



2018 Benefits Quick Guide – updated October 12, 2018

| Medicare Part A 2019 Premium, Deductibles & Co-pays | | | 2019 Medicare Part B Premiums & Deductibles | |
|---|---------------------------------------|------------------------------------|---|---|
| Part A Premium | (30-39 quarters) (< 30 quarters) | \$240 per month \$437 per month | PART B Those with annual incomes: \$85,001-\$107,000 (single) or \$170,001-\$214,000 (married) | |
| Hospital Deductible | (per benefit period deductible) | \$1,364 | \$107,001-\$133,500 (single) or \$214,001 - \$267,00 (married) | |
| Hospital Co-pays | Days 61-90 Days 91-150 | \$341 per day \$682 per day | For those over these amounts... | |
| Skilled Nursing facility Co-Pay | Days 21-100 | \$ 170.50 per day | Part B Deductible | \$135.50 per month \$189.60 per month (2019) Part D(+ \$12.40 to premium 2019) \$270.90 per month (2019) Part D (+ \$31.90 to premium 2019) Visit www.ssa.gov |
| | | | | \$185 per year (2019) |

| 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 | |
| QMB (Q01) 211% FPL | Single | \$2,135.32 / mo | Couple | \$2,894.92 / mo | 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) |
| 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 2019 | | | Medicaid Expanded Benefits (3/18) HUSKY D | | CT Health Insurance Exchange Access Health CT Benefits Center- 1-855-805-4325 www.accesshealthct.com Open enrollment Nov 1, 2018 – Dec 15, 2018 |
|---|--------------------------------------|--|--|----------------------------|---|
| LIS level 1 CO-PAYS FOR MEDICATIONS: | | | Household size | MAGI Monthly Income (138%) | |
| \$3.40 - FORMULARY GENERIC DRUGS \$8.50 - FORMULARY BRAND NAME DRUGS LIS Level 2: Medicaid recipients up ≤ 100% FPL: \$1.25/3.80 Max \$17 per month Medicaid Waiver/perm. SNF—no co-pays(LIS Level 3) 2019 CT LIS Benchmark Premium- \$36.20 2019 \$33.19 base premium to calculate penalty Max Income/Assets for Partial Subsidy (2018) | | | 1 person | \$1396.56 | |
| Partial dual eligible pay deductible of \$85 then 15% copayment up to \$5,100 in 2019 then 3.40/\$8.50 | | | Couple | \$1893.56 | |
| LIS Single | \$1,538* *Includes \$20 disregard | Assets under \$14,100 includes \$1500 burial | Supplemental Nutrition Assistance Program (SNAP)-eff 10/18 Information below is for 60 years old or older or persons with a disability Single person net income - \$1012/ mo (max benefit \$192) Couple net income – \$1,372 / mo (max benefit \$353) 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 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) 10/18 Began accepting applications August 1, 2018

| 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. (basis benefit \$725 up to 100% FPG; \$190 for renters) Crisis Assistance for those unable to secure primary deliverable fuel may be eligible for additional \$710. |
|-----------------|-------------------|--|
| 1 person | \$35,116 | Asset Limits apply: Homeowners - \$15,000 Renters – \$12,,000 Households (including renters) with up to 60% of median income can qualify if 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 | \$45,920 | |
| 3 people | \$56,725 | |
| 4 people | \$67,530 | |
| 5 people | \$78,335 | |
| 6 people | \$89,140 | |

| 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

| Enrollment/ Applications Periods for Older Adults/Persons with Disabilities | | |
|---|-----------------|--|
| Medigap Plans | Ongoing | Guaranteed Issue. Community rated for premiums. Premiums not based on age/health. |
| Renters Rebate | April 1 – Oct 1 | Eligibility: For Renters 65 years +; 50 years + for surviving eligible spouse; or 18 years old with 100% permanent disability 1 year residency, no asset test Hotline for questions: 860-418-6377 |

| Medicare Enrollment Periods | | | | | | |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Period | Date | Part A | Part B | Part C | Part D | Explanation |
| Initial Enrollment (IEP) | 3 months before age 65, month of 65 th birthday & 3 months following. Active back to 65th birthday to a max of 6 months | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | No penalty for delaying enrollment for those eligible for premium free Part A |
| Open Enrollment | October 15 - December 7 Changes effective Jan 1 | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Beneficiaries can enroll or change any Medicare benefits |
| Special Enrollment (SEP) for Medicare Part B | While working & 8 months after employment ends or loss of employer health coverage (whichever comes first). | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | For people still working (or their spouses) who are covered by employer health coverage (Medicare ESRD do not have SEP). SEP is 63 days for Med D. |
| General Enrollment | Jan 1 – March 31 For premium Part A or Part B | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | For those who missed their IEP. Part B is effective July 1. Penalties may apply . |
| Medicare Advantage Open Enrollment Period | Jan 1, 2019 – March 31, 2019 | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Can change from one MA/MA-PD plan to another. Can also return to traditional Medicare & can elect to enroll in a Medicare D plan &/or Medigap policy. |
| Dual/LIS SEP | One time change each quarter during the first 9 months of the year | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Active the month following the change. Those potentially at risk of for misuse of drugs may be limited. |
| Other SEPs | Following significant changes: in/out SNF or hospital, geographic move, loss of Medicaid, MSP or LIS, release from incarceration | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contact CHOICES Regional Coordinator to explore other potential SEPs. |

| 2019 Part D Standard Plan Cost Sharing for a Medicare Beneficiary | | | | |
|---|---|---|---|---|
| Part D Benefit Cost Periods | Costs & Who Pays | Beneficiary Pays (TrOOP) | Plan Pays | Total Amount Spent on Drugs on the plan's Formulary |
| Initial Deductible | Beneficiary-100% | Up to \$415 | \$0 | \$415 |
| Initial Coverage Period (ICP) | 25% -beneficiary 75% - plan | Up to \$955 | \$2,865 | \$3,820 |
| Coverage Gap | Shared Beneficiary/Plan/ Manufacturer Manufacturer: 70% on brand drugs | 37% generic 25% brand drugs (+small pharmacy dispensing fee of \$1-\$3) | 63% generic 5% brand drugs (plan payments do not count towards TrOOP of \$5,000) | Up to \$3,833.75 (cumulative costs: \$7,653.75) |
| Catastrophic Coverage | Beneficiary pays reduced amount Plan pays the difference | Greater of: 5% co-insur OR \$3.40 per generic or \$8.50/brand | Remaining amount after the beneficiary pays | Continues catastrophic coverage through 12/31/19 |

