

Medicare Help Rainbow Chart

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

Program Income Limit <i>Program Resource Limit</i>	Household Size See Notes about who is counted					
	1	2	3		4	
SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid S01, S02)	\$803	\$1,195	Check with DSHS/HCA		Check with DSHS/HCA	
<i>SSI Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>	Check with DSHS/HCA		Check with DSHS/HCA	
MN – Medically Needy / Spenddown Income basis (S95, S99)	> \$803	> \$803	> \$803		> \$803	
<i>MN Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>	<i>\$3,050</i>		<i>\$3,100</i>	
MSP- QMB Income Limit 100% FPL (Federal Poverty Level) (S03)	\$1,083	\$1,457	\$1,830		\$2,203	
<i>MSP- QMB Resource Limit</i>	<i>\$,7860</i>	<i>\$11,800</i>	<i>\$7,860*</i>	<i>\$11,800*</i>	<i>\$7,860*</i>	<i>\$11,800*</i>
MSP- SLMB Income Limit 120% FPL (S05)	\$1,296	\$1,744	\$2,192		\$2,640	
MSP- QI-1 Income Limit 135% FPL (S06)	\$1,456	\$1,960	\$2,464		\$2,968	
<i>MSP- SLMB and QI-1 Resource Limit</i>	<i>\$7,860</i>	<i>\$11,800</i>	<i>\$7,860*</i>	<i>\$11,800*</i>	<i>\$7,860*</i>	<i>\$11,800*</i>
Full Extra Help Income Limit 135% FPL	\$1,456	\$1,960	\$2,464		\$2,968	
<i>Full Extra Help Resource Limit</i>	<i>\$9,360</i>	<i>\$14,800</i>	<i>\$9,360*</i>	<i>\$14,800*</i>	<i>\$9,360*</i>	<i>\$14,800*</i>
Partial Extra Help Income Limit 150% FPL	\$1,615	\$2,175	\$2,735		\$3,295	
<i>Partial Extra Help Resource Limit</i>	<i>\$14,610</i>	<i>\$29, 160</i>	<i>\$14,610*</i>	<i>\$29,160*</i>	<i>\$14,610*</i>	<i>\$29,160*</i>

See Notes next page

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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.
- 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 four. Contact DSHS/HCA or SSA for information on larger families.
- **MSP family counts:** Person applying for benefits + spouse (legally married) + any biological, adopted or step-children 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
<p>SSI – related Medicaid (DSHS)</p> <p>(AKA Categorically Needy/CN Medicaid S01, S02)</p>	<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>See <i>Eligibility Overview</i> at: www.hca.wa.gov/Resources/fre-e-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. • Limited OTC drugs 	<ul style="list-style-type: none"> • 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, will be 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
<p>MN – Medically Needy/ Spenddown (\$095, \$99)</p>	<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: www.hca.wa.gov/Resources/fre-e-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 <p>Works best for people who have large expenses, such as hospital care. A person may be able to apply for “Charity Care” to help cover the spenddown amount.</p>	<ul style="list-style-type: none"> • Explain what it covers. • Apply on line 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, will be 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. • Remind them they’ll need to reapply if they still need coverage after their base period ends.

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Program name	General eligibility information	What it covers (in general)	Action to take
<p>Medicare Savings Program- QMB (DSHS) (S03)</p>	<p>Must be entitled to Medicare (any age) For QMB:</p> <ul style="list-style-type: none"> Income less than 100% FPL Limited Resources per income chart <p>See <i>Eligibility Overview</i> at: www.hca.wa.gov/Resources/fre-e-or-low-cost/22-315.pdf</p> <p>Sometimes people who apply for a 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>This 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 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 on line 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
<p>Medicare Savings Program- SLMB or QI-1 Level (DSHS) (S05, S06)</p>	<p>Must be entitled to Medicare (any age) For SLMB:</p> <ul style="list-style-type: none"> Income less than 120% FPL Limited Resources per income chart <p>For QI-1:</p> <ul style="list-style-type: none"> Income less than 135% FPL Limited Resources per income chart <p>See Eligibility Overview at: www.hca.wa.gov/Resources/fre-e-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 on line 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
<p>Full Extra Help (Social Security)</p>	<p>Must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> Income less than 135% 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 “2020 Extra Help/LIS Co pay Levels & Costs”: www.insurance.wa.gov/sites/default/files/documents/extra-help-lis-levels-costs_3.pdf</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. 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 \$3.60 for generics and \$8.95 for brands, and can change their drug coverage generally once per quarter. 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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Program name	General eligibility information	What it covers (in general)	Action to take
<p>Partial Extra Help (Social Security)</p>	<p>Must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> • Income less than 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 “2020 Extra Help/LIS Co pay Levels & Costs” www.insurance.wa.gov/sites/default/files/documents/extra-help-lis-levels-costs_3.pdf</p>	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit. • Can apply online: https://secure.ssa.gov/i1020/start • Explain to clients they’ll pay either a \$0 or low-cost Part D premium, a \$0 to \$89 deductible, have no donut hole, will pay up to 15 percent of the full cost for medications, and can change their drug coverage generally once per quarter. • 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.