAP.

Income Limits

As of October 1, 2025, monthly gross income limits for households with an elderly or disabled member or with dependent care expenses:

Individual: \$2,608 monthly/ \$31,296 annually

Household of two: \$3,525 monthly/ \$42,300 annually

Household of three: \$4,442 monthly/ \$53,304 annually

A household gross income below these amounts does not ensure eligibility. SNAP budgets can only be calculated with the completion of a SNAP application.

Source: <https://otda.ny.gov/programs/snap/>

Resource Limits

Most households applying for SNAP no longer have to pass a savings/resource test to get benefits. There is no resource test for households with elderly/disabled members, unless a household member has been sanctioned or disqualified from SNAP participation.

Government Agencies

NYC

Apply online using ACCESS HRA: <https://a069-access.nyc.gov/accesshra/#/>.

For NYC SNAP information, to have an application mailed to you, to check the status of your application, and to recertify, call the NYC Human Resources Administration (HRA) Infoline: 718-557-1399, M-F, 8 am to 5 pm.

SNAP applications can be picked up in person at a SNAP center. See:

<https://www1.nyc.gov/site/hra/locations/snap-locations.page>

Link to printable applications in 11 languages:

<https://www1.nyc.gov/site/hra/help/snap-benefits-food-program.page>

Outside NYC

To find your Local Department of Social Services (LDSS) office in New York State:

<https://ocfs.ny.gov/main/localdss.asp>

NYS Office of Temporary and Disability Assistance (OTDA): 800-342-3009

For NYS SNAP program and application information: <https://www.ny.gov/services/apply-snap>

Other Resources

New York State residents needing assistance with SNAP application can reach out to the Nutrition Outreach and Education (NOEP) Coordinators. These coordinators offer one-on-one help on eligibility assessment and documents preparation. The service is free and confidential. To find a NOEP coordinator, please visit <https://hungersolutionsny.org/find-food-help/snap/>.

The Commodity Supplemental Food Program (CSFP)

Benefits

The Commodity Supplemental Food Program provides free food, nutrition information, and health care referrals to eligible individuals age 60 or older in NYC and Long Island only. Participants can pick up free food from limited number of distribution sites once a month.

Eligibility

Must be at least 60 years old and meet income requirements.

Noncitizen eligibility criteria: There are no U.S. citizenship or immigration status restrictions.

Income Limits

As of April 2025:

Household size	Monthly income limit
1	\$1,956
2	\$2,644
3	\$3,331
For each additional family member, add \$687.50	

Resource Limits

None

Government Agencies

NYC

Call 311 for assistance and ask for the Commodity Supplemental Food Program.

<https://access.nyc.gov/programs/commodity-supplemental-food-program-csfp/>

- Bronx: New York Common Pantry, 423 E. 138th Street, 917-982-2564
- Brooklyn: Kings County Hospital Center, 840 Alabama Avenue, 718-498-9208
- Manhattan: 212-566-7855

Outside NYC

New York State Department of Health CSFP is available on Long Island only.

Nassau/Suffolk: 631-873-4775

Email: csfp@health.ny.gov

<https://www.health.ny.gov/prevention/nutrition/csfp/>

Home Delivered Meals for Older Adults

The Home Delivered Meals for Older Adults program serves New York City residents age 60 and older. Local case management agencies can enroll eligible adults who are unable to attend a group meal program or prepare their own meals. Older adults who receive home care eight or more hours a day are not eligible except in certain circumstances. The program is sponsored by the Department for the Aging. To find a case management agency, visit <https://portal.311.nyc.gov/site-finder/> and select “Case Management Agency” under Site Type, then Search.

More information: <https://portal.311.nyc.gov/article/?kanumber=KA-02252>

Food Pantries

New York City is providing a map of free food locations (food pantries and soup kitchens), updated weekly. The map also shows greenmarkets and grocery stores. <https://foodhelp.nyc.gov/>

Noncitizen eligibility criteria: Food pantries have no restrictions by immigration status.

Heating/Cooling

Heating and Cooling Assistance (HEAP)

HEAP is a state program that assists low-income homeowners and renters with home heating and cooling costs. New York State's Office of Temporary and Disability Assistance (OTDA) administers HEAP (formerly known as Home Energy Assistance Program) for New York State residents. In New York City, the Human Resources Administration's HEAP Field Offices conduct outreach, intake, and certification of applications.

HEAP benefits are not available year-round. For heating assistance, the application period normally begins in early November and continues into the winter, until funding for the program runs out. Cooling assistance runs from April/May to August, or until funding runs out. See specific components below for program dates.

Benefits

The New York State HEAP program has historically helped low-income residents of NYC and NYS pay for home heat. The HEAP program now includes a Cooling Assistance program. The HEAP heating program has three components: Regular, Emergency, and Repair & Replacement. (The Clean & Tune program has been suspended because of limited funding.)

Regular HEAP: Benefits of \$21/month or more are paid directly to the energy supplier. Households with a member age 60+ receive an additional \$35. The 2025-2026 benefit opened November 3, 2025.

Emergency HEAP: Assistance if heat is off or scheduled to be shut off, if fuel tank or wood supply is close to exhaustion, or if electricity needed to operate heating system/thermostat is off or scheduled to be shut off. The 2025-2026 benefit opened January 2, 2026.

Repair & Replacement: Eligible homeowners can receive help repairing or replacing furnaces, boilers, and other direct heating equipment. Benefits are based on the actual cost incurred to repair or replace the furnace, boiler, and/or other essential heating equipment, \$4,000 for a repair and \$8,000 for a replacement. The 2025-2026 benefit opened December 11, 2025.

Cooling benefit: Assistance to buy and install one air conditioning unit or fan per household, with a limit of \$800, or \$1,000 for an existing wall-sleeve unit, including installation. The benefit cannot be issued in cash or applied to an electric bill. Applicants are eligible for a Cooling Assistance benefit only once every five years. HEAP's Cooling Assistance benefit opens on April 15, 2026.

For an overview of the HEAP program, see: www.ny.gov/services/apply-heating-and-cooling-assistance-heap

Eligibility

- Must receive [SNAP benefits](#), Temporary Assistance, or [SSI](#) (living alone), OR meet the income limits below.

Noncitizen eligibility criteria. As of July 2025, **noncitizen eligibility is restricted to three categories:**

- Lawful permanent residents (people with green cards) who have been in the U.S. for 5 years or who receive certain disability benefits
- Cubans and Haitians who entered under a family reunification program
- People residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau)
- **Other previously eligible noncitizen beneficiaries (including refugees, asylees, and people with Temporary Protected Status) are no longer eligible.**
- U.S. citizens or eligible immigrants in the same household as ineligible residents can still receive HEAP benefits.

For the Emergency HEAP Benefit, the heating and/or electric bill must be under the applicant’s name.

For Cooling Assistance, HEAP-eligible households have additional eligibility requirements:

- Household includes an individual age 60 or older, a child age 5 or younger, or a person with a documented medical condition exacerbated by extreme heat.
- All applicants for the Cooling Assistance must have a letter from a medical professional, plus any three names from the participating Heating Ventilation and Air Conditioning (HVAC) vendors in the city:
https://www.heapoil.com/admin/reports/HEAP_ApplicantReport/ParticipatingDealers/dealerReportForOTDA.jsp?CountyID=68&fuelType=10
- Household does not have a working air conditioner, or has an air conditioner that is at least five years old.
- Household has not received a HEAP-funded air conditioner within the past five years.

Income Limits

Household Size	Maximum Gross Monthly Income (2025–2026)
1	\$3,473
2	\$4,542
3	\$5,611
4	\$6,680
5+	Maximum income varies per additional family member.

Resource Limits

No resource limit for Regular HEAP benefits.

For Emergency benefit: \$3,750 resource limit if any household member is 60+, otherwise \$2,500.

Government Agencies

NYC

Apply online: <https://access.nyc.gov>

For more information:

Human Resources Administration (HRA) Infoline: 718-557-1399.

<https://www1.nyc.gov/site/hra/help/energy-assistance.page>. Provides the locations of in-person HEAP offices. New York City residents can mail their completed HEAP applications to: Home Energy Assistance Program/HEAP, PO Box 1401, Church Street Station, New York, NY 10008.

Outside NYC

Apply online: myBenefits.ny.gov

NYS Office of Temporary and Disability Assistance (OTDA): 800-342-3009, nysheap@otda.ny.gov

Once the HEAP season opens, New York State residents can apply for Regular or Emergency HEAP benefits in person at their HEAP Local District Contact (see <http://otda.ny.gov/programs/heap/contacts/>) or at their local Department of Social Services.

Please see <https://www.ny.gov/services/apply-heating-and-cooling-assistance-heap> for information about what documents are required for a HEAP application.

Con Ed Energy Affordability Program (Low-Income Discount)

Con Edison provides a monthly discount to customers enrolled in the Energy Affordability Program.

Benefits

A customer's actual monthly credit will vary based on their location and the number of customers enrolled in the program.

Credit amounts will be posted to the customer's account on the 15th of each month.

Eligibility

Eligibility depends on participation in one of the following programs. There are no additional income or resource limits.

- Home Energy Assistance Program (HEAP) – Must have received benefits in the last 12 months
- NYC SNAP, Westchester SNAP (Supplemental Nutrition Assistance Program)
- NYC TANF, Westchester TANF (Temporary Aid to Needy Families)
- NYC SNA, Westchester SNA (Safety Net Assistance)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit
- Lifeline Telephone Service Program
- Safety Net Assistance
- Tribal TANF and other programs for those living on tribal lands

How to Sign Up

Customers will be enrolled automatically if an agency notifies Con Ed that they receive benefits from HEAP, SNAP, NYC or Westchester TANF, SNA, or SSI. Participants the other eligible programs are not automatically enrolled and can sign up online through their ConEd account or download an application in English or several other languages:

<https://www.coned.com/en/accounts-billing/payment-plans-assistance/help-paying-your-bill>

Applications, including a copy of the qualifying program documentation, may be submitted by email to lowincomerate@coned.com, by fax to 212-844-0110, or by mail to: Con Edison PA Central, 4 Irving Place, 9 Floor Box 34, New York, NY 10003.

Home

Senior Citizen Rent Increase Exemption (SCRIE)

Also known as the ‘Rent Freeze Program’

SCRIE freezes the rent of qualifying older tenants at the current level, and exempts the older tenant from future rent increases, by issuing a property tax credit to landlords. Tenants do not need their landlord’s permission to apply.

SCRIE is one part of New York City’s Rent Freeze Program. DRIE is the corresponding program for eligible people with disabilities. While applicants may qualify for both SCRIE and DRIE, they cannot be enrolled in both programs at the same time.

SCRIE is administered by the NYC Department of Finance (DOF) for qualifying NYC tenants who live in rent-regulated residences. Housing Preservation and Development (HPD) administers SCRIE for NYC and NYS tenants living in the following categories of housing: Mitchell-Lama developments (affordable cooperative apartments and rental housing for middle-income New Yorkers), Redevelopment Company developments (formerly distressed public housing), HDFCs (Housing Development Fund Corporation, cooperative housing designed for low-income New Yorkers), or federally assisted 213 cooperatives (housing subject to Section 213 of the National Housing Act).

NYC SCRIE and DRIE program overviews:

<https://www1.nyc.gov/assets/finance/downloads/pdf/brochures/scriedriebrochure.pdf>

Benefits

SCRIE enables eligible adults in NYC’s five boroughs, as well as in Westchester and Nassau Counties, to freeze their rent. SCRIE prevents future rent guideline increases, Maximum Base Rent Increases, Major Capital Improvement, and increases based on an owner’s economic hardship.

Benefits must be renewed every two years; the DOF mails renewal forms to tenants about 60 days before the benefit expires. Recipients are expected to inform the DOF of changes in their household or living situation.

For leases beginning after June 14, 2019: SCRIE participants and new applicants with preferential rents who meet all program criteria can freeze their rents at the preferential rent level.

Eligibility

Tenants are eligible for SCRIE if they meet the following requirements:

- Age 62 or older
- Resident of New York City or Westchester or Nassau County

- Must live in rent-regulated (rent-controlled or rent-stabilized) housing: hotel rooms, Mitchell-Lama housing, Redevelopment Company developments, HDFCs, or federally-assisted 213 cooperatives
- Head of household: applicant must be the primary tenant named on the lease/rent order or have been granted succession rights in a rent-controlled, rent-stabilized, or rent-regulated hotel apartment
- Combined household income for all members of the household is \$50,000 or less
- Spend more than one-third of their monthly household income on rent
- **Noncitizen eligibility criteria.** There is no restriction based on immigration status for residents who meet all other eligibility qualifications.

Tenants living in private homes or public Housing Authority residences, or who receive Section 8 subsidies, are not eligible for SCRIE benefits.

Income Limits

In NYC: Total annual household income must be \$50,000 or less.

- All family members living in the apartment are considered part of the household, even if they do not contribute money toward the rent.
- An individual living in the apartment as a boarder paying a flat fee for room and board does not count as part of the household. A boarder's income is not included in total household income. However, the money that the boarder pays the tenant is considered income to the tenant and must be reported.

Resource Limits

None

Government Agencies

NYC

The Department of Finance (DOF) administers SCRIE for many NYC tenants. Call 311 and ask for a SCRIE specialist; you will be transferred to the DOF. For callers with hearing impairment, access SCRIE using TTY: 212-639-9675

Apply online at <https://www1.nyc.gov/site/rentfreeze/tools/nyc-tap.page>

Housing Preservation and Development (HPD) administers SCRIE for applicants living in 213 housing, HDFC housing, Redevelopments and Mitchell-Lama housing. These tenants should email HPD at scrie@hpd.nyc.gov with questions regarding their SCRIE applications. Correspondence and copies of documents may be mailed to: HPD SCRIE Unit, 100 Gold Street, Rm 7M-3, New York, NY 10038.

Tenants who need additional time to submit an application due to a disability or physical or mental impairment may be eligible for a reasonable extension of time:

https://www.nyc.gov/assets/rentfreeze/downloads/pdf/misc-forms/eo_extension_request.pdf

Application Forms

- **New applicants:** Use the SCRIE initial application.
- **Renewing applicants:** Use the SCRIE renewal application or, if you have been in the program for five or more consecutive benefit periods, the short-form renewal application.
- The **SCRIE renewal application** and other forms are available here:
<https://www1.nyc.gov/site/rentfreeze/tools/scrie-applications.page>

Outside NYC

SCRIE is available outside of NYC in certain townships in Nassau and Westchester Counties, where it is administered by the New York State Division of Housing and Community Renewal (DHCR) also known generally as Housing and Community Renewal/HCR.

For a full listing of municipalities where tenants may apply for SCRIE, see the Homes and Community Renewal Office of Rent Administration: [Special Rights of Senior Citizens](#).

SCRIE Application Form RTP-13A for Nassau and Westchester residents:

<https://hcr.ny.gov/system/files/documents/2023/09/rtp-13a-09-2023-fillable.pdf>

Call 914-948-4434 to get the SCRIE application form, to inquire about municipal income eligibility levels, and to make in-person appointments for filing SCRIE applications at the DHCR District Rent Office, 75 South Broadway, White Plains, NY 10601.

Other Assistance

The 2020 version of “An Advocate’s Guide to the NYC Senior Citizen Rent Increase Exemption (‘SCRIE’) Program,” produced by the Volunteers of Legal Services (VOLS), includes updates to reflect changes made to the New York State rent laws after the June 2019 passage of the NYC Housing Stability and Tenant Protection Act (HSTPA), and contains links to forms needed to apply for and maintain NYC SCRIE benefits:

<https://volsprobono.org/wp-content/uploads/2020/11/VOLS-Guide-to-SCRIE-2020.pdf>

New York State School Tax Relief Program (STAR)

Formerly the 'STAR Exemption,' now the 'STAR Credit'

The School Tax Assessment Relief (STAR) program is a partial property tax exemption for income-eligible New York City and New York State homeowners.

Throughout most of New York State, the STAR benefit provides property tax relief tied directly to the homeowner's school taxes. However, in the five cities of New York, Buffalo, Rochester, Yonkers, and Syracuse, school taxes are bundled with property taxes; in these cities, the STAR property tax benefit is partly tied to county, town, or city taxes, and partly to school taxes.

There are two distinct STAR programs: Basic STAR serves income-eligible homeowners of any age; Enhanced STAR serves only homeowners 65+ who must also meet income limitations.

Homeowners already receiving Enhanced STAR may also be eligible for the [senior citizens exemption](#), which grants a property tax reduction.

Benefits

STAR program benefits are offered to income-eligible homeowners for the period of a school year (for example, 2025–2026). Applicants can apply retroactively for credits for up to three years prior. For example, to claim the STAR Credit for 2022, the homeowner must register by April 15, 2026.

The STAR exemption and STAR credit refer to the two distinct means by which homeowners enrolled in the STAR program may receive STAR benefits – by a reduction to the homeowner's annual tax bill or with an annual check, respectively. Owners of co-op apartments who pay property tax through their maintenance will see the STAR credit reflected in their maintenance bill.

- The STAR exemption program is now closed to new applicants. Only homeowners who were enrolled as of 2015 in the STAR exemption program still receive a reduced tax bill. STAR exemption recipients are encouraged to switch to the STAR credit program, which may entitle them to a slightly larger benefit.

Eligibility

Basic STAR: available for owner-occupiers of any age for their primary residences; basic STAR relief is based on the first \$30,000 of a home's full value. A married couple can receive only one STAR benefit regardless of how many properties they own, unless they are legally separated.

Enhanced STAR is a benefit for income-eligible homeowners over 65.

- All the homeowners must be at least age 65 as of December 31 of the year of the benefit, unless the home is jointly owned by a married couple together, or by two or more siblings.
- Surviving spouses can retain an existing Enhanced STAR benefit if they're at least age 62 as of December 31 in the year that the benefit will continue.
- Homeowners must own or live in a one-, two-, or three-family home, farm, mobile home, cooperative or condo apartment. Relief is based on the first \$68,700 of a home's full value.

- **Noncitizen eligibility criteria.** Applicants must be U.S. citizens or immigrants who are legally residing residents. Immigrants must have either a Social Security Number or an Individual Taxpayer Identification Number to file a tax return..
- Once a homeowner is registered, the New York State Department of Taxation and Finance will automatically review their eligibility for the STAR credit every year after that for as long as the homeowner continues to own and occupy their home.

Income Limits

Income eligibility for the 2026 STAR Credit is based on federal or state income tax return information from the 2024 tax year.

For Basic STAR:

- STAR credit: Income limit is \$500,000 (the combined incomes of all owners and spouse of owners who live at the property)
- STAR exemption: Income limit is \$250,000 (the combined incomes of all owners and spouse of owners who live at the property)
 - Homeowners currently enrolled in the STAR exemption program earning over \$250,000 but under \$500,000 should switch to the STAR credit program.

For Enhanced STAR:

- For 2025, the income limit is \$107,300.
- For 2026, the income limit is \$110,750.
- The income limit applies to the combined incomes of all owners (residents and nonresidents), and any owner’s spouse who resides at the property.

Resource Limits

None.

Government Agencies

NYC

New York City residents may apply for the Basic or Enhanced STAR credit using the New York State Department of Taxation and Finance information below.

Outside NYC

New homeowners must register with the New York State Department of Taxation and Finance to receive the STAR credit benefit. There is no need to register again in future years.

- Homeowners may register 24 hours a day, 7 days a week at www.tax.ny.gov/star
- Homeowners without access to computers can register by calling 518-457-2036 weekdays between 8:30 a.m. and 4:30 p.m.
- Registration for the STAR credit is recommended as soon as possible after a homeowner moves into a new home.

- The state will automatically determine whether the applicant qualifies for the Basic or Enhanced STAR credit.

To switch from the STAR exemption to the STAR credit, simply register for the STAR credit. See <https://www.tax.ny.gov/pit/property/star/comparison/> to compare savings.

Deadlines to make the switch from STAR exemption to STAR credit, by municipality:

<https://www.tax.ny.gov/pit/property/star/deadlines-by-municipality/>

Partial Tax Exemption for Real Property of Senior Citizens

Also known as the ‘Senior Citizens Exemption’

The Senior Citizens Exemption is a New York State benefit program that reduces the property taxes of eligible low-income homeowners who are 65+ by reducing their tax assessment. Local governments and school districts can opt into this program.

In NYC, this program is known as the Senior Citizen Homeowners’ Exemption (SCHE), or the ‘Senior Exemption.’

Benefits

The ‘senior citizens exemption’ reduces by up to 50% the property tax assessment of eligible homeowners. Beneficiaries are eligible to receive STAR and other property tax exemptions, but they must apply for them separately. Renewal is required annually, or every two years in NYC.

Eligibility

- Each property owner must be at least 65 years old, unless owners are married or siblings, in which case at least one owner must be 65.
- All owners must be residents of the property, with exceptions for separation/divorce or in-patient health services.
- Applicant must have owned the property for at least 12 consecutive months before the date of filing, unless the applicant received the exemption for their previous residence. There are additional restrictions on title transfers.
- If there are children living in the home who attend public school, the homeowner is generally not eligible.
- **Noncitizen eligibility criteria.** Applicants must be U.S. citizens or immigrants who are legally residing residents. Immigrants must have either a Social Security Number or an Individual Taxpayer Identification Number (ITIN) to file a tax return.

Income Limits

In New York State, for the 50% exemption, the law allows each county, city, town, village, or school district to set the maximum income limit at any figure between \$3,000 and \$50,000. Localities have the further option of giving exemptions of less than 50% to seniors whose incomes are more than \$29,000. Under this option, called the “sliding-scale option,” such owners can have a yearly income as high as \$58,400 and get a 5% exemption in places that are using the maximum limit.

In New York City, for the 50% exemption, the combined income of all owners must be \$50,000 or less. At higher income levels, the abatement is reduced, ending at a 5% abatement for incomes of \$58,400.

Resource Limits

None.

Government Agency

NYC

Application deadline for SCHE is March 15.

Department of Finance: Call 311 or 212-639-9675.

<https://www1.nyc.gov/site/finance/benefits/landlords-sche.page>

To download and print out the SCHE application:

https://www1.nyc.gov/assets/finance/downloads/pdf/payment_operations/2020/sche-initial.pdf

To download and print out the SCHE application renewal:

https://www1.nyc.gov/assets/finance/downloads/pdf/payment_operations/2020/sche-renewal.pdf

Mailing addresses are provided on the applications.

To file a SCHE application online:

https://a836-pts-efile.nyc.gov/SmartFile/Filing/FilingType/Info/NYC_SCHE

Note: As of May 5, 2019, you must have a NYC.ID to access the Department of Finance’s SmartFile online application filing system.

Outside NYC

New York State Department of Taxation and Finance, Property Tax Relief: 518-457-2036.

General information: <https://www.tax.ny.gov/pit/property/exemption/seniorexempt.htm>

Applicants must file in the assessor’s office on or before the appropriate taxable status date (in most towns, March 1). Contact the county to obtain that date.

Please check with your local assessor, city/town clerk, or school district to determine which local options, if any, are in effect. For assessors’ contact information, visit <https://pad.tax.ny.gov/state> and choose the applicable county, then select “List of Assessors” from the column at the left of the map.

Instructions for Form RP-467: www.tax.ny.gov/pdf/current_forms/orpts/rp467i.pdf

First-time applicants:

https://www.tax.ny.gov/pdf/current_forms/orpts/rp467_fill_in.pdf

Renewal applicants:

https://www.tax.ny.gov/pdf/current_forms/orpts/rp467rnw_fill_in.pdf

Claim for Real Property Tax Credit

Form IT-214

Also known as 'Circuit breaker credits' and 'Renter's credit'

This benefit is a refundable New York State tax credit designed to provide property tax relief to both low-income homeowners who pay property tax directly to the government and low-income renters, who pay property tax indirectly through their rent paid to landlords, who in turn pay property taxes. (While it is sometimes called the 'renter's credit,' that term is misleading.)

Note: The Claim for New York City Enhanced Real Property Tax Credit for Homeowners and Renters (Form NYC-208) expired in 2019.

Benefits

The Claim for Real Property Credit (Form IT-214) is a tax credit or payment for low-income homeowners and/or renters:

- If all members of the household are under 65, the credit can be as much as \$75.
- If at least one member of the household is 65 or older, the credit can be as much as \$375.
- If the applicant's credit is more than the taxes they owe, they can claim a refund.
- Applicants filing their New York State personal income tax returns can claim this credit by filing Form IT-214 along with the return.
- Individuals who are not required to file a New York State income tax return may still claim this credit by filing the IT-214 Form to the following address: New York State Tax Processing, P.O. Box 15192, Albany, NY 12212-5192.

Eligibility

Homeowners or renters are entitled to the IT-214 refundable credit if they:

- Had a household gross income of \$18,000 or less
- Occupied the same New York residence for six months or more
- Were a New York State resident for the entire tax year
- Cannot be claimed as a dependent on another taxpayer's federal income tax return
- Have a residence that was not completely exempted from real property taxes
- Own real property, including all houses, garages, and land, valued at under \$85,000
- And meet all the conditions listed under **either** *Homeowners* or *Renters* below.

Homeowners:

- The homeowner or their spouse paid real property taxes.
- Any rent received for nonresidential use of a residence was 20% or less of the total rent that was received.

Renters:

- The renter or a member of their household paid rent for the residence.
- The average monthly rent that was paid was \$450 or less, not counting charges for heat, gas, electricity, furnishings, or board.

Income Limits

Applicants for the Claim for Real Property Tax Credit (Form IT-214) within NYC or in NYS must have a household gross income of \$18,000 or less.

Resource Limits

None

Government Agencies

Inside or Outside NYC

Filing deadline: the Form IT-214 can be submitted along with New York State Tax Returns; if an individual is not filing a tax return, the Form IT-214 may be filed at any time of the year.

https://www.tax.ny.gov/pit/credits/real_property_tax_credit.htm

New York State Tax Dept.: <https://www.tax.ny.gov>

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

Form IT-214:

https://www.tax.ny.gov/pit/ads/efile_addit214-2d.htm

Form IT-214 Instructions:

https://www.tax.ny.gov/pdf/current_forms/it/it214i.pdf

HUNTER | **Brookdale Center for Healthy Aging**

Hunter East, 14th Floor
695 Park Avenue
New York, NY 10065
(212) 396-7835
www.brookdale.org

The Benefits Checklist for Older Adults is online at
<https://brookdale.org/tools/benefits-checklist-for-older-adults/>

Updated February 20, 2026