

2009 Eligibility Guidelines (Income and Asset Levels) for Health-Related Public Benefits Programs

PROGRAM	Monthly Income Limit	Annual Income Limit	Effective Date
MassHealth (Medicaid) (100%)Federal Poverty Level Asset limits of \$2,000/Individual \$3,000/Married Couple	* \$923 (individual) * \$1,235 (couple)	* \$11,076 (individual) * \$14,820 (couple)	3-1-09
MassHealth PCA - for people aged 65 or older who need personal care attendant services. (133%) Federal Poverty Level Asset limits of \$2,000/Individual \$3,000/Married Couple	\$1,201 (individual) \$1,616 (couple)	\$14,412 (individual) \$19,392 (couple)	3-1-09
MassHealth Frail Elder Waiver Program for people aged 60 or older. Requires the need for a level of care equal to that provided in a nursing home. Must be ASAP client. If married will not count spouses income. Income can be up to 300% of federal SSI. Individual asset limit of \$2,000.	\$2,022 (individual)	\$24,264 (individual)	1-1-09
Group Adult Foster Care Program – ages 60 or older Must be eligible for MassHealth Standard Must live in designated public or subsidized housing or an assisted living facility that participates in GAFC & must have physician’s statement of individual’s condition	* 1,148 (individual)	* \$13,776 (individual)	3-1-09
Enhanced Adult Foster Care Program – receive care provided by friend or eligible family member in home setting Must be eligible for MassHealth Standard Must meet clinical eligibility (i.e., assistance w/ ADL’s)	* \$923 (individual)	* \$11,076 (individual)	3-1-09
Qualified Medicare Beneficiary (QMB) (100%) Federal Poverty Level Asset limits of \$4,000/Individual \$6,000/Married Couple Pays for B premium, A and B deductibles and co-insurance.	* \$923 (individual) * \$1,235 (couple)	* \$11,076 (individual) * \$14,820 (couple)	3-1-09
Specified Low Income Medicare Beneficiary (SLMB) (120%) Federal Poverty Level Asset limits of \$4,000/Individual & \$6,000/Married Couple. Pays for Part B Premium.	* \$1,104 (individual) * \$1,478 (couple)	* \$13,248 (individual) * \$17,736 (couple)	3-1-09
Qualified Individual - 1 (QI-1) (135%) Federal Poverty Level Asset limits of \$4,000/Individual & \$6,000/Married Couple. Pays for Part B premium.	* \$1,240 (individual) * \$1,661 (couple)	* \$14,880 (individual) * \$19,932 (couple)	3-1-09
LTC Medicaid - Minimum monthly allowance income range for community spouse of nursing home resident with long term care Medicaid (Asset allowance from of all marital assets: community spouse is allowed to keep up to \$109,560 in assets; spouse in nursing home is allowed \$2,000 in assets; the community spouse may appeal to retain more in assets in order to produce sufficient income for minimum monthly maintenance needs)		\$1,750/mo. - minimum \$2,739/mo. - maximum income allowance Allowance for person in facility \$72.80/mo	7-1-08(min) 1-1-09(max)

*Amount includes applicable \$20.00 monthly disregard.

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Low-Income Subsidy (LIS) 2009

(Application for "Extra Help" with Medicare Prescription Drug Plan costs)

Federal Poverty Level	Monthly Income Limits Up to....	Asset Limits Up to...	Benefits
100% FPL (Full Subsidy)	* \$922 (individual) * \$1,234 (couple)	\$8,100 (individual) \$12,910 (couple)	pays Part D premium pays plan deductible co-pays: \$1.10/\$3.20
135% FPL (Full Subsidy)	* \$1,238 (individual) * \$1,659 (couple)	\$8,100 (individual) \$12,910 (couple)	pays Part D premium pays plan deductible co-pays: \$2.40/\$6.00
150% FPL (Partial Subsidy)	* \$1,373 (individual) * \$1,841 (couple)	\$12,510 (individual) \$25,010 (couple)	Sliding scale for Part D premium Beneficiary responsible for \$60 deductible Beneficiary pays 15% co-insurance until total Rx costs reach \$6,153.75, then co-pays: \$2.40/\$6.00

***Amount includes applicable \$20.00 monthly disregard.**

MassHealth Enrollment Center (MEC)
Social Security
SHINE Counseling

1-888-665-9993
1-800-772-1213
1-800-AGE-INFO

TTY: 1-888-665-9997
TTY: 1-800-325-0778
TTY: 1-800-872-0166

Medicare Supplement (Medigap) Plans Massachusetts 2009

Medigap Carriers	Medicare Supplement Core	Medicare Supplement 1
Bankers Life and Casualty Company 1-800-231-9150 to find an agent 1-800-621-3724 general information <u>www.bankerslife.com</u> (continuous open enrollment)	\$114.84 (effective 3/15/09)	\$207.56 (effective 3/15/09)
Blue Cross & Blue Shield of MA (Medex™) 1-800-678-2265 sales/apps 1-800-258-2226 member services 1-800-522-1254 (TDD) <u>www.bluecrossma.com</u> (continuous open enrollment)	\$86.30	\$162.97 “Medex Bronze”
Humana Insurance Company 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) <u>www.humana-medicare.com</u> (continuous open enrollment)	\$117.49 \$115.49 auto withdrawal (effective 3/1/09)	\$183.48 \$181.48 auto withdrawal (effective 3/1/09)
United HealthCare™ Insurance Company Only for members of AARP (American Association of Retired Persons) 1-800-523-5800 (continuous open enrollment)	\$124.00 until 6/09	\$177.00 until 6/09

** In compliance with Medicare regulations, Medicare Supplement 2 (Medex Gold) and the Core Plus cannot be sold after December 31, 2005 but existing members may remain enrolled.

Blue Cross & Blue Shield of MA (Medex™ Gold) – Monthly Premium as of 1.1.09 - \$668.00

Blue Cross & Blue Shield of MA (Medex™ Core Plus) – Monthly Premium as of 1.1.09 – \$154.79

United HealthCare™ Insurance Company (Supplement 2) – Monthly Premium as of 6.1.07 - \$528.75

Medicare Supplement (Medigap) Plans Massachusetts 2009

Comparison of Plans	Core	Supplement 1
Basic Benefits Included In All Plans:		
Hospitalization Part A Co-payments Days 61 - 90: \$267 per day Days 91-150: \$534 per day 365 Additional Lifetime Hospital days - Paid in full	X X X	X X X
Part B Coinsurance - Coverage of coinsurance, in most cases, 20% of approved amount	X	X
Parts A and B Blood First 3 pints	X	X
Additional Benefits	Core	Supplement 1
Part A Deductible for Hospital Days 1 - 60 \$1,068 per benefit period		X
Skilled Nursing Facility Coinsurance Days 21-100 - \$133.50 per day		X
Part B Annual Deductible - \$135		X
Foreign Travel - For Medicare-covered services needed while traveling abroad.		X
Inpatient Days in Mental Health Hospitals In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period