

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: Medicaid Eligibility Users

From: Rebecca McAtee, Bureau Director
 Bureau of Enrollment Policy and Systems

Re: **Medicaid Eligibility Release 20-02**

Release Date: 02/20/2020

Effective Date: 02/01/2020

EFFECTIVE DATE	The following policy additions or changes are effective 02/01/2020 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
39.4.1 Elderly, Blind, or Disabled Assets and Income Tables	Updated values for SSI-Related Medically Needy Limits
39.4.4 Maximum Cost Share Amount for Family Care, Family Care Partnership, or PACE	Updated Maximum Cost Share table with new values
39.5 Federal Poverty Level Table	Updated FPL table with new values
39.11.1 SeniorCare Income Limits Introduction	Updated SeniorCare Levels of Participation with new values
39.11.5.1 Level 3: Fiscal Test Group of One	Updated income values in example
39.11.5.2 Level 3: Fiscal Test Group of Two	Updated income values in examples

The information concerning the Medicaid program provided in this handbook release is published in accordance with: Titles XI and XIX of the Social Security Act; Parts 430 through 481 of Title 42 of the Code of Federal Regulations; Chapters 46 and 49 of the Wisconsin Statutes; and Chapters HA 3, DHS 2, 10 and 101 through 109 of the Wisconsin Administrative Code.

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39.4 ELDERLY, BLIND, OR DISABLED ASSETS AND INCOME TABLES

39.4.1 Elderly, Blind, or Disabled Assets and Income Table

The values in the following table were effective January 1, ~~2019~~2020.

Group Size				
Category		1		2
SSI-Related Categorically Needy Limits	Assets	\$2,000.00	Assets	\$3,000.00
	Income	\$605.78 (+ actual shelter up to \$261.00)	Income	\$915.38 (+ actual shelter up to \$391.67)
SSI-Related Medically Needy Limits	Assets	\$2,000.00	Assets	\$3,000.00
	Income	\$1040.83 <u>1063.33</u> (effective 9/2/1/2019 <u>2020</u>)	Income	\$1,409.17 <u>436.67</u> (effective 9/2/1/2019 <u>2020</u>)
SSI Payment Level				
Federal SSI Payment Level	Income	\$783.00	Income	\$1,175.00
SSP	Income	\$83.78	Income	\$132.05
Total	Income	\$866.78	Income	\$1,307.05
SSI Payment Level + E Supplement	Income	\$962.77 (Home Maintenance Maximum Allowance)		\$1,652.41
SSI E	Income	\$95.99		\$345.36

Supplement				
Community Waivers Special Income Limit	Income	\$2,349.00		
Institutions Categorically Needy Income Limit	Income	\$2,349.00		
Substantial Gainful Activity Limit (non-blind individuals)	Income	\$1,260.00		
Substantial Gainful Activity Limit (blind individuals)	Income	\$2,110.00		

39.4.4 Maximum Cost Share Amount for Family Care, Family Care Partnership, or PACE

The values in the following table were effective January 1, ~~2019~~2020.

Description	Amount
Maximum Cost Share Amount for an individual in Group B+ for Family Care, Family Care Partnership, or PACE	\$2, 777.00 <u>837.25</u>

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39.5 FEDERAL POVERTY LEVEL TABLE

Group Size	Annual FPL	100% FPL	120% FPL	135% FPL	150% FPL	160% FPL	200% FPL	240% FPL	250% FPL	30% of 200% FPL
1	\$12,490	\$1,040.83	\$1,249.00	\$1,405.12	\$1,561.25	\$1,665.33	\$2,081.66	\$2,497.99	\$2,602.08	-
2	16,910	\$1,409.17	\$1,691.00	\$1,902.38	\$2,113.76	\$2,254.67	\$2,818.34	\$3,382.01	\$3,522.93	\$845.50
3	21,330	\$1,777.50	\$2,133.00	\$2,399.63	\$2,666.25	\$2,844.00	\$3,555.00	\$4,266.00	\$4,443.75	-
4	25,750	\$2,145.83	\$2,575.00	\$2,896.87	\$3,218.75	\$3,433.33	\$4,291.66	\$5,149.99	\$5,364.58	-
5	30,170	\$2,514.17	\$3,017.00	\$3,394.13	\$3,771.26	\$4,022.67	\$5,028.34	\$6,034.01	\$6,285.43	-
6	34,590	\$2,882.50	\$3,459.00	\$3,891.38	\$4,323.75	\$4,612.00	\$5,765.00	\$6,918.00	\$7,206.25	-
7	39,010	\$3,250.83	\$3,901.00	\$4,388.62	\$4,876.25	\$5,201.33	\$6,501.66	\$7,801.99	\$8,127.08	-
8	43,430	\$3,619.17	\$4,343.00	\$4,885.88	\$5,428.76	\$5,790.67	\$7,238.34	\$8,686.01	\$9,047.93	-
9	47,850	\$3,987.50	\$4,785.00	\$5,383.13	\$5,981.25	\$6,380.00	\$7,975.00	\$9,570.00	\$9,968.75	-
10	52,270	\$4,355.83	\$5,227.00	\$5,880.37	\$6,533.75	\$6,969.33	\$8,711.66	\$10,453.99	\$10,889.58	-
11	56,690	\$4,724.17	\$5,669.00	\$6,377.63	\$7,086.26	\$7,558.67	\$9,448.34	\$11,338.01	\$11,810.43	-
12	61,110	\$5,092.50	\$6,111.00	\$6,874.88	\$7,638.75	\$8,148.00	\$10,185.00	\$12,222.00	\$12,731.25	-
13	65,530	\$5,460.83	\$6,553.00	\$7,372.12	\$8,191.25	\$8,737.33	\$10,921.66	\$13,105.99	\$13,652.08	-
14	69,950	\$5,829.17	\$6,995.00	\$7,869.38	\$8,743.76	\$9,326.67	\$11,658.34	\$13,990.01	\$14,572.93	-
15	74,370	\$6,197.50	\$7,437.00	\$8,366.63	\$9,296.25	\$9,916.00	\$12,395.00	\$14,874.00	\$15,493.75	-
16	78,790	\$6,565.83	\$7,879.00	\$8,863.87	\$9,848.75	\$10,505.33	\$13,131.66	\$15,757.99	\$16,414.58	-
17	83,210	\$6,934.17	\$8,321.00	\$9,361.13	\$10,401.26	\$11,094.67	\$13,868.34	\$16,642.01	\$17,335.43	-
18	87,630	\$7,302.50	\$8,763.00	\$9,858.38	\$10,953.75	\$11,684.00	\$14,605.00	\$17,526.00	\$18,256.25	-
19	92,050	\$7,670.83	\$9,205.00	\$10,355.62	\$11,506.25	\$12,273.33	\$15,341.66	\$18,409.99	\$19,177.08	-
20	96,470	\$8,039.17	\$9,647.00	\$10,852.88	\$12,058.76	\$12,862.67	\$16,078.34	\$19,294.01	\$20,097.93	-
21	100,890	\$8,407.50	\$10,089.00	\$11,350.13	\$12,611.25	\$13,452.00	\$16,815.00	\$20,178.00	\$21,018.75	-
22	105,310	\$8,775.83	\$10,531.00	\$11,847.37	\$13,163.75	\$14,041.33	\$17,551.66	\$21,061.99	\$21,939.58	-
23	109,730	\$9,144.17	\$10,973.00	\$12,344.63	\$13,716.26	\$14,630.67	\$18,288.34	\$21,946.01	\$22,860.43	-
24	114,150	\$9,512.50	\$11,415.00	\$12,841.88	\$14,268.75	\$15,220.00	\$19,025.00	\$22,830.00	\$23,781.25	-
each additional person	\$4,420	\$368.33	\$442.00	\$497.25	\$552.50	\$589.33	\$736.66	\$883.99	\$920.83	-
		QMB	SLMB	SLMB+ (QI-1)	MAPP Premium Limit	SeniorCare Tier One Limit	QDWI and Lower SI Inc Alloc SeniorCare Tier 2a Limit	SeniorCare Tier 2b Limit	MAPP	Excess Shelter Allowance

Annual Figures for SeniorCare \$19,984.00 \$24,980.00 \$29,976.00
 \$27,056.00 \$33,820.00 \$40,584.00

Group Size	Annual FPL	100% FPL	120% FPL	133% FPL	135% FPL	150% FPL	156% FPL	160% FPL	185% FPL	191% FPL	200% FPL	201% FPL	240% FPL	250% FPL	300% FPL	306% FPL	30% of 200% FPL
1	\$12,760	\$1,063.33	\$1,276.00	\$1,414.23	\$1,435.50	\$1,595.00	\$1,658.79	\$1,701.33	\$1,967.16	\$2,030.96	\$2,126.66	\$2,137.29	\$2,551.99	\$2,658.33	\$3,189.99	\$3,253.79	-
2	\$17,240	\$1,436.67	\$1,724.00	\$1,910.77	\$1,939.50	\$2,155.01	\$2,241.21	\$2,298.67	\$2,657.84	\$2,744.04	\$2,873.34	\$2,887.71	\$3,448.01	\$3,591.68	\$4,310.01	\$4,396.21	\$862.00
3	\$21,720	\$1,810.00	\$2,172.00	\$2,407.30	\$2,443.50	\$2,715.00	\$2,823.60	\$2,896.00	\$3,348.50	\$3,457.10	\$3,620.00	\$3,638.10	\$4,344.00	\$4,525.00	\$5,430.00	\$5,538.60	-

4	\$26,200	\$2,183.33	\$2,620.00	\$2,903.83	\$2,947.50	\$3,275.00	\$3,405.99	\$3,493.33	\$4,039.16	\$4,170.16	\$4,366.66	\$4,388.49	\$5,239.99	\$5,458.33	\$6,549.99	\$6,680.99	-
5	\$30,680	\$2,556.67	\$3,068.00	\$3,400.37	\$3,451.50	\$3,835.01	\$3,988.41	\$4,090.67	\$4,729.84	\$4,883.24	\$5,113.34	\$5,138.91	\$6,136.01	\$6,391.68	\$7,670.01	\$7,823.41	-
6	\$35,160	\$9,930.00	\$3,516.00	\$3,896.90	\$3,955.50	\$4,395.00	\$4,570.80	\$4,688.00	\$5,420.50	\$5,596.30	\$5,860.00	\$5,889.30	\$7,032.00	\$7,325.00	\$8,790.00	\$8,965.80	-
7	\$39,640	\$3,303.33	\$3,964.00	\$4,393.43	\$4,459.50	\$4,955.00	\$5,153.19	\$5,285.33	\$6,111.16	\$6,309.36	\$6,606.66	\$6,639.69	\$7,927.99	\$8,258.33	\$9,909.99	\$10,108.19	-
8	\$44,120	\$3,676.67	\$4,412.00	\$4,889.97	\$4,963.50	\$5,515.01	\$5,735.61	\$5,882.67	\$6,801.84	\$7,022.44	\$7,353.34	\$7,390.11	\$8,824.01	\$9,191.68	\$11,030.01	\$11,250.61	-
9	\$48,600	\$4,050.00	\$4,860.00	\$5,386.50	\$5,467.50	\$6,075.00	\$6,318.00	\$6,480.00	\$7,492.50	\$7,735.50	\$8,100.00	\$8,140.50	\$9,720.00	\$10,125.00	\$12,150.00	\$12,393.00	-
10	\$53,080	\$4,423.33	\$5,308.00	\$5,883.03	\$5,971.50	\$6,635.00	\$6,900.39	\$7,077.33	\$8,183.16	\$8,448.56	\$8,846.66	\$8,890.89	\$10,615.99	\$11,058.33	\$13,269.99	\$13,535.39	-
11	\$57,560	\$4,796.67	\$5,756.00	\$6,379.57	\$6,475.50	\$7,195.01	\$7,482.81	\$7,674.67	\$8,873.84	\$9,161.64	\$9,593.34	\$9,641.31	\$11,512.01	\$11,991.68	\$14,390.01	\$14,677.81	-
12	\$62,040	\$5,170.00	\$6,204.00	\$6,876.10	\$6,979.50	\$7,755.00	\$8,065.20	\$8,272.00	\$9,564.50	\$9,874.70	\$10,340.00	\$10,391.70	\$12,408.00	\$12,925.00	\$15,510.00	\$15,820.20	-
13	\$66,520	\$5,543.33	\$6,652.00	\$7,372.63	\$7,483.50	\$8,315.00	\$8,647.59	\$8,869.33	\$10,255.16	\$10,587.76	\$11,086.66	\$11,142.09	\$13,303.99	\$13,858.33	\$16,629.99	\$16,962.59	-
14	\$71,000	\$5,916.67	\$7,100.00	\$7,869.17	\$7,987.50	\$8,875.01	\$9,230.01	\$9,466.67	\$10,945.84	\$11,300.84	\$11,833.34	\$11,892.51	\$14,200.01	\$14,791.68	\$17,750.01	\$18,105.01	-
15	\$75,480	\$6,290.00	\$7,548.00	\$8,365.70	\$8,491.50	\$9,435.00	\$9,812.40	\$10,064.00	\$11,636.50	\$12,013.90	\$12,580.00	\$12,642.90	\$15,096.00	\$15,725.00	\$18,870.00	\$19,247.40	-
16	\$79,960	\$6,663.33	\$7,996.00	\$8,862.23	\$8,995.50	\$9,995.00	\$10,394.79	\$10,661.33	\$12,327.16	\$12,726.96	\$13,326.66	\$13,393.29	\$15,991.99	\$16,658.33	\$19,989.99	\$20,389.79	-
17	\$84,440	\$7,036.67	\$8,444.00	\$9,358.77	\$9,499.50	\$10,555.01	\$10,977.21	\$11,258.67	\$13,017.84	\$13,440.04	\$14,073.34	\$14,143.71	\$16,888.01	\$17,591.68	\$21,110.01	\$21,532.21	-
18	\$88,920	\$7,140.00	\$8,892.00	\$9,855.30	\$10,003.50	\$11,115.00	\$11,559.60	\$11,856.00	\$13,708.50	\$14,153.10	\$14,820.00	\$14,894.10	\$17,784.00	\$18,525.00	\$22,230.00	\$22,674.60	-
19	\$93,400	\$7,783.33	\$9,340.00	\$10,351.83	\$10,507.50	\$11,675.00	\$12,141.99	\$12,453.33	\$14,399.16	\$14,866.16	\$15,566.66	\$15,644.49	\$18,679.99	\$19,458.33	\$23,349.99	\$23,816.99	-
20	\$97,880	\$8,156.67	\$9,788.00	\$10,848.37	\$11,011.50	\$12,235.01	\$12,724.41	\$13,050.67	\$15,089.84	\$15,579.24	\$16,313.34	\$16,394.91	\$19,576.01	\$20,391.68	\$24,470.01	\$24,959.41	-
21	\$102,360	\$8,530.00	\$10,236.00	\$11,344.90	\$11,515.50	\$12,795.00	\$13,306.80	\$13,648.00	\$15,780.50	\$16,292.30	\$17,060.00	\$17,145.30	\$20,472.00	\$21,325.00	\$25,590.00	\$26,101.80	-
22	\$106,840	\$8,903.33	\$10,684.00	\$11,841.43	\$12,019.50	\$13,355.00	\$13,889.19	\$14,245.33	\$16,471.16	\$17,005.36	\$17,806.66	\$17,895.69	\$21,367.99	\$22,258.33	\$26,709.99	\$27,244.19	-
23	\$111,320	\$9,276.67	\$11,132.00	\$12,337.97	\$12,523.50	\$13,915.01	\$14,471.61	\$14,842.67	\$17,161.84	\$17,718.44	\$18,553.34	\$18,646.11	\$22,264.01	\$23,191.68	\$27,830.01	\$28,386.61	-

24	\$115,800	\$9,650.00	\$11,580.00	\$12,834.50	\$13,207.50	\$14,475.00	\$15,054.00	\$15,440.00	\$17,852.50	\$18,431.50	\$19,300.00	\$19,396.50	\$23,160.00	\$24,125.00	\$28,950.00	\$29,529.00	-
each additional person	\$4,480	\$373.33	\$448.00	\$496.53	\$504.00	\$560.00	\$582.39	\$597.33	\$690.66	\$713.06	\$746.66	\$750.39	\$895.99	\$933.33	\$1,119.99	\$1,142.39	-
-	-	QMB BC+ Extensions trigger limit BC+ Adults limit	SLMB	BC+ adult premium limit	QI-1 (slmb+)	MAPP premium limit	MAGI/BC+ Limit for kids 6-18 subject to access / backdate / EE	SeniorCare tier one limit	BC+ EE for kids ages 1-5	MAGI/BC+ limit for kids 1-5 subject to access / backdate / EE	QDWI & lower SI Inc Alloc BC+ kids premiums BC+ adults limit	MAGI/BC+ kids premiums	SeniorCare tier three limit	MAPP	BC+ pregnant women kids limit	MAGI/BC+ pregnant women kids limit	excess shelter allowance
-	-								Annual figures for SeniorCare	-	\$20,416.00	-	-	\$25,520.00			
-	-									-	\$27,584.00	-	-	\$34,480.00			

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39.11 SENIORCARE INCOME LIMITS AND PARTICIPATION LEVELS

39.11.1 SeniorCare Income Limits Introduction

For applicants determined eligible, SeniorCare pays for a portion of covered prescription drugs, depending on the person's participation level.

Effective with benefit periods starting September 1, 2003 there are four participation levels. The level of benefits an *applicant* receives depends on his or her annual income and, for some, on the amount they spend on covered prescription drugs during their 12-month benefit period.

The participation levels are:

- **Level 1:** Co-Payment (Annual income is at or below 160% of the *FPL*.)
- **Level 2a:** Deductible \$500 (Annual income is greater than 160% of the FPL and less than or equal to 200% of the FPL.)
- **Level 2b:** Deductible \$850 (Annual income is greater than 200% of the FPL and less than or equal to 240% of the FPL.)
- **Level 3:** Spenddown (Annual income is above 240% of the FPL.)

Note: The FPL may be adjusted annually. See [39.5 Federal Poverty Level Table](#) for current FPLs. If the FPL changes during the eligibility determination process or before a redetermination can be completed, the new levels will be used.

If the FPL changes during the eligibility determination process or before a redetermination can be completed, the new levels will be used.

SeniorCare Levels of Participation	
Income Limits*	Annual Out-of-Pocket Expense Requirements and Benefits
<p>Level 1</p> <p>Income at or below 160% of FPL</p> <p>At or below \$19,984<u>20,416</u> per individual or \$27,056<u>584</u> per couple annually.*</p>	<ul style="list-style-type: none"> ▪ No deductible or spenddown. ▪ \$5 co-pay for each covered generic prescription drug. ▪ \$15 co-pay for each covered brand name prescription drug.
<p>Level 2a</p>	<ul style="list-style-type: none"> ▪ \$500 deductible per person. ▪ Pay the SeniorCare rate for drugs until the

<p>Income above 160% and at or below 200% FPL</p> <p>\$19,984<u>20,417</u> to \$24,980<u>25,520</u> per individual and \$27,057<u>27,585</u> to \$33,820<u>34,480</u> per couple annually.*</p>	<ul style="list-style-type: none"> \$500 deductible is met. After \$500 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.
<p>Level 2b</p> <p>Income above 200% and at or below 240% of FPL</p> <p>\$24,981<u>25,521</u> to \$29,976<u>30,624</u> per individual and \$33,821<u>34,481</u> to \$30,584<u>41,376</u> per couple annually.</p>	<ul style="list-style-type: none"> \$850 deductible per person. Pay the SeniorCare rate for most covered drugs until the \$850 deductible is met. After \$850 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.
<p>Level 3</p> <p>Annual income is above 240% of the FPL</p> <p>\$29,977<u>30,625</u> or higher per individual and \$40,585<u>41,377</u> or higher per couple annually.*</p>	<ul style="list-style-type: none"> Pay retail price for drugs equal to the difference between the member's and \$29,976<u>30,625</u> per individual or \$40,584<u>41,377</u> per couple. This is called "spenddown." Covered drug costs for spenddown will be tracked automatically. During the spenddown, there is no discount on drug costs. After spenddown is met, meet an \$850 deductible per person. Pay SeniorCare rate for most covered drugs until the \$850 deductible is met. After the \$850 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.

* These income amounts are based on the ~~2019~~2020 federal poverty guidelines, which typically increase by a small amount each year.

39.11.5.1 Level 3: Fiscal Test Group of One

A SeniorCare participant considered as a FTG of one with gross annual income above 240% FPL pays retail prices for covered prescription drugs until those payments equal the spenddown amount.

After the spenddown has been met by purchasing drugs at regular prices the participant has an annual deductible of \$850. During the deductible period the participant will get a discount off the retail price for most covered prescription drugs during the deductible period.

After this deductible is met, he or she is required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copayment.

Example 1: Dorothy's annual income is \$~~30,976~~31,624. This is \$1,000 more than 240% of the FPL for a FTG of one. Her spenddown amount for the 12-month benefit period is \$1,000. Dorothy pays the retail price for her covered prescription drugs until those payments equal the spenddown amount.

If Dorothy meets the spenddown during her benefit period, she can begin purchasing covered prescription drugs at the discounted rate. These costs are applied toward the \$850 deductible.

After this deductible is met, Dorothy purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period

39.11.5.2 Level 3: Fiscal Test Group of Two

Married persons considered as a FTG of two with annual income greater than 240% FPL and in which both spouses are determined non-financially eligible at the same time pay retail price for covered prescription drugs until the spenddown requirement is met. In this case, the spenddown amount is shared, and covered prescription drugs purchased for either person in the married couple will count toward meeting the spenddown requirement, when both are eligible.

After the spenddown has been met, each spouse must meet a separate \$850 deductible requirement. Participants will get a discount off the retail price for most covered prescription drugs during the deductible period. Only the covered prescription drugs purchased for an individual spouse may count toward that spouse's deductible.

After a spouse has met his or her deductible, he or she is required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name co-pay.

Example 2: Bob and Alice's annual income is \$~~42,584~~43,376, which is \$2,000

more than 240% of the FPL for a FTG of two. Both spouses are eligible and, for the 12-month benefit period, their joint spenddown amount is \$2,000.

Bob and Alice pay for their covered prescription drugs at retail price until the \$2,000 spenddown is met. Covered prescription drugs purchased for either Bob or Alice will count toward the spenddown requirement.

After Bob and Alice meet the spenddown, each person has a \$850 deductible. Only covered prescription drugs purchased for Bob count toward his deductible, and only covered prescription drugs purchased for Alice count toward her deductible.

Bob meets his deductible in two months. He then purchases covered prescription drugs at the copayment amounts for the remainder of his benefit period. Alice meets her deductible in three months. She then purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period.

If only one spouse in a married couple is determined eligible, only his or her costs count toward the spenddown. He or she pays retail price for covered prescription drugs until the spenddown requirement is met.

Example 3: Tracy and Dave's annual income is \$43,584,376, which is \$2,000 more than 240% of the FPL for a FTG of two. Because Tracy is 63 years old, only Dave is eligible for SeniorCare. For the 12-month benefit period Dave's spenddown amount is \$2,000.

Tracy and Dave pay for their covered prescription drugs at retail price. Only covered prescription drugs purchased for Dave count toward the spenddown requirement.

After Dave has met the \$2,000 spenddown, he has a \$850 deductible. Only covered prescription drugs purchased for Dave count toward his deductible. After Dave meets his deductible, he purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period.

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