## BENEFIT ELIGIBILITY AT A GLANCE (Effective 4/1/2022)

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2022 Annual Federal Poverty Income Limit	\$13,836 Single \$18,552 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
<b>AD-Care</b> (BEM 163) <b>as of 4/1/22</b>	\$1,153 \$1,546	Sinç Marri		\$2,000 \$3,000	Single Married	Full Medicaid benefits.
Qualified Medicare Beneficiary (QMB)	\$1,153	Sing		\$8,400*	Single	Medicare Part B premium paid by Medicaid. Also pays deductibles and co-insurance for
(RFT 242) as of 4/1/22	\$1,546	Marri	_	\$12,600*	Married	Medicare Parts A/B. (No retro coverage)
Specified Low- income Medicare Beneficiary(RFT242)	\$1,153 - \$1,379 \$1,546 - \$1,851	Sing Marri		\$8,400* \$12,600*	Single Married	Medicare Part B premium paid by Medicaid. Must be eligible for Part A without paying a premium (free).
(SLMB) as of 4/1/22 Additional Low- income Medicare	\$1,379 - \$1,549	Sing	gle	\$8,400*	Single	Medicare Part B premium is paid by Medicaid. Must have free Part A. No
Beneficiary(RFT242) (ALMB) as of 4/1/22	\$1,851 - \$2,080	Marri	ied	\$12,600*	Married	Medicaid card issued. Funds limited – first come, first served.
SSI (Supplemental Security Income)	\$841	Sing		\$2,000	Single	Provides income and automatic Medicaid eligibility. Different for AFC's (Adult Foster
NURSING HOME MEDICAID (BEM 164)	<b>\$1,261 Married</b> Less than the private pay rate.			\$3,000 Married \$2,000 per person (Home Equity Limits \$636,000 as of FY2022)		Care) and HFA (Home for Aged).  Spouse at home may keep a minimum of \$27,480 up to ½ of assets up to \$137,400. (BEM 402) Monthly spousal maintenance needs allowance \$2,177 - \$3,435.
HCBW- MIChoice Waiver (BEM 106)	\$2,523 per applicant		\$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)	\$1,719 Single/month \$20,625 Single/year Married/month Married/year		\$15,510* \$30,950*	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)	No new applications accepted after January 15th, 2021. The subsidy will end in 2023 for current participants.					
MEDICAID DEDUCTIBLE (RFT 240) as of 1/1/21	County Alcona Alpena Arenac Cheboygan Crawford losco Montmorency Ogemaw Oscoda Otsego Presque Isle Roscommon	375   5 341   4 350   4 350   4 375   5 350   4 341   4 391   5 341   4	2 475 500 466 475 475 466 500 475 466 516 458	\$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: \$170.10 ~ Part B Deductible: \$233

<u>Do not Double</u> for couples Disregard not included in totals above Part A Deductible: \$1,556 (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.

Note: If annual income is above \$91,000 (single) or \$182,000 (married), Part B premiums may be higher.

Note: Please refer to the Bridges Reference Tables Manual for further information. (Reg