



## 2021 Benefits Quick Guide (rev. 3/1/21)

Medicare Part A 2021 Premium, Deductibles & Co-pays 2021 Medicare Part B Premiums & Deductibles								amiums & Deductibles				
	1		-		• •							
Part A Prer	num	•								Ş	148.50 per month	
(< 30		quarters)	\$471per m	r month			Those with annual incomes:					
							\$88,001-\$111,000 (single) or			207.90 per month (2021)		
		nefit period	\$1,484			\$176,001-\$222,000 (married)		F	Part D (+ \$12.30 to premium 2021)			
Deductible deductib		ble)	ole)									
							\$111,001	L-\$1	38,000 (single) or	\$	<b>297</b> per month (2021)	
Hospital Co-pays Days 61-			-90 \$371 per da		ay		\$222,001 - \$276,000 (married)		F	Part D (+ \$31.80 to premium 2021)		
*Lifetime reserve Days 91-			-150* \$742 per d		ay For those		e over these amounts		V	isit www.ssa.gov		
,			- 21 100				Dout D. Doductik la			-	202	
			s 21-100	) \$ 185.50 per day		у	Part B Deductible			Ş	<b>203</b> per year (2021)	
Facility Co-Pay			1									
		Ĩ		gram (MSP) effective 3/21		. S	SA COLA (1/21) 1.3 % 2021 SSI		SI Ş7			
Progr			Status	Income Li			Status		Income Limit		NO ASSET LIMITS FOR MSP	
QMB (Q01			Single	\$2,265 / mo			Couple		\$3,064/ mo		No Estate Recovery after 1/1/10	
SLMB (Q03	) 231% FF	۲L	Single	\$2,480 / n		o Couple			\$3,354 / mo	Income(143% TFA) listed includes		
ALMB (Q04	) 246% FI	PL	Single	\$2,641 /mo			Couple		\$3,572 / mo	(1	/1/21) Husky C unearned income	
			Circal			<b>,</b>	C		64520 ( N		disregard of \$362/single &	
Medicaid (	-	-	Single	\$995 (region A )			Couple		\$1529 (reg. A)		724/couple if each has unearned	
(for those 6		1		\$885 (reg. B & C)		)		\$1420 (reg. B & C)		income. Special shared: \$429/mo		
or with a dis	ability)		E	Eff 1/21					Eff 1/22	As	sets: \$1600 single; \$2,400 couple	
Husky A (1				abildran (10		-	For these	N /	agi: \$2,323 /mo		lux A off 2/21	
			aretakers w/ o				For two				ky A eff 3/21	
			-	-					ra Help and the low		-pays for Part D	
			me Subsidy	• •	21	N	/ledicaid E	-	nded Benefits (3/21	)	CT Health Insurance Exchange	
			FOR MEDICA	TIONS:				H	USKY D		Access Health CT	
\$3.70 - FO				IC DRUGS NAME DRUGS nts up <u>&lt;</u> 100% FPL: \$1.30/\$4			sehold siz		MAGI Monthly			
							Household size		Income (138%)		Benefits Center- 1-855-805-	
		-	-				I DEISON		\$1482		4325	
			ing during Fed Emergency				•	_	· ·		www.accesshealthct.com	
		-	NF—no co-pay		)	0	uple		\$2,004			
			nark Premium- \$35.16					et limit restrictions			Special Enrollment	
2021 \$3			ium to calcula		Age 19-64 without Medicare without				Jt	February 15, 2021– March 15,2021		
			ome Subsidy			children. MAGI income.					March 15,2021	
Max Incom	e (1/13/	21)/ Asse	ts for Partial Subsidy (1/21)			Apply at www.accesshealthct.com			.accesshealthct.com	1	DSS applications mailed to:	
LIS ((1/21)	\$1,630	)*_	Assets unde	er \$14,790*	Supplemental Nutrition As		on Assistance Progra	am	DSS Connect Scanning Center			
Single	*Incluc	des \$20	(1/21)		(SNAP)-eff 10/20 - updated in October			updated in October		P.O.Box 1320		
(150%FPL)	disrega	ard	*includes \$1500 burial		Information below is for 60 years old+ or			s for 60 years old+ o	<u>or</u>	Manchester, CT 06045-1320		
LIS	\$2,198		Assets under			persons with a disability				New W-1LTC Medicaid LTSS -		
Couples			\$29,520*(1			% Eme	erg Covid increase eff 1/9/21 thru Jun			une	send to LTSS Application	
					Single person income - <b>\$1968/ mo (w/ Covid:</b>				\$1968/ mo (w/ Co	vid:	Centers	
				h 4 = 2/	max benefit \$234; min benefit \$16)					Or apply online:		
Partial dual eligible pay deductible of \$92 then 15%				Couple income – <b>\$2,658/ mo</b>					www.connect.ct.gov			
copayment up to \$6,550 in 2021 then \$3.70/\$9.20				0/\$9.20	(max benefit \$420; min benefit \$16)					Questions only		
2021 FPL	Single		<u>Couple</u>			No asset limit EXCEPT for members					DSS Benefits Line:	
100% FPL	\$1074			whose gross income is more than income listed				<b>1-855-626-6632</b>				
150% FPL	\$1611				above ( <b>185%</b> of the FPL).							
	CT E-			ogram (CEA)	D) 10				r 185%: \$3,500)	Dec	dlino: May 2, 2021	
					-	P) 10/20 Accepting applications now Deadline: May 3, 2021						
Household					<b>ds receive a <u>higher basic benefit:</u></b> Vulnerable Households include a household member							
Size 1 person					on with a disability, or child under age 6. (basics benefit \$725 up to 100% FPG; \$190 for renters) ance for those unable to secure primary deliverable fuel may be eligible for additional \$710.							
2 people					imits apply: www.ct.gov/staywarm - (download & email/mail applications)							
	· .				ners - \$15,000 First date of delivery: 11/2/20 211							
3 people		\$72,394			nters – \$12,000 Eligible for winter protection shutoff: 11/1/20-5/1/21							
4 people				ds with liquid assets that exceed these amounts may qualify if gross income, when added to excess liquid								
5 people		\$83,977 assets, is within a			lines. Households with heat included in rent with up to 60% of median income can qualify if rent							
6 people	\$	95,560		is more than 30% of gross income.								

Supported by grants 1802CTMIDR/ 90SAPG068 from the U.S. Administration for Community Living, Department of Health & Human Services, Wash D.C.

CT Home Care Program for Elders	Functional Criteria	Income Guidelines	Asset Guidelines		
State Funded - Level 1	One critical need	No income ceiling	Individual: \$39,114; Couple: \$52,152 (eff 1/21)		
Closed 7/17			150% & 200% of CSPA		
State Funded –Level 2	Skilled nursing home	No income ceiling-	Individual: \$39,114;Couple: \$52,152 (eff 1/21)		
	level of care*	9% cost share	150% & 200% of CSPA		
Medicaid Waiver – Level 3			Individual -\$1600		
300% of SSI (\$794)	Skilled nursing home	\$2,382/month (1/21)	Couple - \$3200 (both receiving services)		
(updated 1/1/21)	level of care**	Only the individual's income is	\$27,676 one receiving services)1/21		
		counted toward eligibility	A higher asset amount may be allowed when a		
Applied Income starts at			spousal assessment is done		
\$2,148-200%FPL (3/1/21)			(Excess home equity limit: \$906,000)		
Medicaid – Level 5 (3/21)	1 or 2 critical needs	\$1611 month (150% FPL)	Individual: \$1,600		
			Medicaid groups: S01 – S04		
State-CHCPED-Level 4	Skilled nursing home	No income ceiling	Individual: \$39;114; Couple: \$52,152 (eff 1/21)		
	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 \$26,076 and max \$130,380.00 (1/21) Home equity limit max: \$906,000.					

Maximum Monthly Maintenance Needs Allowance-MMNA: \$3,259.50 (1/21). Minimum: \$2155 (7/20) Federal Poverty Levels are usually announced in March of each year

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

Information for Persons with Disabilities						
Program	Eligibility	Income	Assets			
	Persons with a disability who	Earned income up to \$6,250/mo	\$10,000 (\$15,000 couple)			
MedConnect	have earned income. Proof of	or \$75,000/yearly. Premium	Excluding: car used for work/medical			
	disability: Receiving SSD;	could apply if income is above	appts, home, approved retirement accts			
(Medicaid for the	Medicare Part A after SSD 200% FPL		(i.e. IRA,401K) & approved DSS account			
Employed Disabled)	stops or fill out W-300MED (questions on premium:		for special employment expenses			
	(Voc. Med) or W-300T19 for	1-800-656-6684)	Apply W-1E or www.connect.ct.gov			
	medical review by DSS					
Bureau of Rehabilitation	Assist persons with disabilities w	1-800-537-2549				
Services (BRS)						
BRS Benefits Counselor	Benefits Specialist explain the b	1-800-773-4636 to find out your local				
	employment works with benefit	contact www.portal.ct.gov/ADS				
Ticket to Work	9-month trial test period to retu	1-866-968-7842				
	benefits regardless of money ea					
Centers for Independent	Provide peer support, I&R, advo	www.cacil.net for contact information				
Living	persons with disabilities					
ABLE Act Accounts	Tax-free savings accounts for pe	1-888-609-3268				
www.ablenrc.org	26 to pay for qualified disability	https://savewithable.com/ct/home.html				
Senior Outreach &	Identify, engage, refer & link ad	https://portal.ct.gov/DMHAS/Programs-				
Engagement	individually tailored community	and-Services/Older-Adult-Services				

Long-Term Care Medicaid Application Centers (for new W-1LTC Medicaid applications):

Waterbury Office, 279 Thomaston Ave., Waterbury, CT 06702

Bridgeport Office, 925 Housatonic Avenue, Bridgeport, CT\_06606

New Haven Office, 50 Humphrey St., New Haven, CT\_06513

Greater Hartford Office, 20 Meadow Rd., Windsor, CT 06095—For Statewide Medicaid Waiver HCBS Applications only

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