

SHIBA job aid

Medicare help rainbow chart

Program	Household size		Need to apply for LIS?	Copay/coinsurance plan's formulary drugs
	1	2		
SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid S01, S02)	\$967	\$1,450	NO	Copay: \$1.60 generic /\$4.80 brand Catastrophic Copay: \$0
<i>SSI Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>		
MN – Medically Needy/Spenddown Income basis (S95, S99)	> \$967	> \$967	NO	Copay: \$4.90 generic/\$12.15 brand Catastrophic Copay: \$0
<i>MN Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>		
MSP- QMB Income Limit 110% FPL (S03) No Resource/Asset Limit as of 1/1/2023	\$1,455	\$1,959	NO	Copay: \$4.90 generic/\$12.15 brand Catastrophic Copay: \$0
MSP- SLMB Income Limit 120% FPL (S05) No Resource/Asset Limit as of 1/1/2023	\$1,585	\$2,135	NO	Copay: \$4.90 generic/\$12.15 brand Catastrophic Copay: \$0
MSP- QI-1 Income Limit 138% FPL (S06) No Resource/Asset Limit as of 1/1/2023	\$1,820	\$2,452	NO	
Extra Help Income Limit 138% FPL Apply for MSP to eliminate Resource/Asset Limit	\$1,820	\$2,452	NO <i>If approved for MSP first</i>	Copay: \$4.90 generic/\$12.15 brand Catastrophic Copay: \$0
Extra Help (effective 1/1/2024) Income Limit 150% FPL	\$1,976	\$2,664	YES	Copay: \$4.90 generic/\$12.15 brand Catastrophic Copay: \$0
<i>Resource Limit</i>	<i>\$17,600</i>	<i>\$35,130</i>		

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Notes: These are programs for people eligible for Medicare.

In all cases, if unsure about eligibility, encourage clients to apply!

Income comments

- Income amounts are listed as GROSS, before any deductions. Extra Help (LIS) effective 1/2025 ~ MSP effective with applications submitted 3/2025 or later.
- These programs **disregard \$20 of monthly income per household, so the listed income levels are \$20 higher than the Federal Poverty Level.**
- People with “earned” income (from employment, including self-employment) can have a higher income than what’s shown on this chart. Programs generally count half of someone’s earned income.

Household size comments

- This chart stops at a family size of two. Contact DSHS/HCA or SSA for information on larger families.
- **MSP family counts:** Person applying for benefits + spouse (legally married) + any biological, adopted or stepchildren under age 19.
- **Extra Help family counts:** Person applying for benefits, + spouse (legally married AND living together), + any relative living with them who depend on them for at least half of their financial support. (Relative can be any age and related by blood, marriage, or adoption.)

Resource comments

- Resources are also sometimes called “assets.”
- Resources include, bank accounts, certificates of deposit, savings bonds, IRAs, stocks and bonds, mutual funds, cash, and property other than client’s home or auto, furniture and household items.
- *The two-person resource limit applies only if the married couple lives together. For households without a married couple, the one-person resource limit applies.

General comments

- Numbers may vary slightly due to differences in rounding.
- Income and Resource 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 3 of the DSHS publication *Medicaid and Long-Term Services and Support for Adults* at: www.dshs.wa.gov/sites/default/files/publications/documents/22-619.pdf

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Program name	General eligibility information	What it covers (in general)	Action to take
SSI – related Medicaid (DSHS) (AKA Categorically Needy/CN Medicaid S01, S02)	<p>Applicant must be:</p> <ul style="list-style-type: none"> • 65 or over (aged) OR • Meet SSA definition of blind OR • Meet SSA definition of disabled AND <p>Income and resources are the same or lower than the standards for SSI-Related Medicaid.</p> <p>Most people with CN Medicaid and Medicare ALSO have QMB protections. See section on QMB.</p> <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf </p>	<p>Full “Categorically Needy” (CN) Medicaid</p> <ul style="list-style-type: none"> • Medicare pays first. • Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid. • If joins a MA PD plan, will not have co-pays or deductibles for anything Original Medicare A/B would cover. • Automatically (“deemed”) eligible for Extra Help. • Part D will cover Rx. • May have small Part D co-pays. <p>Medicaid would cover some things that Medicare does not cover (i.e.):</p> <ul style="list-style-type: none"> • Dental benefits • Transportation to medical appointments. 	<ul style="list-style-type: none"> • Limited OTC drugs • Explain what it covers. • Apply for SSI through Social Security. • Apply for Medicaid online at www.washingtonconnection.org, or by paper application HCA 18-005. • If found eligible, automatically eligible for Extra Help. • Clients should show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • 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).

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Program name	General eligibility information	What it covers (in general)	Action to take
MN – Medically Needy/ Spenddown (S095, S99)	<p>For people with income above the limits for the SSI-Related Medicaid.</p> <p>Spenddown is the amount of the person's income minus the income limit for his/her particular program. A person is given a base period (typically 3 or 6 months) to spend down "excess income." In other words, to incur medical expenses equal to his/her spenddown amount. The person receives MN healthcare coverage for the rest of the base period once the spenddown amount is reached.</p> <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>The Medically Needy (MN) program covers slightly less than the Categorically Needy program. If on Medicare, (ONCE they meet their spenddown-and then ONLY for the remainder of the base period):</p> <ul style="list-style-type: none"> • Medicare pays first. • Coverage is nearly the same as for CN (Full-Dual Eligible)-see above. • Will be automatically("deemed") eligible for Extra Help. • May have small Part D co-pays. • Works best for people who have large expenses, such as hospital care. <p>A person may be able to apply for "Charity Care" to help cover the spenddown amount.</p>	<p>Apply online at www.washingtonconnection.org, or by paper application HCA 18- 005. Explain to clients that ONCE they meet their spenddown, and ONLY for the rest of their base period, they should not be billed for any remainder after Medicare pays for Part A and B-covered services. If they meet the spenddown, they're automatically eligible for Extra Help, which will last at least the rest of the calendar year. Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. Check to make sure clients are in the most affordable Part D or MA plan for their needs.</p> <p>Remind them they'll need to reapply if they still need coverage after their base period ends.</p>

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Medicare Savings Program- QMB (DSHS) (S03)	<p>Must be entitled to Medicare (any age)</p> <p>For QMB:</p> <ul style="list-style-type: none"> Income less than 110% FPL <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p> <p>Sometimes people who apply for an MSP are also put on a spenddown (see Medically Needy section).</p> <p>A person who has QMB does not have to meet their spenddown amount before they get help with their Medicare Part A or B copayments or deductibles.</p>	<p>QMB program acts as a cost-sharing program. It is not the same as full CN Medicaid. It covers:</p> <ul style="list-style-type: none"> Medicare Part A premium. Medicare Part B premium. Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid. If they join a MA PD plan, will not have co-pays or deductibles for anything Original Medicare A/B would cover. Providers are PROHIBITED by CMS to charge co-pays or other cost-sharing, except for prescriptions. See: Prohibition on Billing Qualified Medicare Beneficiaries <p>Automatically (“deemed”) eligible for Extra Help.</p> <ul style="list-style-type: none"> Part D will cover Rx. May have small Part D co-pays. 	<ul style="list-style-type: none"> Apply online at www.washingtonconnection.org, or by paper application HCA 18-005. Explain to clients DSHS will pay their monthly Medicare Part A and B premiums, and 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. Check to make sure clients are in the most affordable Part D or MA plan for their needs. They may still have small drug co-pays. Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).

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Program name	General eligibility information	What it covers (in general)	Action to take
Medicare Savings Program-SLMB or QI-1 Level (DSHS) (S05, S06)	<p>Must be entitled to Medicare (any age)</p> <p>For SLMB:</p> <ul style="list-style-type: none"> Income less than 120% FPL <p>For QI-1:</p> <ul style="list-style-type: none"> Income less than 138% FPL <p>See Eligibility Overview at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf </p>	<p>SLMB and QI-1:</p> <ul style="list-style-type: none"> Medicare Part B Premium only. Automatically (“deemed”) eligible for Extra Help. Part D will cover Rx. May have small Part D co-pays. 	<ul style="list-style-type: none"> Apply online at www.washingtonconnection.org, or by paper application HCA 18-005. Explain to clients DSHS will pay their monthly Part B premiums. They will still have to pay Medicare Part A and Part B or Medicare Advantage deductibles, co-pays, or coinsurance. 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).

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Program name	General eligibility information	What it covers (in general)	Action to take
Extra Help (Social Security)	<p>Must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> Income less than 138% FPL Limited Resources per income chart <p>Clients applying and qualifying for MSP (up to 138% FPL) are not subject to Resource/Asset Limit.</p>	<p>This program assists qualified Medicare applicants with help paying their prescription drug plan costs. It covers part or all of premiums, deductibles, copays, and the donut hole.</p> <p>For details on costs breakdown, see “2025 Extra Help/LIS Co pay Levels & Costs”: https://www.insurance.wa.gov/media/6514</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. (“Deemed.”) Can apply online: https://secure.ssa.gov/i1020/start 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 \$4.90 for generics and \$12.15 for brands, catastrophic co-pays \$0 and can change their drug coverage once in each of the first 3 quarters. 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.

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<p>Extra Help (effective 1/1/2025)</p> <p>*Formerly known as Partial Extra Help</p>	<p>Must be entitled to Medicare (any age):</p> <ul style="list-style-type: none"> • Income limit 150% FPL • Limited Resources per income chart 	<p>This program assists qualified Medicare applicants with help paying their prescription drug plan costs. It covers part or all of premiums, deductibles, copays, and the donut hole.</p> <p>For details on costs breakdown, see “2025 Extra Help/LIS Co pay Levels & Costs”: https://www.insurance.wa.gov/media/6514</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. (“Deemed.”) • Can apply online: https://secure.ssa.gov/i1020/start • 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 \$4.90 for generics and \$12.15 for brands, catastrophic co-pays \$0 and can change their drug coverage once in each of the first 3 quarters. • 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.
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