BENEFIT ELIGIBILITY AT A GLANCE (Effective 4/1/2023)

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2023 Annual Federal Poverty Income Limit	\$14,580 Single \$19,720 Married		SCSEP (employment) program 125% of poverty Senior Project Fresh 185% of poverty Senior Commodities 135% of poverty/TEFAP 200% of poverty Utility Assistance 150% poverty			
BENEFIT	INCOME			ASSETS		COMMENTS
AD-Care (BEM 163) as of 4/1/23	\$1,235 \$1,663		ngle ried	\$2,000 \$3,000	Single Married	Full Medicaid benefits.
Qualified Medicare Beneficiary (QMB)	\$1,235		ngle	\$9,090* \$13,630*	Single Married	Medicare Part B premium paid by Medicaid. Also pays deductibles and co-insurance for Medicare Parts A/B. (No retro coverage)
(RFT 242) as of 4/1/23 Specified Low- income Medicare Beneficiary(RFT242)	\$1,663 \$1,235 - \$1,478 \$1,663 - \$1,992	Sin	ried ngle rried	\$9,090* \$13,630*	Single Married	Medicare Part B premium paid by Medicaid. Must be eligible for Part A without paying a premium (free).
(SLMB) as of 4-1-23	Ψ1,000 Ψ1,002	IVICI	Tica	ψ10,000	Marriod	promium (nees).
Additional Low- income Medicare Beneficiary(RFT242)	\$1,478 - \$1,660 \$1,992 - \$2,238		ngle rried	\$9,090* \$13,630*	Single Married	Medicare Part B premium is paid by Medicaid. Must have free Part A. No Medicaid card issued. Funds limited – first
(ALMB) as of 4/1/23	Ψ1,332 - Ψ2,230	IVICII	rica	ψ10,000	Mamed	come, first served.
SSI (Supplemental Security Income)	\$914		ngle 	\$2,000	Single	Provides income and automatic Medicaid eligibility. Different for AFC's (Adult Foster
(RFT248) 4/1/23 NURSING HOME MEDICAID (BEM 164)	\$1,371 Married Less than the private pay rate.		\$3,000 Married \$2,000 per person (Home Equity Limits \$688,000 - 1,033,000 as of FY2023)		Care) and HFA (Home for Aged). Spouse at home may keep a minimum of \$29,724 up to ½ of assets up to \$148,620. (BEM 402) Monthly spousal maintenance needs allowance \$2,288 - \$3,715.	
HCBW- MIChoice Waiver (BEM 106)	\$2,742 per applicant (300% of SSI rate)		\$2,000	per person	In home service. Asset and income same as NH above. Applicant must meet nursing home level of care determination (LOCD).	
MEDICARE PART D—RX ASSISTANCE (Extra Help/LIS)	\$1,843 Single/month \$22,110 Single/year Married/month Married/year		\$16,660* \$33,240*	Single Married	Extra help paying premiums, deductible, and copays for Rx's Auto qualifies if eligible for Medicaid or a Medicare Savings Program. (QMB, SLMB, ALMB)	
MEDIGAP Subsidy through MHEF (MI Health Endowment Fund)	The subsidy has ended - please refer anyone needing assistance to MMAP 800-803-7174					
MEDICAID DEDUCTIBLE (RFT 240) as of 2013	County Alcona Alpena Arenac Cheboygan Crawford losco Montmorency Ogemaw Oscoda Otsego Presque Isle Roscommon	350 375 341 350 350 341 375 350 341 391 341 375	2 475 500 466 475 475 466 500 475 466 516 458 500	\$2,000 \$3,000	Single Married	Allowable medical expenses equal or exceed the deductible amount. 1. Determine gross monthly income. 2. Subtract \$20 disregard. 3. Subtract appropriate Protected Income Levels (PIL). 4. Balance is deductible amount. EXAMPLE: Monthly Income \$1,020 Disregard -20 \$1,000 (PIL) -375 Deductible amount \$625

Programs have a \$20.00 disregard,

Part B Premium is: \$164.90 ~ Part B Deductible: \$226

<u>Do not Double</u> for couples Disregard not included in totals above Part A Deductible: \$1,600 (per benefit period)

Medicare Medicaid Assistance Program (MMAP) 1-800-803-7174

*Amount does NOT include \$1,500 per person (single) or \$3,000 (married) burial funds set aside in a separate account. (BEM 400) Note: If annual income is above \$97,000 (single) or \$194,000 (married), Part B premiums may be higher.

Note: Please refer to the Bridges Reference Tables Manual for further information. (Region 9 AAA Rev. 04/1/2023)