





Medicare Part A 2020 Premium, Deductibles & Co-pays			2020 Medicare Part B Premiums & Deductibles		
Part A Premium	(30-39 quarters) (< 30 quarters)	\$252 per month \$458 per month		ith annual incomes: 3109,000 (single) or	\$144.60 per month \$202.40 per month (2020)
Hospital Deductible	(per benefit period deductible)	\$1,408	\$174,001	-\$136,000 (single) or	Part D (+ \$12.20 to premium 2020) \$289.20 per month (2020)
Hospital Co-pays *Lifetime reserve	Days 61-90 Days 91-150*	\$352 per day \$704 per day	\$218,001	- \$272,000 (married) over these amounts	Part D (+ \$31.50 to premium 2020) Visit www.ssa.gov
Skilled Nursing facility Co-Pay	Days 21-100	\$ 176.00 per day	Part B De	ductible	\$198 per year (2020)
Medicare Sa	vings Program (MS	P) effective 3/19	SSA COLA	(1/20) 1.6 % 2020 S	SI \$783 (one) or \$1175 (couple)
Program	Status	Income Limit	Status	Income Limit	NO ASSET LIMITS FOR MSP
QMB (Q01) 211% F	PL Single	\$2,196.51 / mo	Couple	\$2972.99 / mo	No Estate Recovery after 1/1/10
SLMB (Q03) 231%	FPL Single	\$2,404.71/ mo	Couple	\$3,254.79/ mo	DSS Benefits Line: 1-855-626-6632
ALMB (Q04) 246%	FPL Single	\$2,560.86/mo	Couple	\$3,466.14/ mo	Income(143% TFA) listed includes
Medicaid (Husky (for those 65+, blin or with a disability	nd	\$984.49 (region A) \$874.38 (reg. B & C) Eff 1/20	Couple	\$1507.09 (reg. A) \$1398.41 (reg. B & C) Eff 1/20	Husky C unearned income disregard of \$351/single & \$702.00/couple if each has unearned income Assets: \$1600 single; \$2,400 couple
Husky A (160% FF	Caretakers w	/ children < 19 years	For two	Magi: \$2,256/mo	Husky A eff 10/19

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 2020

LIS level 1 CO-PAYS FOR MEDICATIONS:

\$3.60 - FORMULARY GENERIC DRUGS

\$8.95 - FORMULARY BRAND NAME DRUGS

LIS Level 2: Medicaid recipients up < 100% FPL: \$1.30/3.90 Max \$17 per month

Medicaid Waiver/perm. SNF–no co-pays (LIS Level 3)

2020 CT LIS Benchmark Premium- \$34.77

2020 \$32.74 base premium to calculate penalty

Partial Low Income Subsidy

Max Income (1/11/19)/ Assets for Partial Subsidy (2020)

LIS	\$1,581*-	Assets under \$14,610*
Single	*Includes \$20	(1/20)
(150%FPL)	disregard	*includes \$1500 burial
LIS	\$2,134*-	Assets under
Couples		\$29,160*(1/20)

Partial dual eligible pay deductible of \$89 then 15% copayment up to \$6,350 in 2020 then \$3.60/\$8.95

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Medicaid Expanded Benefits (3/19) HUSKY D

Household size	MAGI Monthly Income (138%)
1 person	\$1436.58
Couple	\$1945.80

No asset limit restrictions
Age 19-64 without Medicare without children. MAGI income.

Apply at www.accesshealthct.com

Supplemental Nutrition Assistance Program (SNAP)-eff 10/19

Information below is for 60 years old or older or persons with a disability

Single person income - \$1926/ mo (max benefit \$194; min benefit \$16)

Couple income - \$2,607/ mo

(max benefit \$355; min benefit \$16)

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)

CT Health Insurance Exchange Access Health CT

Benefits Center- 1-855-805-4325 www.accesshealthct.com

Open enrollment
Nov 1, 2019 - January 15,
2020

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 Centers
Or apply online:
www.connect.ct.gov

Questions only

DSS Benefits Line: 1-855-626-6632

CT Energy Assistance Program (CEAP) 10/19 Began accepting applications August 1, 2019 Deadline: May 1, 2020

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Household	60% median	
Size	income	
1 person	\$36,171	
2 people	\$47,300	
3 people	\$58,430	
4 people	\$69,599	
5 people	\$80,688	
6 people	\$91,818	

*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.

Asset Limits apply: www.ct.gov/staywarm; DSS Office of Community Services
Homeowners - \$15,000 First date of delivery: 11/13/19 1-800-842-1132

Renters – \$12,000 Eligible for winter protection shutoff: 11/1/19-5/1/20

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.

CT Home Care Program for	Functional	Income	Asset Guidelines
Elders	Criteria	Guidelines	
State Funded - Level 1	One critical need	No income ceiling	Individual: \$38,592; Couple: \$51,456
Closed 7/17			(eff 1/20) 150% & 200% of CSPA
State Funded –Level 2	Skilled nursing home	No income ceiling-	Individual: \$38,592 Couple: \$51,456
	level of care*	9% cost share	(eff 1/20) 150% & 200% of CSPA
Medicaid Waiver – Level 3			Individual -\$1600
300% of SSI (\$783)	Skilled nursing home	\$2,349/month (1/20)	Couple - \$3200 (both receiving services)
(updated 1/1/20)	level of care**	Only the individual's income	\$27,328(one receiving services)1/20
		is counted toward eligibility	A higher asset amount may be allowed
Applied Income starts at			when a spousal assessment is done
\$2,082-200%FPL (3/1/19)			(Excess home equity limit: \$893,000)
Medicaid – Level 5 (3/19)	1 or 2 critical needs	\$1562 month (150% FPL)	Individual: \$1,600
			Medicaid groups: S01 – S04
State-CHCPED-Level 4	Skilled nursing home	No income ceiling	Individual: \$38,592; Couple: \$51,456
	LOC*		Limit 100 slots

^{*}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 assist with prescribed medications beyond setting up of pills.

Call 1-800-445-5394 to make referrals or refer online https://www.ascendami.com/CThomecareforeIders/default
Eff 1/1/2020 max irrevocable funeral service account \$10,000; life insurance of face value \$1500; 5 year look back of assets.
Community Spousal Protected Amount (CSPA): Minimum \$25,728 and max \$128,640 (1/20) Home equity limit max: \$893,000.

Maximum Monthly Maintenance Needs Allowance-MMNA: \$3,216.00 (1/20). Minimum: \$2113.75 (7/19)

Federal Poverty Levels are usually announced in March of each year

Information for Persons with Disabilities				
Medicaid Category	Eligibility	Income	Assets	
	Persons with disability	Earned income up to \$6,250/mo	\$10,000 (\$15,000 couple)	
MedConnect	who have earned income.	or \$75,000/yearly. Premium	Excluding: car used for work/medical	
	Proof of disability:	could apply if income is above	appts, home, approved retirement accts	
(Medicaid for the Employed	Receiving SSD; Medicare	200% FPL	(i.e. IRA,401K) & approved DSS account for	
Disabled)	after SSD stops or fill out	(questions on premium:	special employment expenses	
	W-300MED & W-300T19	1-800-656-6684)	Apply W-1E or www.connect.ct.gov	
	for medical review			
Bureau of Rehabilitation	Assist persons with disabilities wanting to return to work		1-800-537-2549	
Services (BRS)				
BRS Benefits Counselor	Benefits Specialist will explain how work can affect benefits		1-800-773-4636 to find out your local	
	etc.		contact www.portal.ct.gov/ADS	
Ticket to Work	9-month trial test period to return to work. Individuals get		1-866-968-7842	
	full benefits regardless of m	noney earned.		
Centers for Independent	Provide peer support, I&R, advocacy, independent skills		www.cacil.net for contact information	
Living	training to persons with disa	abilities		

Other Long Term Services and Supports Options				
Program	Eligibility	Benefits	How to Apply?	
Community First Choice	Anyone functioning at skilled nursing home level of care and	Self-directed care; PCA (including family/friends, not	Call 2-1-1 or www.ctmfp.com	
Provision from the Affordable Care Act (ACA)	on any type of Medicaid (i.e. Husky A, D, C, Med-Connect) No age restriction	spouse); Home delivered services; home modifications; assistive technology; Support Broker		

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