2020 Benefits Quick Guide & Addendum

CHOICES

Funded by the Administration for Community Living

2020 Medicare Part A premium

30 – 39 work quarters $252 a month
Less than 30 work quarters $458 a month

2020 Medicare Part B monthly premium

$144.60 a month For those not held harmless
$202.40 a month Income above
$85,001 - $109,000 (single)
$174,001-$218,000 (couple)
Add $12.20 to Part D premium

$289.20 a month Income between
$109,001 - $136,000 (single)
$218,001 - $272,000 (couple)
Add $31.50 to Part D premium

For those over these amounts consult www.ssa.gov

2020 Medicare Part A cost sharing

Hospital Deductible $1,408 per benefit period
(new benefit period begins after 60 days without a hospitalization or skilled nursing home stay)
$352 a day Day 1 – 60
$704 a day Day 91 – 150

Skilled Nursing Facility
$0 Day 1-20
$176.00 a day Day 20 -100

2020 Medicare Part B cost sharing $198 deductible Per year
20% of Medicare approved rate

Funded in part by a grant from the Administration for Community Living
Programs that Help Medicare Beneficiaries

1. Medicare Savings Program (MSP)  Effective March 1, 2019
   No asset limits. No estate recovery since January 1, 2010

   **QMB (Q01)**  211% Federal Poverty Level
   Monthly Income Guidelines  Single: $2,196.51  Couple: $2,972.99

   **SLMB (Q03)**  231% Federal Poverty Level
   Monthly Income Guidelines  Single: $2,404.71  Couple: $3,254.79

   **ALMB (Q04)**  246% Federal Poverty Level
   Monthly Income Guidelines  Single: $2,560.86  Couple: $3,466.14

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

2. 2020 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 $34.77 a month

**Cost Sharing for medications on the Part D formulary with LIS in 2020**

   **Full LIS Level 1**  
   Generic drugs: $3.60  Brand Drugs: $8.95

   **Level 2 Full LIS + Medicaid + income up to 100% FPL**  
   Generic drugs: $1.30  Brand Drugs: $3.90
   Maximum out of pocket cost-sharing $17 per month

   **Level 3 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 2020**  
If you apply separately through Social Security Administration.
Income limits are based on the poverty levels as of March 2019. Assets levels are as of January 2019.

Figures include $20 disregard

   **Partial Subsidy**  
   Single: $1,581  Assets under: $14,610
   Couple: $2,134  Assets under: $29,160
Partial dual eligible individuals pay a deductible of $89 and then 15% co-payment up to $6,350. When this is reached, the individual pays $3.60 for generic medication and $8.95 for brand drugs on their plan’s drug formulary.

3. Medicaid

Husky C – For those 65 years of age or older, blind or those with a disability as of January 2020

Includes single unearned disregard of $351 and couple unearned disregard of $702

Assets: Maximum $1600 for single person and $2,400 for a couple

<table>
<thead>
<tr>
<th>Region</th>
<th>Monthly Income</th>
<th>Single</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>B&amp;C</td>
<td>$874.38</td>
<td></td>
<td>$1398.41</td>
</tr>
<tr>
<td>A</td>
<td>$984.49</td>
<td></td>
<td>$1507.09</td>
</tr>
</tbody>
</table>

Supplemental Nutrition Assistance Program (SNAP) – effective October 1, 2019

Income guidelines are reviewed every October

No asset limit restrictions for those over age 60 or persons with a disability whose gross income exceeds 185% of the Federal Poverty Level. Asset limit over 185% is $3,500

Information below is for individuals 60 years of age or older or a person with a disability

<table>
<thead>
<tr>
<th>Income</th>
<th>Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single monthly income</td>
<td>$1,926</td>
</tr>
<tr>
<td>Maximum benefit</td>
<td>$194</td>
</tr>
<tr>
<td>Couple monthly income</td>
<td>$2,707</td>
</tr>
<tr>
<td>Maximum benefit</td>
<td>$355</td>
</tr>
</tbody>
</table>

Husky C, MSP and SNAP benefit applications are mailed to:

DSS Connect Scanning Center, PO Box 1320, Manchester, CT 06045-1320
Or
apply online at www.connect.ct.gov

DSS Benefits Telephone Line for questions only: 1-855-626-6632

Medicaid Husky D – Medicaid Expanded Benefits as of March 2019
For those 18-64 without minor children or Medicare – apply through Access Health CT
Website for access health Ct is www.accesshealthct.com

Eligibility is based on Modified Adjusted Gross Income (MAGI) in the tax household
No spend down provision if you are over the income guidelines
There are no asset limit restrictions
Household Size of 1  MAGI monthly Income: $1,436.58
Household Size of 2  MAGI monthly Income: $1,945.80

Medicaid Husky A – Effective October 2019.
Medicaid for caretakers with children under 19 years of age. Can be on Medicare.

Apply through Access Health CT. Based on Modified Adjusted Gross Income
160% of the federal poverty level.
Household of 2  MAGI monthly income: $2,256

CT Health Insurance Exchange for those without Medicare – Apply through Access Health CT

Open Enrollment: November 1, 2019 – January 15, 2020
Access Health CT
www.accesshealthct.com
Benefits Enrollment Center: 1-855-805-4325

Connecticut Energy Assistance Program (CEAP) – Effective October 2019
www.ct.gov/staywarm or contact DSS Office of Community Services at 1-800-842-1132

Applications accepted beginning August 1, 2019

60% Medium Income  Eligible for winter protection shutoff: 11/1/19 – 5/1/20
Household Size of 1 person $36,171  First date of delivery: November 13, 2019
Household Size of 2 people $47,300
Household Size of 3 people $58,430
Household Size of 4 people $69,599
Household Size of 5 people $80,688
Household Size of 6 people $91,818

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.

Basic benefit is $725 up to 100 percent of the FPG
$190 basic benefit for renters up to 100% FPG

CT Home Care Program for Elders (CHCPE) – effective January 1, 2020

State Funded Level 1 – this is closed to new individuals effective July 1, 2017
Must have one critical need no monthly income ceiling
Assets $38,592 single $51,456 couple

State Funded Level 2
Must be functioning at skilled nursing home level of care no monthly income ceiling
Assets $38,592 single $51,456 couple
Individuals on the program pay 9% cost share for services

Medicaid – Level 5 effective March 2019
Must have 1 or 2 critical needs but do not need to be at skilled nursing home level of care if they are categorically eligible for Medicaid
Eligible for Medicaid coverage groups: S01 through S04

Income $1,562 single (calculated at 150% FPL)
Assets $1600 single

Medicaid Waiver – Level 3
Only the individual’s income is counted towards eligibility. Must be at skilled nursing home level of care

Income up to $2,349 monthly income, which is 300% of SSI
Assets $1600 single
Assets $3,200 couple if both receives services
Assets $27,328 couple if one receives services

Effective March 2019, an applied income begins when monthly income is at $2,082, 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 $893,000
**Spousal Protections:** Minimum protected amount is $25,728 and the maximum is $128,640 effective January 2020

Minimum monthly maintenance needs allowance is $2,113.75 effective July 2019
Maximum Monthly Maintenance Needs Allowance: $3,216 effective January 2020
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 January 1, 2020, an irrevocable funeral service account of $10,000
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

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**Information for Persons with Disabilities**

<table>
<thead>
<tr>
<th>Medicaid Category</th>
<th><strong>MedConnect</strong> also called Medicaid for the Employed Disabled</th>
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</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>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</td>
</tr>
</tbody>
</table>
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

Benefits Counseling through BRS
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.portal.ct.gov/ADS

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 active 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 go to portal.ct.gov/DSS/Community-First-Choice for a referral

MY PLACE CT is Connecticut’s website for information on long term services and support
options www.myplacect.org
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 along with supporting documentation going back 5 years. 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.

2020 Part D Standard Plan Cost Sharing for a Medicare Beneficiary

A standard Part D plan can charge up to $435 for an annual deductible

After the deductible is met, if the plan has a deductible, the beneficiary pays 25% of their medications up to $1005 and the plan pays 75%. After this point, the beneficiary pays 25% for generic medication and 25% 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 $9,719.38, the person reaches catastrophic coverage. During catastrophic coverage, the beneficiary pays the greater of 5% co-insurance or $3.60 for generic medication and $8.95 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 the persons receives help with all or some of the 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 restrictions.

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. Plans C, F and high deductible F will only be available to individuals eligible for Medicare as of 1/1/2020. Individuals collecting Medicare due to disability as of 1/1/2020 are limited to Plans A-C through December 31, 2019. Those newly enrolled in Medicare due to disability after 1/1/2020 will be limited to Plans A and B.
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](http://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, 2019– January 15, 2020. Individuals can purchase health insurance or apply for Medicaid for adults 18-64 without Medicare called Husky D. Individuals must be caring for a minor child or children. They can be without or receiving Medicare for Husky A benefits.

**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 Medicare Part B**- For those who are still working at age 65 and covered by a large employer group 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.

**MEDICARE PART D & MEDICARE ADVANTAGE OPEN ENROLLMENT 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 OPEN ENROLLMENT PERIOD** - January 1 and ends March 31. This period is designed to allow you to do switch from one Medicare Advantage Plan or Medicare Advantage plan with prescription coverage to another or to cancel your Medicare Advantage Plan membership and return to original Medicare. Individuals returning to traditional Medicare can also purchase a stand-alone Part D Plan and/or enroll in a Medigap policy.
DUALS OR LIS SPECIAL ENROLLMENT PERIOD – Individual enrolled in full Medicaid, any level of the Medicare Savings Program (such as QMB, SLMB or ALMB) or individuals enrolled in the Low Income Subsidy through the Social Security Administration, can change their Medicare selections one time each quarter from January through September. Those determined to be potentially at risk or at risk for misuse of frequently abused drugs may have restrictions to making changes.

SPECIAL ENROLLMENTS FOR MEDICARE PART D OR MEDICARE ADVANTAGE PLANS:
Individuals who lose, gain or change their Medicaid, MSP or LIS status or who are notified of a CMS or state-initiated enrollment receive a SEP of 3 months. Other individuals who move in or out of the plan’s geographic region, those who move out of incarceration, or move in or out of an institution also receive a SEP. Contact CHOICES for other potential SEP options.

EQUITABLE RELIEF through JUNE 30, 2020: Individuals may potentially qualify for equitable relief to enroll in Medicare Part B without penalty if they were enrolled in premium free Medicare Part A between July 2013 and June 30, 2020 or were notified of a retroactive enrollment between October 1, 2013 and June 30, 2020 or have a Part B special enrollment that ended between October 1, 2013 and June 30, 2030 and were enrolled in a qualified health plan through Access Health CT. Individuals are eligible even if they enrolled in Medicare Part B during the general enrollment period in 2015 through 2020. Call SSA at 1-800-772-1213 or TTY 1-800-325-0778 for assistance.