



2018 Benefits Quick Guide& Addendum – revised March 2, 2018

CHOICES

1 (800) 994-9422

Funded by the Administration for Community Living

Medicare Part A premium	<i>30 – 39 work quarters</i>	<i>\$232 a month</i>
	<i>Less than 30 work quarters</i>	<i>\$422 a month</i>
Medicare Part B monthly premium		
	<i>\$134 a month</i>	<i>For those not held harmless</i>
	<i>\$187.50 a month</i>	<i>Income above \$85,001 - \$107,000 (single) \$170,001-\$214,000 (couple) Add \$13.00 to Part D premium</i>
	<i>\$267.90 a month</i>	<i>Income between \$107,001 - \$133,500 (single) \$214,001 - \$267,000 (couple) Add \$33.60 to Part D premium</i>

For those over these amounts consult www.ssa.gov

Medicare Part A cost sharing

Hospital Deductible	<i>\$1,340</i>	<i>per benefit period</i>
<i>(new benefit period begins after 60 days without a hospitalization or skilled nursing home stay)</i>	<i>\$335 a day</i>	<i>Day 1 – 60</i>
	<i>\$670 a day</i>	<i>Day 91 – 150</i>
Skilled Nursing Facility	<i>\$0</i>	<i>Day 1-20</i>
	<i>\$167.50 a day</i>	<i>Day 20 -100</i>

Medicare Part B cost sharing

<i>\$183 deductible</i>	<i>Per year</i>
<i>20% of Medicare approved rate</i>	

Programs that Help Medicare Beneficiaries

1. Medicare Savings Program (MSP) Effective March 1, 2018

No asset limits. No estate recovery since January 1, 2010

QMB (Q01) 211% Federal Poverty Level

Monthly Income Guidelines Single: \$2,135.32 Couple: \$2,894.92

SLMB (Q03) 231% Federal Poverty Level

Monthly Income Guidelines Single: \$2,337.72 Couple: \$3,169.32

ALMB (Q04) 246% Federal Poverty Level

Monthly Income Guidelines Single: \$2,489.52 Couple: \$3,375.12

If you qualify for MSP you are automatically enrolled into Extra Help or Low Income Subsidy at the full Low Income Subsidy level

2. 2018 Medicare Part D Low Income Subsidy (LIS) – also known as Extra Help

Pays full cost of Medicare Part D premium up to benchmark plan in CT, which is \$35.58 a month

Cost Sharing for medications on the Part D formulary with LIS

Full LIS Generic drugs: \$3.35 Brand Drugs: \$8.35

Full LIS + Medicaid + income up to 100% FPL Generic drugs: \$1.25 Brand Drugs: \$3.70
Maximum out of pocket cost-sharing \$17 per month

Full LIS + Medicaid Waiver or permanently skilled nursing resident \$0 co-pays for all medications

Connecticut residents should consider applying for LIS through MSP because MSP has no asset restrictions and higher income guidelines

Income and Assets Guidelines for LIS For 2018 if you apply separately through Social Security Administration

Figures include \$20 disregard

Partial Subsidy Single: \$1,538 Assets under: \$14,100

Partial Subsidy Couple: \$2,078 Assets under: \$28,150

Partial dual eligible individuals pay a deductible of \$83 and then 15% co-payment up to \$5,000. When this is reached, the individual pays \$3.35 for generic medication and \$8.35 for brand drugs on their plan's drug formulary.

Access Health CT

www.accesshealthct.com

Benefits Enrollment Center: 1-855-805-4325

Connecticut Energy Assistance Program (CEAP) – Effective October 2017

www.ct.gov/staywarm

Applications accepted beginning August 1, 2017

60% Medium Income Eligible for winter protection shutoff: 11/1/17 – 5/1/18

Household Size of 1 person	\$34,366.28	First date of delivery: November 15, 2017
Household Size of 2 people	\$44,940.52	
Household Size of 3 people	\$55,514.76	
Household Size of 4 people	\$66,089.00	
Household Size of 5 people	\$76,663.24	
Household Size of 6 people	\$87,237.48	

Households (including renters) with up to 60% of the medium income can qualify if their rent is more than 30% of their gross income.

Asset limits: Homeowners: \$15,000 Renters: \$12,000

Households with liquid assets that exceed these amounts may qualify if their gross income, when added to excess liquid assets, is within guidelines.

Individuals with a household member who is 60 and older, a person with a disability, or households with a child under the age of 6 are considered vulnerable and receive a higher basic benefit

CT Home Care Program for Elders (CHCPE)– effective January 1, 2018

State Funded Level 1 – this is closed to new individuals effective July 1, 2017

Must have one critical need	no monthly income ceiling
Assets	\$37,080 single \$49,440 couple

State Funded Level 2

Must be functioning at skilled nursing home level of care	no monthly income ceiling
Assets	\$37,080 single \$49,440 couple

Individuals on the program pay 9% cost share for services

Medicaid – Level 5 effective 3/18

Must have 1 or 2 critical needs but do not need to be at skilled nursing home level of care if the categorically eligible for Medicaid

Assets	\$1,518 single (calculated at 150% FPL) \$1600 single\
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Medicaid Waiver – Level 3

Only the individual's income is counted towards eligibility

Skilled Nursing Home Level of Care	up to \$2,250 monthly income, which is 300% of SSI
Income	\$2,250 month as of January 2018
Assets	\$1600 single
Assets	\$3,200 couple if both receives services
Assets	\$26,320 couple if one receives services

Effective March 2018, an applied income begins when monthly income is at \$2,024, which is 200% of the Federal Poverty Level

A higher asset amount may be allowed when a spousal assessment is completed
Excess home equity limit is \$858,000

Spousal Protections: Minimum protected amount is \$24,720 and the maximum is \$123,600 effective January 2018

Minimum monthly needs allowance is \$3,090 effective January 2018

Maximum monthly maintenance needs allowance is \$2,030 effective July 2017

Maximum Monthly Maintenance Needs Allowance: \$3,090 effective January 2018

Federal Poverty Levels are announced in March of each year

Medicaid looks back 5 years of assets for eligibility

Things not counted towards assets:

Effective July 1, 2016, an irrevocable funeral service account of \$8,000

Face value of \$1500 life insurance policy

Term Life Insurance Policies

Definition of Skilled nursing facility care is supervision or cueing with at least 3 activities daily living with a need factor or hands on assistance with 3 or more activities of daily living or hands on care with 2 activities of daily living with a need factor.

Definition of Need factors are behavioral or cognitive impairments that require daily supervision to prevent harm or assistance with prescribed medications beyond setting up of pills.

CT Home Care Program for Elder REFERRALS: Call 1-800-445-5394 or go online:

<https://www.ascendami.com/cthomecareforelders/default>

Information for Persons with Disabilities

Medicaid Category	MedConnect also called Medicaid for the Employed Disabled
Description	Medicaid for persons with a disability who are working and have earned income. The person would need to show proof of disability if they are not receiving Social Security disability or still receiving Medicare following a loss of gainful employment. Individuals can be reviewed for disability by filling out form W-300MED and W-300T19 for medical review.
Income	A person can earn up to \$6,250/month or \$75,000 yearly. A premium for MedConnect would apply if their income is above 200% of the FPL. Questions about the premium can be forwarded to 1-800-656-6684
Assets	\$10,000 for an individual and \$15,000 for a couple DSS excludes a car used for medical or for work, a home, retirement accounts such as an IRA or 401K and approved DSS account for special employment expenses. Apply using W-1E form or online at www.connect.ct.gov

Bureau of Rehabilitation Services – referred to as BRS

Assists persons with disabilities who wish to return to work Call 1-800-537-2549

BRS Benefits Counseling

Benefit Specialists explain how returning to work can benefit the person and what affect it will have on benefits

Call 1-800-774-4636

Contact www.ct.gov/brs

Ticket to Work

1-800-968-7842

Individuals receive a 9 month trial test period to return to work. Individuals receive their full Social Security benefits regardless of the money they earn during this period

Centers for Independent Living

These centers provide peer support, information and referral, independent skills and training to persons with disabilities www.cacil.net for contact information

Other Long Term Services and Supports Options

Community First Choice

Anyone functioning at skilled nursing home level of care who is also on Medicaid through Husky A, Husky D, Husky C, Med-Connect can receive services to help them stay at home.

Services are self-directed by the individual and can include a personal care attendant the person selects and hires, who can be a family member or friend, but not a spouse. It may include home delivered meals, home modifications, assistive technology and/or support broker. The funding is based on the needs of the person identified in the assessment with the individual.

Call 2-1-1 or www.ctmfp.com for a referral

Long-Term Care Medicaid Applications

Individuals requiring long term care in a nursing facility or at home will need to submit a W-1LTC application.

Applications are forwarded to one of five locations based on geographic region. They are not sent to the DSS Scanning unit.

- 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—This office only reviews applications for individuals requesting to be on a Statewide Medicaid Waiver Home and Community Based Program.

2018 Part D Standard Plan Cost Sharing for a Medicare Beneficiary

A standard Part D plan can charge up to \$405 for an annual deductible

After the deductible is met, if there is the plan has one, the beneficiary pays 25% of their medications up to \$937.50 and the plan pays 75%. After this point, the beneficiary pays 44% for generic medication and 45% for brand medications plus a small pharmacy-dispensing fee of up to \$3. When the cumulative costs between what the plan pays and the beneficiary pays reaches \$7,508.75, the person reaches catastrophic coverage. During catastrophic coverage, the beneficiary pays the greater of 5% co-insurance or \$3.35 for generic medication and \$8.35 for brand medication for medications on the plan's formulary. The beneficiary pays this amount until the end of the calendar year.

APPLICATION FILING and ENROLLMENT PERIODS:

MEDICARE SAVINGS PROGRAMS - OPEN ENROLLMENT ALL YEAR LONG

Pays Medicare Part B premium, and due to eligibility for the low income subsidy pays all or some of Medicare Part D premium and lowers the co-pays for medications. It may also help with co-pays and deductibles for Medicare Part A and B. It is income based with no asset restriction.

MEDIGAP PLANS – CT is a continuous enrollment state. Enrollment is anytime during the year.

There is guaranteed issue and plans are community rated for premiums. Premiums are not based on age or health.

SNAP - Open enrollment all year long

Assistance with food for those who qualify

CT Energy Assistance Program - October 1 - April 15th.

Helps with energy costs for those who qualify. Those with utility heated household with shut-off notices can apply through May 15. www.ct.gov/staywarm

RENTER'S REBATE PROGRAM - Apply annually April 1 – October 1. For renters aged 65 or older, 50 years of age or older for a surviving eligible spouse or 18 year old or older with a permanent disability. 1 year residency with no asset test. Hotline for questions: 860-418-6377

HEALTHCARE MARKETPLACE (Access Health CT) – Open Enrollment Nov. 1, 2017– December 22, 2017. Individuals can purchase health insurance or apply for Medicaid for adults 18-64 without Medicare called Husky D. Individuals caring for a minor children with or without Medicare can apply for Husky A.

MEDICARE A & B INITIAL ENROLLMENT- Is 7 months long. Begins three months before the month you turn 65, the month you turn 65 and three months after. The enrollment date will affect the start date of Medicare.

SPECIAL ENROLLMENT PERIOD- For those who are still working at age 65 and covered by employer coverage through their own or spouse's **active** employment. A SEP for Medicare Part B begins the month after the employee coverage ends or employment ends (whichever comes first) and lasts for eight months (Individuals on Medicare due to End Stage Renal Disease do not receive a SEP). The SEP for Medicare Part D is 63 days.

GENERAL ENROLLMENT PERIOD MEDICARE PART B - First 3 months of every year (January 1 to March 31) Part B coverage **won't begin until July 1st of that year**. There will be a penalty for

late enrollment. Individuals on MSP obtain Medicare Part B on the date the State starts paying for the Part B premium. You can request a retroactive buy in of Medicare B as far back as 6 months from the date of application for all 3 levels if Medicare Part B is not yet in place.

MEDICARE PART D & MEDICARE ADVANTAGE ANNUAL ELECTION PERIOD - October 15th through Dec 7th of every year. Coverage begins January 1 of the following year. Late enrollment penalty applies if you did not enroll during your initial enrollment period and don't qualify for a Special Enrollment Period (MSP recipients are not subject to late enrollment fees).

MEDICARE ADVANTAGE PLAN DISENROLLMENT - January 1 and ends February 14, lasting for 45 days. The Annual Disenrollment period is designed to allow you to do one thing: **Cancel your Medicare Advantage Plan membership and return to original Medicare.** Once you cancel your Medicare Advantage Plan you have a couple of choices.

- Return to original Medicare and purchase a stand-alone Part D Plan.
- Purchase a Medigap policy and a stand-alone Part D Plan.