

**Medicaid or Husky**  
**VS.**  
**Medicare Savings Program (MSP)**

# 1. The Medicare Savings Program



## The Medicare Savings Program (MSP) is:

- ✓ A State of CT **PROGRAM** designated to help with Medicare expenses.
- ✓ **Not a health insurance**
- ✓ **Not Medicaid.** The MSP is a form of Medicaid but not considered fully Medicaid.
- ✓ **Handled, revised, controlled and Administered by the Department of Social Services ...** For questions about your application, eligibility, activation, or to report changes you will need to contact Department of Social Services directly at: 855-626-6632.
- ✓ A program which process may take up to 1 month.
- ✓ A program that must be renewed every year in order to maintain benefits.
- ✓ A program that only covers what Medicare covers. FOR EXAMPLE: Medicare does not cover any Dental, Vision or Hearing services; this means that the Medicare Savings Program will not cover them either.
- ✓ A program that only works in CT, for other states, please contact the Department of Social Services of that state in specific.

The Medicare Savings program has 3 levels:

Levels	Name of Levels	MSP Monthly income limits for 2018		% Federal Poverty Level (FPL)
1 <sup>st</sup> Level	Qualified Medicare Beneficiary (QMB)	Single: \$ 2,196.51	Couple: \$ 2,972.99	211%
2 <sup>nd</sup> Level	Specified Low-Income Medicare Beneficiary (SLMB)	Single: \$ 2,404.71	Couple: \$3,254.79	231%
3 <sup>rd</sup> Level	Additional Low-Income Medicare Beneficiary (ALMB)	Single: \$ 2,560.86	Couple: \$ 3,466.14	246%

**Benefits of the three levels, QMB, SLMB and ALMB.**

	QMB	SLMB	ALMB
The State pays the Medicare Part B premium (\$135.50 for 2019- Medicare Part B-monthly premium)	✓	✓	✓
MSP recipients are automatically enrolled in the <b>Extra Help/Low Income Subsidy (LIS)</b> program, which helps pay Medicare Part D prescription costs. This means that it allows you to pay prescription copays no more than: \$8.95 for Brand Names and \$3.60 for Generic prescriptions. (see explanation of LIS / Extra Help) below.	✓	✓	✓
Receives additional assistance to help with cost sharing (premiums, deductibles, co-pays and co-insurance for Medicare A & B covered services). This means that only this level acts as a supplement of Medicare, paying the 20% that Medicare does not cover, <b>ONLY IF PROVIDERS or Doctors ACCEPT TO WORK WITH THIS PROGRAM.</b>	✓	—	—

**Benefits of the Extra Help/LIS:**

**Extra Help** is a federal program that **helps** pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. It is also known as the Part D Low-Income Subsidy (**LIS**).

**This program offers:**

- ✓ Financial assistance with prescriptions: The maximum amount that beneficiary will pay is:
  - \$8.95 for Brand Names (Maximum)
  - \$3.60 for Formulary Generics
- ✓ Part D (PDP) Monthly Premium Subsidy = \$34.77
- ✓ Continuous Open Enrollment – Can Join or Change Plans Anytime without any fee or penalty.
- ✓ No Deductible, No Penalty for Late Initial Enrollment
- ✓ No Donut Hole.

## 2. MEDICAID OR HUSKY



**Could say Husky A, Husky B, Husky C or Husky D. All depending on the level you are eligible for.**

## MEDICAID OR HUSKY IS:

- ✓ A public assistance program based largely on financial need; it's paid for with public funds collected through taxes.
- ✓ A program that provides health insurance to low-income Americans of all ages, works differently in each state, although federal guidelines apply.
- ✓ Is a health insurance that although benefits vary by state, each state is required to cover certain types of care. These include inpatient and outpatient hospital services, nursing home and home healthcare, laboratory and x-ray diagnostic services, transport to a medical facility, and tobacco-cessation counseling for pregnant women.
- ✓ A program that offers two additional types of care that Medicare does not:
  - Custodial Care:** Custodial care, or personal care, helps you with daily activities. These activities include eating, bathing, dressing, and using the bathroom. Custodial care can be provided in a skilled nursing facility if you're there for a recuperative stay following a stroke or accident. It can also be provided at home, as a way to avoid being admitted to a nursing home, or for some period before a nursing home becomes the best option.
  - Nursing Home Care:** Medicaid is the primary provider of long-term nursing home care. (Medicare will pay for skilled nursing short-term, or rehabilitation in a skilled nursing facility; however, [it does not cover extended care.](#)) Nursing home care under Medicaid is a complex subject. Even if you qualify for it in general, you may have to pay part of the cost, depending on your income and tax deductions. The results of the application process will determine how much you have to pay, if anything.
- ✓ A program which its application rules vary by state but be aware that the process may take weeks or even months and could require a medical screening, as well as extensive documentation of past and present financial transactions.
- ✓ A program which its income guidelines are generally based on the [Federal Poverty Level](#). Guidelines for your state Medicaid program will spell out the details for your situation. In some cases involving especially high medical expenses, your income could exceed guidelines and you could still qualify for help as someone who is "medically needy," which involves a process through which you are allowed to subtract, or "spend down," your medical expenses in order to get below a certain income level. Rules vary by state.

	Region A *	Regions B&C **	Assets
<b>Single</b>	\$972.49	\$862.38	\$1,600
<b>Couple</b>	\$1,483.09	\$1,374.41	\$2,400

HUSKY C monthly income/asset limits:

\* **Region A** = Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, Washington

\*\* **Regions B&C** = All Other Towns

**Note:** People who have more than the allowable amount of assets have to [spend down](#) until they reach an income level that qualifies them for Medicaid. Spending down works differently depending on your state, but you may be able to pay off debts, prepay a mortgage and other loans, repair or renovate a home, prepay funeral expenses, and purchase certain [investment products](#), depending on what the state allows.

If you fit into any of the above groups, you may be able to receive Medicaid benefits even if you're above the income limits, provided your state has a [Medicaid Excess Income Program](#). Similar to a deductible, you may be required to pay a certain amount of your expenses each month before Medicaid benefits take over. And if you are spending down, you have to spend down a certain number of years prior to applying.

Why? Because the authorities are aware of people who deplete assets just to qualify for Medicaid. When you apply, the state "looks back" five years to determine if you transferred, sold below fair market value, or gave away assets that would have made you ineligible for the program. If so, you may be subject to what's known as a transfer penalty. Typically, the penalty is a "timeout" period during which you cannot receive Medicaid benefits, even though you now technically qualify.

The process to determine the penalty involves denying benefits in proportion to the time you could have paid for a nursing home if you would have kept those assets. The look-back period starts when you apply for Medicaid. So even if the transfer was up to five years ago, it could trigger the penalty.