

Medicare Help Rainbow Chart

Updated: April 2017 (*Extra Help limits effective immediately. MSP/Medicaid limits effective April 2017.*)

Screen clients for programs based on household size, monthly income and assets.

Program Income Limit <i>Program Asset Limit</i>	Household Size	
	1	2
SSI-Related Medicaid Income Limit	735	1,103
<i>Medicaid Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MN – Medically Needy / Spenddown Income basis	> 735	> 735
<i>MN Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MSP- QMB Income Limit 100% FPL	1,005	1,353
<i>MSP- QMB Asset Limit</i>	<i>7,390*</i>	<i>11,090*</i>
MSP- SLMB Income Limit 120% FPL	1,206	1,624
MSP- QI-1 Income Limit 135% FPL	1,357	1,827
<i>MSP- SLMB and QI-1 Level Asset Limit</i>	<i>7,390*</i>	<i>11,090*</i>
Full Extra Help Income Limit 135% FPL	1,357	1,827
<i>Full Extra Help Asset Limit</i>	<i>8,890</i>	<i>14,090</i>
Partial Extra Help Income Limit 150% FPL	1,508	2,030
<i>Partial Extra Help Asset Limit</i>	<i>13,820</i>	<i>27,600</i>

Notes: These are programs for people eligible for Medicare

- **In all cases, if unsure about eligibility, encourage clients to apply!**
- Numbers may vary slightly due to differences in rounding.
- All income is gross - before any taxes or other deductions.
- All programs do not count the first \$20 of income.
- People with “earned” income (from employment, including self-employment) can have a higher income than on this chart. Programs do not count half of someone’s earned income.
- For income limits for larger families, contact the Dept. of Social and Health Services (DSHS) or the Social Security Administration (SSA).
- If only one member of a couple is on Medicare, the income calculations for Medicare Savings Programs are different. Contact DSHS for information.
- Assets include bank accounts, certificates of deposit, savings bonds, IRAs, stocks and bonds, mutual funds, cash, and property other than client’s home or automobile, furniture and household items.
- Income and asset calculations for people applying for long-term care services and supports, such as nursing home care or COPES, are not on this chart. For more information, see page 11 of *Eligibility Overview* at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf.

*For MSP asset limits, clients can have up to \$1,500 per person additional if it is set aside for burial expenses.

Program Name	Program Description	Action to Take:
<p>SSI – related Medicaid (DSHS)</p>	<p>This is for clients considered “Full-Benefit Dual Eligible.” It pays for Medicare Part A and B premiums, coinsurance and deductibles. Most clients will pay Rx copays. Clients do not have to pay for their medical care as long as it’s covered under Original Medicare/Medicare Advantage (MA) plan and/or Medicaid. Clients automatically receive Full Extra Help for Part D. See page 8 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<ul style="list-style-type: none"> • Explain to clients that DSHS will pay their monthly Medicare Part A and B premiums and make it so they should not be billed for any remainder after Medicare pays for Part A and B-covered services. • Medicaid will cover some care that Medicare does not cover, such as dental care. • Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • Explain to clients they’ll pay either a \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$1.20 for generics and \$3.70 for brands, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).

Program Name	Program Description	Action to Take:
<p>MN – Medically Needy/ Spenddown</p>	<p>This is a way for someone who has income above the Social Security Income (SSI)-related Medicaid amounts to get temporary Medicaid coverage. They must incur medical expenses equal to his/her “spenddown” amount, which is calculated by DSHS. See page 9 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<ul style="list-style-type: none"> • Explain to clients that ONCE they meet their spenddown, and only for the base period (usually 3 or 6 months), they should not be billed for any remainder after Medicare pays for Part A and B-covered services. • Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • ONCE clients meet their spenddown, they’ll get Extra Help for Part D for at least the rest of the calendar year. Explain to clients they’ll pay either a \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$3.30 for generics and \$8.25 for brands, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they’ll need to reapply if they still need coverage after their base period ends.
<p>Medicare Savings Program-QMB (DSHS)</p>	<p>This program pays Medicare Part A and B premiums, coinsurance and deductibles. Clients do not have to pay for their medical care as long as it’s covered under Original Medicare or their MA plan. Clients automatically receive Full Extra Help for Part D. Most clients will pay Rx copays. See page 10 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<ul style="list-style-type: none"> • Explain to clients DSHS will pay their monthly Medicare Part A and B premiums, and will make it so they should not be billed for any remainder after Medicare pays for Part A and B-covered services. • Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • Explain to them they’ll pay either a \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$3.30 for generics and \$8.25 for brands, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).

Program Name	Program Description	Action to Take:
Medicare Savings Program-SLMB or QI-1 Level (DSHS)	<p>This program pays Medicare Part B premium ONLY. Clients automatically receive Full Extra Help for Part D.</p> <p>See page 10 of Eligibility Overview at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<ul style="list-style-type: none"> • Explain to clients DSHS will pay their monthly Part B premiums. • They'll pay either a \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$3.30 for generics and \$8.25 for brands, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).
Full Extra Help (Social Security)	<p>This program assists Medicare clients, who qualify, for help to pay their prescription drug plan costs. It covers premiums, deductibles, copays and the donut hole.</p>	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit, unless they get it automatically by being on Medicaid/MSP. • Explain to clients they'll pay either \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$3.30 for generics and \$8.25 for brands, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Let clients know they may have Eligibility Reviews and to watch for letters from Social Security.
Partial Extra Help (Social Security)	<p>This program assists Medicare clients, who qualify, for help to pay their prescription drug plan costs that includes premiums, deductibles, copays and the donut hole.</p>	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit. • Explain to clients they'll pay either a \$0 or low-cost Part D premium, a \$0 to \$82 deductible, have no donut hole, will pay up to 15 percent of the full cost for medications, and can change their drug coverage up to once a month. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Let clients know they may have Eligibility Reviews and to watch for letters from Social Security.