



2018 Benefits Quick Guide – updated July 2018



| Medicare Part A 2018 Premium, Deductibles & Co-pays | | | 2018 Medicare Part B Premiums & Deductibles | |
|---|---------------------------------------|------------------------------------|--|----------------|
| Part A Premium | (30-39 quarters) (< 30 quarters) | \$232 per month \$422 per month | PART B Those with annual incomes: \$85,001-\$107,000 (single) or \$170,001-\$214,000 (married) \$107,001-\$133,500 (single) or \$214,001 - \$267,00 (married) For those over these amounts... | |
| Hospital Deductible | (per benefit period deductible) | \$1,340 | | |
| Hospital Co-pays | Days 61-90 Days 91-150 | \$335 per day \$670 per day | | |
| Skilled Nursing facility Co-Pay | Days 21-100 | \$ 167.50 per day | Part B Deductible | \$183 per year |

| Medicare Savings Program (MSP) effective 3/18 | | | SSA COLA (1/18) 2.0 % | | SSI \$750 (one) or \$1125 (couple) |
|---|-----------------------------------|--|-----------------------|---|---|
| Program | Status | Income Limit | Status | Income Limit | NO ASSET LIMITS FOR MSP No Estate Recovery after 1/1/10 DSS Benefits Line: 1-855-626-6632 Income listed includes Husky C unearned income disregard of \$339/single & \$678/couple if each has unearned income Assets: \$1600 single; \$2,400 couple Effective 7/18 (previously 138% FPL) |
| QMB (Q01) 211% FPL | Single | \$2,135.32 / mo | Couple | \$2,894.92 / mo | |
| SLMB (Q03) 231% FPL | Single | \$2,337.72/ mo | Couple | \$3,169.32 / mo | |
| ALMB (Q04) 246% FPL | Single | \$2,489.52/mo | Couple | \$3,375.12/ mo | |
| Medicaid (Husky C) (for those 65+, blind or with a disability) | Single | \$972.49 (region A) \$862.38(reg. B & C) | Couple | \$1483.09 (reg. A) \$1374.41 (reg. B & C) | |
| Husky A (155% FPL) | Caretakers w/ children < 19 years | | For two | Magi: \$2,127/mo | |

If you qualify for MSP, you will automatically qualify for Extra Help and the lower co-pays for Part D

| Medicare Part D Low Income Subsidy (LIS) for 2018 LIS level 1 CO-PAYS FOR MEDICATIONS: \$3.35 - FORMULARY GENERIC DRUGS \$8.35 - FORMULARY BRAND NAME DRUGS LIS Level 2: Medicaid recipients up ≤ 100% FPL: \$1.25/3.70 Max \$17 per month Medicaid Waiver/permanently in SNF—no co-pays (LIS Level 3) LIS Benchmark Premium for CT- \$35.58 Max Income/Assets for Partial Subsidy (2018) | Medicaid Expanded Benefits (3/18) HUSKY D <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Household size</th> <th>MAGI Monthly Income (138%)</th> </tr> </thead> <tbody> <tr> <td>1 person</td> <td>\$1396.56</td> </tr> <tr> <td>Couple</td> <td>\$1893.56</td> </tr> </tbody> </table> <p>No asset limit restrictions Age 19-64 without Medicare without children. MAGI income. Apply at www.accesshealthct.com</p> | Household size | MAGI Monthly Income (138%) | 1 person | \$1396.56 | Couple | \$1893.56 | CT Health Insurance Exchange Access Health CT Benefits Center- 1-855-805-4325 www.accesshealthct.com Open enrollment Nov 1, 2017 – Dec 22, 2017 | | | | | | | | | |
|---|---|--|--|-------------|-----------|-----------------------|-----------|--|--------|----------|--------|---------|----------|--------|---------|--|---|
| Household size | MAGI Monthly Income (138%) | | | | | | | | | | | | | | | | |
| 1 person | \$1396.56 | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">LIS Single</td> <td style="width: 15%;">\$1,538* *Includes \$20 disregard</td> <td style="width: 75%;">Assets under \$14,100 includes \$1500 burial</td> </tr> <tr> <td>LIS Couples</td> <td>\$2,078*</td> <td>Assets under \$28,150</td> </tr> </table> <p style="text-align: center; font-weight: bold;">Partial dual eligible pay deductible of \$83 then 15% copayment up to \$5,000 in 2018 then 3.35/\$8.35.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FPL 3/18</th> <th>Single</th> <th>Double</th> </tr> </thead> <tbody> <tr> <td>100% FPL</td> <td>\$1012</td> <td>\$1,372</td> </tr> <tr> <td>150% FPL</td> <td>\$1518</td> <td>\$2,058</td> </tr> </tbody> </table> | LIS Single | \$1,538* *Includes \$20 disregard | Assets under \$14,100 includes \$1500 burial | LIS Couples | \$2,078* | Assets under \$28,150 | FPL 3/18 | Single | Double | 100% FPL | \$1012 | \$1,372 | 150% FPL | \$1518 | \$2,058 | Supplemental Nutrition Assistance Program (SNAP)—eff 10/17 Information below is for 60 years old or older or persons with a disability Single person net income - \$1005/ mo (max benefit \$192) Couple net income – \$1,354 / mo (max benefit \$352) There is no asset limit EXCEPT for members whose gross income is more than 185% of the FPL. Updated annually in October (asset limit over 185%: \$3,500) | DSS applications mailed to: DSS Connect Scanning Center P.O.Box 1320 Manchester, CT 06045-1320 New W-1LTC Medicaid LTSS - send to LTSS Application Ctrs Or apply online: www.connect.ct.gov DSS Benefits Line: 1-855-626-6632 |
| LIS Single | \$1,538* *Includes \$20 disregard | Assets under \$14,100 includes \$1500 burial | | | | | | | | | | | | | | | |
| LIS Couples | \$2,078* | Assets under \$28,150 | | | | | | | | | | | | | | | |
| FPL 3/18 | Single | Double | | | | | | | | | | | | | | | |
| 100% FPL | \$1012 | \$1,372 | | | | | | | | | | | | | | | |
| 150% FPL | \$1518 | \$2,058 | | | | | | | | | | | | | | | |

CT Energy Assistance Program (CEAP) 10/17 Began accepting applications August 1, 2017

| Household Size | 60% median income | *Vulnerable households receive a higher basic benefit: Vulnerable Households include a household member who is age 60+ or a person with a disability, or child under age 6. (\$660 versus \$605) |
|----------------|-------------------|--|
| 1 person | \$34,366.28 | Asset Limits apply: Homeowners - \$15,000 www.ct.gov/staywarm Renters – \$12,,000 First date of delivery: 11/15/17 Eligible for winter protection shutoff: 11/1/17-5/1/18 Households (including renters) with up to 60% of median income can qualify if their rent is more than 30% of gross income. Households with liquid assets that exceed these amounts may qualify if gross income, when added to excess liquid assets, is within guidelines. |
| 2 people | \$44,940.52 | |
| 3 people | \$55,514.76 | |
| 4 people | \$66,089.00 | |
| 5 people | \$76,663.24 | |
| 6 people | \$87,237.48 | |

| CT Home Care Program for Elders | Functional Criteria | Income Guidelines | Asset Guidelines |
|---|--------------------------------------|--|--|
| State Funded - Level 1 Closed 7/17 | One critical need | No income ceiling- | Individual:\$37,080 Couple:\$49,440 (eff 1/18) |
| State Funded –Level 2 | Skilled nursing home level of care* | No income ceiling- 9% cost share | Individual:\$37,080 Couple:\$49,440 (eff 1/18) |
| Medicaid Waiver – Level 3 300% of SSI (\$750) (updated 1/1/18) Applied Income starts at \$2,024-200%FPL (3/1/18) | Skilled nursing home level of care** | \$2,250/month (1/18) Only the individual's income is counted toward eligibility | Individual -\$1600 Couple - \$3200 (both receiving services) \$26,320.00(one receiving services)1/18 A higher asset amount may be allowed when a spousal assessment is done (Excess home equity limit:\$858,000) |
| Medicaid – Level 5 (3/18) | 1 or 2 critical needs | \$1518 month (150% FPL) | Individual: \$1,600 |

*Supervision or cueing ≥ 3 ADLs + need factor; hands-on≥3 ADLs; hands-on≥2 ADLs + need factor.

Need factors: Behavioral or cognitive impairment requiring daily supervision to prevent harm or assistance with prescribed medications beyond setting up of pills.

Call 1-800-445-5394 to make referrals or refer online <https://www.ascendami.com/CThomecareforelders/default>
 Eff 7/1/16 allowed max Irrevocable funeral service account \$8,000; life insurance of face value \$1500; 5 year look back
 Community Spousal Protected Amount: Minimum \$24,720 and maximum \$123,600 (1/18) Home equity limit max: \$858,000
 Maximum Monthly Maintenance Needs Allowance: \$3,090 (1/18). Minimum: **\$2057.50 (7/18)**
 Federal Poverty Levels are announced in March of each year

| Information for Persons with Disabilities | | | |
|--|--|---|--|
| Medicaid Category | Eligibility | Income | Assets |
| MedConnect (Medicaid for the Employed Disabled) | Persons with disability who have earned income. Proof of disability: Receiving SSD; Medicare after SSD stops or fill out W-300MED & W-300T19 for medical review | Earned income up to \$6,250/mo or \$75,000/yearly. Premium could apply if income is above 200% FPL (questions on premium: 1-800-656-6684) | \$10,000 (\$15,000 couple) Excluding: car used for work/medical appts, home, approved retirement accts (i.e. IRA,401K) & approved DSS account for special employment expenses Apply W-1E or www.connect.ct.gov |
| Bureau of Rehabilitation Services (BRS) | Assist persons with disabilities wanting to return to work | | 1-800-537-2549 |
| BRS Benefits Counselor | Benefits Specialist will explain how work can affect benefits etc. | | 1-800-773-4636 to find out your local contact www.ct.gov/brs |
| Ticket to Work | 9 month trial test period to return to work. Individuals get full benefits regardless of money earned. | | 1-866-968-7842 |
| Centers for Independent Living | Provide peer support, I&R, advocacy, independent skills training to persons with disabilities | | www.cacil.net for contact information |

| Other Long Term Services and Supports Options | | | |
|--|---|--|--|
| Program | Eligibility | Benefits | How to Apply? |
| Community First Choice Provision from the Affordable Care Act (ACA) | Anyone functioning at skilled nursing home level of care and on any type of Medicaid (i.e. Husky A, D, C, Med-Connect) No age restriction | Self-directed care; PCA (including family/friends, not spouse); Home delivered services; home modifications; assistive technology; Support Broker | Call 2-1-1 or www.ctmfp.com |

Long-Term Care Medicaid Application Centers (for new W-1LTC Medicaid applications):

- 1) Waterbury Office, 279 Thomaston Ave., Waterbury, CT 06702
- 2) Bridgeport Office, 925 Housatonic Avenue, Bridgeport, CT 06606
- 3) New Haven Office, 50 Humphrey St., New Haven, CT 06513
- 4) Greater Hartford Office, 20 Meadow Rd., Windsor, CT 06095—only for Statewide Medicaid Waiver HCBS Applications