



## 2018 Benefits Quick Guide - updated March 2018



| Medicare Part A 2018 Premium, Deductibles & Co-pays |                                       |                                    | 2018 Medicare Part B Premiums & Deductibles  |  |
|---|---------------------------------------|------------------------------------|--|--|
| <b>Part A Premium</b>                               | (30-39 quarters )<br>( < 30 quarters) | \$232 per month<br>\$422 per month | <b>PART B</b>  | \$134 per month<br>\$187.50 per month<br>Part D(+ \$13.00 to premium 2018) |
| <b>Hospital Deductible</b>                          | (per benefit period deductible)       | \$1,340                            | <u>Those with annual incomes:</u><br>\$85,001-\$107,000 (single) or<br>\$170,001-\$214,000 (married) | \$267.90 per month<br>Part D (+ \$33.60 to premium 2018)                   |
| <b>Hospital Co-pays</b>                             | Days 61-90<br>Days 91-150             | \$335 per day<br>\$670 per day     | \$107,001-\$133,500 (single) or<br>\$214,001 - \$267,00 ( married)                                   | <b>Visit <a href="http://www.ssa.gov">www.ssa.gov</a></b>                  |
| <b>Skilled Nursing facility Co-Pay</b>              | Days 21-100                           | \$ 167.50 per day                  | For those over these amounts...  | <b>Part B Deductible</b>   |
|   |                                       |                                    |  | \$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                                 |  |
| <b>QMB (Q01) 211% FPL</b>   | <b>Single</b>                     | \$2,135.32 / mo                              | <b>Couple</b>         | \$2,894.92 / mo                              | <b>NO ASSET LIMITS FOR MSP</b><br>No Estate Recovery after 1/1/10<br><br><b>DSS Benefits Line: 1-855-626-6632</b><br>Income listed includes Husky C unearned income disregard of \$339/single & \$678/couple if each has unearned income<br><b>Assets: \$1600 single; \$2,400 couple</b> |
| <b>SLMB (Q03) 231% FPL</b>  | <b>Single</b>                     | \$2,337.72/ mo                               | <b>Couple</b>         | \$3,169.32 / mo                              |  |
| <b>ALMB (Q04) 246% FPL</b>  | <b>Single</b>                     | \$2,489.52/mo                                | <b>Couple</b>         | \$3,375.12/ mo                               |  |
| <b>Medicaid (Husky C) (for those 65+, blind or with a disability)</b> | <b>Single</b>                     | \$972.49 (region A )<br>\$862.38(reg. B & C) | <b>Couple</b>         | \$1483.09 (reg. A)<br>\$1374.41 (reg. B & C) |  |
| <b>Husky A (138% FPL)</b>   | Caretakers w/ children < 19 years |  | <b>For two</b>        | Magi: \$1893/mo                              | Effective 3/18   |

**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  |                            |  | Medicaid Expanded Benefits (3/18)  |  | <b>CT Health Insurance Exchange</b><br><b>Access Health CT</b><br><br>Benefits Center- 1-855-805-4325<br><a href="http://www.accesshealthct.com">www.accesshealthct.com</a><br><br><b>Open enrollment</b><br><b>Nov 1, 2017 – Dec 22, 2017</b> |                            |          |           |        |           |   |
|--|----------------------------|--|--|--|--|----------------------------|----------|-----------|--------|-----------|---|
| LIS CO-PAYS FOR MEDICATIONS:   |                            |  | HUSKY D  |  |  |                            |          |           |        |           |   |
| <b>\$3.35 - FORMULARY GENERIC DRUGS</b><br><b>\$8.35 - FORMULARY BRAND NAME DRUGS</b><br><br><b>Medicaid recipients up ≤ 100% FPL: \$1.25/3.70</b><br><b>Max \$17 per month</b><br><b>Medicaid Waiver/permanently in SNF—no co-pays</b><br><br><b>LIS Benchmark Premium for CT- \$35.58</b><br><b>Max Income/Assets for Partial Subsidy (2018)</b> |                            |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Household size</th> <th style="width: 70%;">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 style="text-align: center;"><b>No asset limit restrictions</b><br/> <b>Age 19-64 without Medicare without children. MAGI income.</b><br/> <b>Apply at <a href="http://www.accesshealthct.com">www.accesshealthct.com</a></b></p> |  | Household size   | MAGI Monthly Income (138%) | 1 person | \$1396.56 | Couple | \$1893.56 | <b>DSS applications mailed to:</b><br>DSS Connect Scanning Center<br>P.O.Box 1320<br>Manchester, CT 06045-1320<br>New W-1LTC Medicaid LTSS - send to LTSS Application Ctrs<br><b>Or apply online:</b><br><a href="http://www.connect.ct.gov">www.connect.ct.gov</a><br><b>DSS Benefits Line:</b><br><b>1-855-626-6632</b> |
| Household size   | MAGI Monthly Income (138%) |  |  |  |  |                            |          |           |        |           |   |
| 1 person   | \$1396.56                  |  |  |  |  |                            |          |           |        |           |   |
| Couple   | \$1893.56                  |  |  |  |  |                            |          |           |        |           |   |
| <b>LIS Single</b>  | \$1,538*                   | Assets under \$14,100 includes \$1500 burial | <b>Supplemental Nutrition Assistance Program (SNAP)-eff 10/17 annual</b><br>Single person 185% FPL gross income - <b>\$1860/ mo (max benefit \$192)</b><br>Couple 185% FPL income – <b>\$2,504 / mo (max benefit \$352)</b><br>There is no asset limit EXCEPT for members who are 60 years old or a person with a disability whose gross income is more than <b>185%</b> of the FPL.<br>Updated annually in October (asset limit over 185%: \$3,500)   |  |  |                            |          |           |        |           |   |
| <b>LIS Couples</b>   | \$2,078*                   | Assets under \$28,150                        |  |  |  |                            |          |           |        |           |   |
| <b>Partial dual eligible pay deductible of \$83 then 15% copayment up to \$5,000 in 2018 then 3.35/\$8.35.</b>   |                            |  |  |  |  |                            |          |           |        |           |   |
| <b>FPL 3/18</b>  |                            |  |  |  |  |                            |          |           |        |           |   |
| <b>100% FPL</b>  | Single \$1012              | Double \$1,372                               |  |  |  |                            |          |           |        |           |   |
| <b>150% FPL</b>  | \$1518                     | \$2,058                                      |  |  |  |                            |          |           |        |           |   |

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

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

| CT Home Care Program for Elders  | Functional Criteria                  | Income Guidelines  | Asset Guidelines   |
|--|--------------------------------------|--|--|
| State Funded - Level 1<br><b>Closed 7/17</b>   | 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<br>300% of SSI (\$750)<br>(updated 1/1/18)<br><br>Applied Income starts at<br>\$2,024-200%FPL (3/1/18) | Skilled nursing home level of care** | \$2,250/month (1/18)<br>Only the individual's income is counted toward eligibility | Individual -\$1600<br>Couple - \$3200 (both receiving services)<br>\$26,320.00(one receiving services)1/18<br>A higher asset amount may be allowed when a spousal assessment is done<br>(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: \$840,000  
 Maximum Monthly Maintenance Needs Allowance: \$3,090 (1/18). Minimum: \$2,030 (7/17)  
 Federal Poverty Levels are announced in March of each year

| Information for Persons with Disabilities              |   |   |  |
|--|---|---|--|
| Medicaid Category                                      | Eligibility   | Income  | Assets   |
| MedConnect<br><br>(Medicaid for the Employed Disabled) | Persons with disability who have earned income.<br>Proof of disability:<br>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)<br>Excluding: car used for work/medical appts, home, approved retirement accts (i.e. IRA,401K) & approved DSS account for special employment expenses<br>Apply W-1E or <a href="http://www.connect.ct.gov">www.connect.ct.gov</a> |
| 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 <a href="http://www.ct.gov/brs">www.ct.gov/brs</a>   |
| 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   |   | <a href="http://www.cacil.net">www.cacil.net</a> for contact information   |

| Other Long Term Services and Supports Options                              |   |   |  |
|--|---|---|--|
| Program  | Eligibility   | Benefits  | How to Apply?  |
| Community First Choice<br><br>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 <a href="http://www.ctmfp.com">www.ctmfp.com</a> |

**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