



January 1, 2016

MEDICAID INCOME & RESOURCE LEVELS

Effective January 1, 2016, the following income and resource levels apply:

MONTHLY INCOME:

Individual	\$ 825 (+\$20) ¹
Couple	\$ 1,209 (+\$20) ¹

(1 - The first \$20 of monthly income per household will not be counted when determining the eligibility of those Medicaid applicants who are aged, blind, or disabled. Income includes monies coming in each month such as Social Security, pension, rent payments, and disability payments.)

RESOURCES:

Individual	\$ 14,850 ²
Couple	\$ 21,750 ²

(2 - There is an additional exclusion for a burial fund of \$1500 per person or any amount in an irrevocable pre-need funeral agreement. Resources include assets that a person has in his or her financial accounts on the first day of the month for which an applicant is applying for Medicaid.)

SPOUSAL IMPOVERISHMENT ALLOWANCES:

Community Spouse Income Allowance.....	\$ 2,980.50 ³
Institutionalized Spouse (IS) Income Allowance.....	\$ 50
Family Member Allowance	\$ 656
CS Resource Allowance (CSRA).....	\$74,820 ⁴
(or the spousal share - 1/2 combined resources - up to a maximum of \$119,220)	
IS Resource Allowance.....	\$14,850

(3 - A higher amount may be established by court order or fair hearing due to exceptional circumstances which result in significant distress.)

(4 - A higher CSRA may be established by court order or fair hearing to generate income to raise the community spouse's income to the Minimum Monthly Maintenance Needs Allowance (MMMNA).)

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MEDICARE HOSPITAL INSURANCE (PART A):

Effective January 1, 2016, Medicare beneficiaries are required to contribute the following amounts toward their cost of care...

HOSPITAL

Premium.....	Most do not pay a premium. If you need to buy Part A, you will pay up to a maximum of \$407/month.
Deductible	\$1,260/benefit period
Co-insurance	
Days 61-90	\$315 /day of each benefit period
Days 91-150	\$630/“lifetime reserve day” after day 90 of each benefit period*

*Up to a maximum of 60 days over your lifetime

SKILLED NURSING FACILITY**

Co-insurance	
Days 21-100	\$157.50/day

HOME HEALTH CARE**

Beneficiary Pays.....	Nothing for covered services 20% of approved amount for durable medical equipment.
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HOSPICE CARE**

Beneficiary Pays.....	Limited costs for outpatient drugs and inpatient respite care.
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BLOOD

Beneficiary Pays.....	For the first three pints (hospital or SNF setting during a covered stay).
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*You have 60 lifetime reserve days that may only be used once. For each reserve day, Medicare pays all covered costs except for a daily coinsurance.

**You must meet certain conditions in order for Medicare to cover these services.

Benefit period starts the day you go to a hospital or skilled nursing facility and ends when you haven't received hospital inpatient or skilled nursing facility care of 60 consecutive days.

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MEDICARE MEDICAL INSURANCE (PART B):

Premium	\$104.90/month *
Deductible	\$147.00/year

MEDICAL EXPENSES

Beneficiary pays	20% of approved amount after the deductible, except in the outpatient setting. 50% of most outpatient mental health services, 20% for all outpatient physical, occupational and speech-language services.
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CLINICAL LABORATORY SERVICE

Beneficiary pays.....	Nothing for services.
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HOME HEALTH CARE

Beneficiary pays.....	Nothing for services. 20% of approved amount for durable medical equipment (DME).
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OUTPATIENT HOSPITAL SERVICES

Beneficiary pays.....	A coinsurance of fixed copayment amount which may vary according to service.
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BLOOD

Beneficiary pays.....	For the first three pints plus 20% of approved amount for additional pints (after the deductible).
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* Most people will pay the standard premium amount. However, if the modified adjusted gross income as reported on beneficiary's IRS tax return from 2 years ago is above a certain amount, they may pay more as reflected in the following chart:

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Beneficiaries who filed an individual 2015 tax return with income:	Beneficiaries who filed a joint 2015 tax return with income:	Total monthly premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$104.90
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$146.90
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$209.80
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$272.70
Greater than \$214,000	Greater than \$428,000	\$335.70

MEDICARE PRESCRIPTION DRUG PLANS (PART D):

The following chart shows the estimated prescription drug plan monthly premium based upon the beneficiaries income. If income exceeds a certain limit, an income –related monthly adjustment amount is paid in addition to the plan premium:

Beneficiaries who filed an individual 2014 tax return with income:	Beneficiaries who filed a joint 2014 tax return with income:	Amount Paid
Less than or equal to \$85,000	Less than or equal to \$170,000	Your Plan Premium
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$12.30 + Your Plan Premium
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$31.80 + Your Plan Premium
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$51.30 + Your Plan Premium
Greater than \$214,000	Greater than \$428,000	\$70.80 + Your Plan Premium

2016 Part D National Base Premium \$33.13/month *

* This figure is used to estimate the Part D late enrollment penalty and the income-related monthly adjustment amounts in the table above.

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MEDICARE SAVINGS PROGRAMS (May Increase in 2016)

QMB (This program can pay for either the Medicare Part A or Part B premium. For payment of the Medicare Part A premium, applicants must conditionally enroll in Medicare Part A at their local Social Security Office.)

Resource levels below \$7,160 single	Income levels below \$993 single
Resource levels below \$10,750 couple	Income levels below \$1,331 couple

SLIMB (This program pays for the Medicare Part B premium only. The applicant must have Medicare Part A.)

Resource levels below \$7,160 single	Income levels below \$1,187 single
Resource levels below \$10,750 couple	Income levels below \$1,593 couple

QI-1 (This programs pays for the Medicare Part B premium only. The applicant must have Medicare Part A.)

Resource levels below \$7,160 single	Income level below \$1,333 single
Resource levels below \$10,750 couple	Income level below \$1,790 couple

SOCIAL SECURITY COLA INCREASES

The 2016, Social Security benefit will increase by 1.7 % over the 2014 benefit due to a cost-of-living adjustment.

FEDERAL BENEFIT RATE:

Individual	\$ 733
Couple	\$1,100

STATE SUPPLEMENTAL RATE:

Individual living alone.....	\$ 87
Couple living alone.....	\$104

SSI RESOURCE LEVELS:

Individual	\$2,000
Couple	\$3,000

SSI eligible prior to 1972249e factors (RSDI) are .160 & .968

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NEW YORK STATE MEDICAID REGIONAL RATES

REGION	COUNTIES	2016 RATES	2015 RATES	2014 RATES	2013 RATES
New York City	Bronx, Kings (Brooklyn), NY (Manhattan), Queens, Richmond (Staten Island)	\$12,029	\$11,843	\$11,423	\$11,350
Long Island	Nassau, Suffolk	\$12,633	\$12,390	\$12,112	\$12,034
Northern Metropolitan	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$11,768	\$11,455	\$11,135	\$10,737
Western (Buffalo)	Alleghany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	\$9,630	\$9,442	\$8,971	\$8,682
Northeastern (Albany)	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$9,806	\$9,414	\$9,212	\$8,950
Rochester	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	\$11,145	\$10,660	\$10,073	\$9,782
Central (Syracuse/ Utica)	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins	\$9,252	\$8,768	\$8,645	\$8,432

Use the region in which the facility is located, or if the A/R is not institutionalized, use the region in which the individual resides. For out of state facilities, use the region closest to the location of the facility.

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