

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

---

To: Medicaid Eligibility Handbook Users

From: Autumn Arnold, Bureau Director  
Bureau of Eligibility and Enrollment Policy

Re: **Medicaid Eligibility Handbook Release 25-01**

Release Date: 02/10/2025

Effective Date: 02/01/2025

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 02/01/2025</b> unless otherwise noted. <b>Underlined text denotes new text.</b> <b>Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>17.3.2</b> Calculating the Penalty Period	Updated with 2025 FPL/COLA figures. Effective 01/01/2025.
<b>18.4.3</b> Calculate the Community Spouse Asset Share	Updated with 2025 FPL/COLA figures.
<b>20.3.8.1.2</b> Reasonable Compatibility Thresholds	Updated with 2025 FPL/COLA figures.
<b>26.5.1</b> Calculation	Updated with 2025 FPL/COLA figures.
<b>28.6.5</b> Maximum Cost Share Amount	Updated with 2025 FPL/COLA figures.
<b>39.4.1</b> Elderly, Blind, or Disabled Assets and Income Table	Updated with 2025 FPL/COLA figures.
<b>39.4.2</b> Disabled Minors Deeming and Allowances	Updated with 2025 FPL/COLA figures.
<b>39.4.3</b> LTC Post-Eligibility Allowances	Updated with 2025 FPL/COLA figures.
<b>39.4.4</b> LTC Spousal Impoverishment Post-Eligibility Allowances and Community Spouse Asset Share	Updated with 2025 FPL/COLA figures.
<b>39.4.5</b> Family Care, Family Care Partnership, or PACE Group B Plus Cost Share Cap	Updated with 2025 FPL/COLA figures.
<b>39.4.6</b> Institutional Cost of Care Values	Updated with 2025 FPL/COLA figures.
<b>39.4.7</b> SSI Reference Values	Updated with 2025 FPL/COLA figures.
<b>39.5</b> FPL Table	Updated with 2025 FPL/COLA figures.
<b>39.11.1</b> SeniorCare Income Limits Introduction	Updated with 2025 FPL/COLA figures.

<b>39.11.5.1</b>	Level 3: Fiscal Test Group of One	Updated with 2025 FPL/COLA figures.
<b>39.11.5.2</b>	Level 3: Fiscal Test Group of Two	Updated with 2025 FPL/COLA figures.
<b>39.12</b>	Five Percent Copay Limit Tiers	Updated with 2025 FPL/COLA figures.

## Contents

17.3 Penalty Period .....	4
17.3.2 Calculating the Penalty Period .....	4
18.4 Spousal Impoverishment Assets .....	5
18.4.3 Calculate the Community Spouse Asset Share .....	5
20.3 Mandatory Verification Items .....	6
20.3.8 Income .....	6
20.3.8.1 Reasonable Compatibility for Income for Health Care .....	6
26.5 MAPP Premiums .....	8
26.5.1 Calculation .....	8
28.6 HCBWLTC Eligibility Groups and Cost Sharing .....	10
28.6.5 Maximum Cost Share Amount .....	10
39.4 Elderly, Blind, or Disabled Assets and Income Tables .....	11
39.4.1 Elderly, Blind, or Disabled Assets and Income Table .....	11
39.4.2 Disabled Minors Deeming and Allowances .....	12
39.4.3 LTC Post-Eligibility Allowances .....	12
39.4.4 LTC Spousal Impoverishment Post-Eligibility Allowances and Community Spouse Asset Share .....	12
39.4.5 Family Care, Family Care Partnership, or PACE Group B Plus Cost Share Cap .....	13
39.4.6 Institutional Cost of Care Values .....	13
39.4.7 SSI Reference Values .....	13
39.5 FPL Table .....	15
39.11 SeniorCare Income Limits .....	19
39.11.1 SeniorCare Income Limits Introduction .....	19
39.11.5 Level 3: Spenddown .....	20
39.11.5.1 Level 3: Fiscal Test Group of One .....	20
39.11.5.2 Level 3: Fiscal Test Group of Two .....	20
39.12 Five Percent Copay Limit Tiers .....	22

## 17.3 Penalty Period

### 17.3.2 Calculating the Penalty Period

The divestment penalty period is calculated in days by dividing the divested amount by the average daily nursing home private pay rate in effect at the time of the application (see- [Section 39.4.6 Institutional Cost of Care Values](#)). This rate is updated annually on January 1.

Example 3:	Jeff moved to a nursing home and applied for Medicaid on February 1, <del>2024</del> 2025. One month earlier, Jeff transferred \$18,500 in cash to his son, and it is determined to be a divestment that is not allowed resulting in a penalty period. At the time of application, Jeff is otherwise eligible for LTC Medicaid. Since \$18,500 divided by the average daily nursing home private pay rate at the time Jeff applied ( <del>\$315.61</del> 340.99) equals <del>58.62</del> 54.25 days, Jeff will have a divestment penalty period of <del>58</del> 54 days.
------------	---

For divestments that occur after long term care eligibility is established or subsequent divestments that occur when a person is already in a divestment penalty period, the additional penalty period is calculated using the average daily nursing home private pay rate in effect at the time the divestment penalty period is being determined (see- [Section 17.3.6 Divestments During a Penalty Period](#)).

## 18.4 Spousal Impoverishment Assets

### 18.4.3 Calculate the Community Spouse Asset Share

The community spouse asset share is the amount of countable assets greater than \$2,000 that the community spouse, the institutionalized person, or both, can possess at the time the institutionalized person applies for Medicaid.

IF the total countable assets of the couple are:	Then the community spouse asset share is:
<del>\$308,280</del> <u>315,840</u> or more	<del>\$154,140</del> <u>157,920</u>
Less than <del>\$308,280</del> <u>315,840</u> but greater than \$100,000	½ of the total countable assets of the couple
\$100,000 or less	\$50,000

## 20.3 Mandatory Verification Items

### 20.3.8 Income

#### 20.3.8.1 Reasonable Compatibility for Income for Health Care

##### 20.3.8.1.2 Reasonable Compatibility Thresholds

The reasonable compatibility test will apply to each AG for which earned income is reported, has not already been verified, and for which SWICA and/or Equifax data is available. Because different AGs are subject to different income and premium thresholds, the thresholds described below will be used by population as the first step in determining whether reported information is reasonably compatible.

- EBD Categorically Needy SSI-Related MA and Medically Needy MA thresholds are based on the income limits shown in [Section 39.4.1 Elderly, Blind, or Disabled Assets and Income](#).
- MAPP and MSP thresholds are based on the income limits shown in [Section 39.5 FPL Table](#).
- MAPP Premium thresholds are based on 100% FPL for a group of one as shown in [Section 39.5 FPL Table](#), and described in the table below.

If both the total countable income using information reported by the applicant or member and the total countable income using information from the electronic data source are less than the threshold, the reasonable compatibility standard is met, and no further verification is required.

If the total countable income using information reported by the applicant or member is less than the threshold and the total countable income using information from the electronic data source is greater than the threshold, a second step occurs.-

In this second step, the total countable income using information from the electronic data source is compared to a threshold that is equal to 120% of the total countable income using information reported by the applicant or member. If the total countable income using information from the electronic data source is equal to or less than 120% of the total countable income using information reported by the applicant or member, the reasonable compatibility standard is met, and no further verification is required.

Reasonable Compatibility Test for MAPP Premiums		
If total gross income using the monthly earnings amount reported by the member is:	And total gross income using the monthly earnings reported by SWICA or Equifax is:	Is it reasonably compatible?
Equal to or below the MAPP premium threshold (100% of the FPL)	Equal to or below the MAPP premium threshold (100% of the FPL)	Yes. Eligibility will be based on the member-reported earnings amount, and a premium will not be owed.
Equal to or below the MAPP premium threshold (100% of the FPL)	Above the MAPP premium threshold (100% of the FPL)	<p>The 20% threshold test occurs.</p> <ul style="list-style-type: none"> <li>• If the total gross income using the monthly earnings reported by SWICA or Equifax is equal to or less than 120% of the total gross income using the monthly earnings amount reported by the member, the amounts are reasonably compatible. Eligibility will be based on the member-reported earnings amount, and a premium will not be owed.</li> </ul>

		<ul style="list-style-type: none"> <li>If the total gross income using the monthly earnings reported by SWICA or Equifax is greater than 120 % of the total gross income using the monthly earnings amount reported by the member, the amounts are not reasonably compatible. Further verification must be requested.</li> </ul>
Above the MAPP premium threshold (100% of the FPL)	Above the MAPP premium threshold (100% of the FPL)	A reasonable compatibility test was not done. Income must be verified for the correct premium amount to be determined.
Above the MAPP premium threshold (100% of the FPL)	Equal to or below the MAPP premium threshold (100% of the FPL)	A reasonable compatibility test was not done. Income must be verified for the correct premium amount to be determined.

Because different thresholds are used for different populations, individual members of a household or a given AG may pass the reasonable compatibility test while others do not.

Example 4	<p>Leonard is applying for EBD Medicaid. He is not married and has no children. The SSI-Related Medically Needy monthly income limit is \$1,255<del>304.17</del>. Leonard reports monthly earned income of \$1,200; this is his only income, and it is below the income limit. The State Wage Information Collection Agency (SWICA) reports that Leonard's monthly earned income is \$1,300<del>400</del>. This income amount is above the income limit. Therefore, the reasonable compatibility test using the 20% threshold will be applied.</p> <p>The 20% threshold amount is the amount that is 20% greater than the total income that includes the earned income reported by the applicant or member. In this example, the 20% threshold amount is \$1,440. The total income that includes the earned income reported by SWICA (\$1,300<del>400</del>) is less than the 20% threshold amount (\$1,440). Therefore, the amounts are determined to be reasonably compatible. Leonard does not need to verify the earned income.</p>
-----------	---

## 26.5 MAPP Premiums

### 26.5.1 Calculation

Medicaid Purchase Plan (MAPP) premiums are calculated using only the member's income. A premium is calculated if the member's monthly Premium Gross Income exceeds 100% of the Federal Poverty Level (FPL) (see- [Section 39.5 Federal Poverty Level Table](#)) for a group of one.

Tribal members are not exempt from paying MAPP premiums (unlike BadgerCare Plus premiums). Federal statutes for MAPP supersede other parts of the law that exempt tribal members from premiums and copayments for services.

Eighteen-year-old MAPP members are not required to pay a premium.

To calculate monthly premium amount:

1. Determine the member's Premium Gross Income by adding together the member's monthly gross earned income and gross unearned income.
2. Determine Countable Net Income by subtracting the following deductions from the member's Premium Gross Income:
  1. The member's own verified monthly impairment-related work expenses (any amount)
  2. The member's own verified monthly out-of-pocket medical/remedial expenses (any amount)
  3. The current cost-of-living adjustment (COLA) disregard from January 1 through the date the FPL is effective in CARES for that year, if applicable
3. Determine Premium Net Income by subtracting 100% of the FPL for a group size of one from the countable net income. If this results in a negative number, change it to zero.
4. Multiply the premium net income by 3% (0.03).
5. Add the \$25 Base Premium Amount and round down to the nearest whole dollar.
6. If applicable, add the Independence Account overage amount (see- [Section 26.5.1.1 Independence Account Penalty](#)).

The result is the member's monthly premium amount.

Note	503, Disabled Adult Child (DAC), widow or widower disregards allowed in eligibility determinations cannot be allowed in premium calculations.
------	---

Example 1	Shannon applies for MAPP. Her Premium Gross income is under 100% of the FPL. She has no premium.
-----------	--

Example 2	Michael applies for MAPP. His Premium Gross income is 105% of the FPL. Even though his impairment-related work expenses and medical/remedial expenses decrease his Premium Net Income to \$0, Michael will still have a \$25 monthly MAPP premium.
-----------	--

Example 3	<p>Susan is a MAPP member whose Premium Gross income is <del>175</del>169% of the FPL. When her allowable deductions are taken in the premium calculation, her Countable Net Income is \$1,750. Her monthly MAPP premium will be calculated as shown below:</p> <p>\$2,200 Premium Gross Income        – \$300 monthly IRWE deduction        – \$150 monthly medical/remedial deduction        -----        \$1,750 Countable Net Income        – \$1,255-304.17 (100% of the FPL)        -----        \$495 -----</p>
-----------	--



	<p><u>\$445.83</u> Premium Net Income</p> <p>X 0.03 (3%)</p> <hr/> <p><del>\$14.85</del></p> <hr/> <p><u>\$13.37</u></p> <p>+\$25 Base Premium Amount</p> <hr/> <p><del>\$39.85</del> -----</p> <p><u>\$38.37</u> (round down to nearest whole dollar)</p> <p>Susan's monthly MAPP premium is <del>\$39</del><u>38</u>.</p>
--	---

## 28.6 HCBWLTC Eligibility Groups and Cost Sharing

### 28.6.5 Maximum Cost Share Amount

For Family Care, Family Care Partnership, and PACE, see [Section 39.4.5 FAMILY CARE, FAMILY CARE PARTNERSHIP, OR PACE GROUP B PLUS COST SHARE CAP](#) for maximum cost share amount.

## 39.4 Elderly, Blind, or Disabled Assets and Income Tables

### 39.4.1 Elderly, Blind, or Disabled Assets and Income Table

Category	Limit	Group Size 1	Group Size 2	Effective	Updated Annually?
SSI-Related Categorically Needy	Asset	\$2,000.00	\$3,000.00	1/1/1989	No
	Income	\$1, <del>026</del> 050.78	\$1, <del>547</del> 582.05	1/1/ <del>2024</del> 2025	Yes
SSI-Related Medically Needy	Asset	\$2,000.00	\$3,000.00	1/1/1989	No
	Income	\$1, <del>255.00</del> 304.17	\$1, <del>703.33</del> 762.50	2/1/ <del>2024</del> 2025	Yes
MAPP	Asset	\$15,000.00	N/A	3/1/2000	No
	Income	Less than 250% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2024</del> 2025	Yes
Institutions Categorically Needy	Income	\$2, <del>829</del> 901.00	N/A	1/1/ <del>2024</del> 2025	Yes
Group B Community Waivers	Income	\$2, <del>829</del> 901.00	N/A	1/1/ <del>2024</del> 2025	Yes
QMB	Asset	\$9, <del>430</del> 660.00	\$14, <del>130</del> 470.00	1/1/ <del>2024</del> 2025	Yes
	Income	At or below 100% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2024</del> 2025	Yes
SLMB	Asset	\$9, <del>430</del> 660.00	\$14, <del>130</del> 470.00	1/1/ <del>2024</del> 2025	Yes
	Income	At least 100% FPL but less than 120% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2024</del> 2025	Yes
SLMB+	Asset	\$9, <del>430</del> 660.00	\$14, <del>130</del> 470.00	1/1/ <del>2024</del> 2025	Yes
	Income	At least 120% FPL but less than 135% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2024</del> 2025	Yes
QDWI	Asset	\$4,000.00	\$6,000.00	7/1/1990	No
	Income	\$2, <del>510.00</del> 608.34	\$3, <del>406.66</del> 525.00	2/1/ <del>2024</del> 2025	Yes

### 39.4.2 Disabled Minors Deeming and Allowances

Item	Amount	Effective	Updated Annually?
SSI-Related Deeming Amount to an Ineligible Minor	\$ <del>472</del> <u>483</u> .00	1/1/ <del>2024</del> <u>2025</u>	Yes
Parental living allowance - 1 Parent	\$ <del>943</del> <u>967</u> .00	1/1/ <del>2024</del> <u>2025</u>	Yes
Parental living allowance - 2 Parents	\$ <del>1,415</del> <u>450</u> .00	1/1/ <del>2024</del> <u>2025</u>	Yes

### 39.4.3 LTC Post-Eligibility Allowances

Item	Amount	Effective	Updated Annually?
Institutions Personal Needs Allowance	\$ <del>45</del> <u>55</u> .00	7/1/ <del>2001</del> <u>2024</u>	No
Institutions Home Maintenance Allowance Maximum	\$ <del>1,122</del> <u>146</u> .77	1/1/ <del>2024</del> <u>2025</u>	Yes
Non-Spousal-Impoverishment Family Maintenance Allowance Maximum	\$ <del>1,122</del> <u>146</u> .77	1/1/ <del>2024</del> <u>2025</u>	Yes
Community Waivers Basic Needs Allowance	\$ <del>1,123</del> <u>147</u> .00	1/1/ <del>2024</del> <u>2025</u>	Yes
Community Waivers Personal Maintenance Allowance Maximum	\$ <del>2,829</del> <u>901</u> .00	1/1/ <del>2024</del> <u>2025</u>	Yes

### 39.4.4 LTC Spousal Impoverishment Post-Eligibility Allowances and Community Spouse Asset Share

Description	Amount	Effective	Updated Annually?
Community Spouse Lower Income Allocation Limit	\$3,406.66	7/1/2024	Yes
Shelter Base Amount	\$1,022.00	7/1/2024	Yes
Community Spouse Income Allocation Maximum	\$ <del>3,853.50</del> <u>948.00</u>	1/1/ <del>2024</del> <u>2025</u>	Yes
Dependent Family Member Income Allowance Maximum	\$851.67	7/1/2024	Yes

Dependent Family Member Income Allowance Standard	\$2,555	7/1/2024	Yes
Community Spouse Asset Share (CSAS) Maximum	<del>\$154,140</del> <u>157,920</u>	1/1/ <del>2024</del> <u>2025</u>	Yes

### 39.4.5 Family Care, Family Care Partnership, or PACE Group B Plus Cost Share Cap

Item	Amount	Effective	Updated Annually?
Cost Share Cap for Group B Plus Family Care, Family Care Partnership, or PACE	<del>\$3,347.75</del> <u>855.56</u>	1/1/ <del>2024</del> <u>2025</u>	Yes

### 39.4.6 Institutional Cost of Care Values

Item	Amount	Effective	Updated Annually?
Daily Average Private Pay Nursing Home Rate	<del>\$315.61</del> <u>340.99</u>	1/1/ <del>2024</del> <u>2025</u>	Yes
Monthly Average Private Pay Nursing Home Rate	<del>\$9,599.80</del> <u>10,371.78</u>	1/1/ <del>2024</del> <u>2025</u>	Yes
Monthly Rate for State Centers for Persons with Developmental Disabilities	\$42, <del>689.79</del> <u>286.56</u>	1/1/ <del>2024</del> <u>2025</u>	Yes

### 39.4.7 SSI Reference Values

Item	Group Size 1	Group Size 2	Effective	Updated Annually?
Federal SSI Payment Level	<del>\$943</del> <u>967.00</u>	<del>\$1,415</del> <u>450.00</u>	1/1/ <del>2024</del> <u>2025</u>	Yes
State Supplementary Payment (SSP)	\$83.78	\$132.05	1994	No
SSI E Supplement	\$95.99	\$345.36	1994	No
Substantial Gainful Activity Threshold for Non-Blind Disabled Individuals	\$1, <del>550</del> <u>620.00</u>	N/A	1/1/ <del>2024</del> <u>2025</u>	Yes

Substantial Gainful Activity Threshold for Blind Individuals	\$2, <del>590</del> <u>700</u> .00	N/A	1/1/ <del>2024</del> <u>2025</u>	Yes
--	------------------------------------	-----	----------------------------------	-----

-

### 39.5 FPL Table

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
1	<del>\$15,06</del> <u>0650.0</u> 0	<del>\$1,255.</del> <u>00304.</u> 17	<del>\$1,50</del> <u>6565.</u> 00	<del>\$1,669.</del> <u>15734.</u> 55	<del>\$1,694.</del> <u>25760.</u> 63	<del>\$1,882.</del> <u>50956.</u> 26	<del>\$1,957.</del> <u>802,03</u> 4.51	<del>\$2,008.</del> <u>00086.</u> 67	<del>\$2,321.</del> <u>75412.</u> 71	<del>\$2,397.</del> <u>05490.</u> 96	<del>\$2,510.</del> <u>00608.</u> 34	<del>\$2,522.</del> <u>55621.</u> 38	<del>\$3,012.</del> <u>00130.</u> 01	<del>\$3,137.</del> <u>50260.</u> 43	<del>\$3,765.</del> <u>00912.</u> 51	<del>\$3,840.</del> <u>30990.</u> 76
2	<del>\$20,44</del> <u>021,15</u> 0.00	<del>\$1,703.</del> <u>33762.</u> 50	<del>\$2,04</del> <u>4115.</u> 00	<del>\$2,265.</del> <u>43344.</u> 13	<del>\$2,299.</del> <u>50379.</u> 38	<del>\$2,555.</del> <u>00643.</u> 75	<del>\$2,657.</del> <u>19749.</u> 50	<del>\$2,725.</del> <u>33820.</u> 00	<del>\$3,151.</del> <u>16260.</u> 63	<del>\$3,253.</del> <u>36366.</u> 38	<del>\$3,406.</del> <u>66525.</u> 00	<del>\$3,423.</del> <u>69542.</u> 63	<del>\$4,087.</del> <u>99230.</u> 00	<del>\$4,258.</del> <u>33406.</u> 25	<del>\$5,109.</del> <u>99287.</u> 50	<del>\$5,212.</del> <u>19393.</u> 25
3	<del>\$25,82</del> <u>026,65</u> 0.00	<del>\$2,151.</del> <u>67220.</u> 83	<del>\$2,58</del> <u>2665.</u> 00	<del>\$2,861.</del> <u>72953.</u> 70	<del>\$2,904.</del> <u>75998.</u> 12	<del>\$3,227.</del> <u>51331.</u> 25	<del>\$3,356.</del> <u>61464.</u> 49	<del>\$3,442.</del> <u>67553.</u> 33	<del>\$3,980.</del> <u>594,10</u> 8.54	<del>\$4,109.</del> <u>69241.</u> 79	<del>\$4,303.</del> <u>34441.</u> 66	<del>\$4,324.</del> <u>86463.</u> 87	<del>\$5,164.</del> <u>01329.</u> 99	<del>\$5,379.</del> <u>18552.</u> 08	<del>\$6,455.</del> <u>01662.</u> 49	<del>\$6,584.</del> <u>11795.</u> 74
4	<del>\$31,20</del> <u>032,15</u> 0.00	<del>\$2,600.</del> <u>00679.</u> 17	<del>\$3,12</del> <u>0215.</u> 00	<del>\$3,458.</del> <u>00563.</u> 30	<del>\$3,510.</del> <u>00616.</u> 88	<del>\$3,900.</del> <u>004,01</u> 8.76	<del>\$4,056.</del> <u>00179.</u> 51	<del>\$4,160.</del> <u>00286.</u> 67	<del>\$4,810.</del> <u>00956.</u> 46	<del>\$4,966.</del> <u>005,11</u> 7.21	<del>\$5,200.</del> <u>00358.</u> 34	<del>\$5,226.</del> <u>00385.</u> 13	<del>\$6,240.</del> <u>00430.</u> 01	<del>\$6,500.</del> <u>00697.</u> 93	<del>\$7,800.</del> <u>008,03</u> 7.51	<del>\$7,956.</del> <u>008,19</u> 8.26
5	<del>\$36,58</del> <u>037,65</u> 0.00	<del>\$3,048.</del> <u>33137.</u> 50	<del>\$3,65</del> <u>8765.</u> 00	<del>\$4,054.</del> <u>28172.</u> 88	<del>\$4,115.</del> <u>25235.</u> 63	<del>\$4,572.</del> <u>50706.</u> 25	<del>\$4,755.</del> <u>39894.</u> 50	<del>\$4,877.</del> <u>335,02</u> 0.00	<del>\$5,639.</del> <u>41804.</u> 38	<del>\$5,822.</del> <u>31992.</u> 63	<del>\$6,096.</del> <u>66275.</u> 00	<del>\$6,127.</del> <u>14306.</u> 38	<del>\$7,315.</del> <u>99530.</u> 00	<del>\$7,620.</del> <u>83843.</u> 75	<del>\$9,144.</del> <u>99412.</u> 50	<del>\$9,327.</del> <u>89600.</u> 75
6	<del>\$41,96</del> <u>043,15</u> 0.00	<del>\$3,496.</del> <u>67595.</u> 83	<del>\$4,19</del> <u>6315.</u> 00	<del>\$4,650.</del> <u>57782.</u> 45	<del>\$4,720.</del> <u>50854.</u> 37	<del>\$5,245.</del> <u>01393.</u> 75	<del>\$5,454.</del> <u>81609.</u> 49	<del>\$5,594.</del> <u>67753.</u> 33	<del>\$6,468.</del> <u>84652.</u> 29	<del>\$6,678.</del> <u>64868.</u> 04	<del>\$6,993.</del> <u>347,19</u> 1.66	<del>\$7,028.</del> <u>31227.</u> 62	<del>\$8,392.</del> <u>01629.</u> 99	<del>\$8,741.</del> <u>68989.</u> 58	<del>\$10,49</del> <u>0.0178</u> 7.49	<del>\$10,69</del> <u>9.8111,</u> 003.24
7	<del>\$47,34</del> <u>048,65</u> 0.00	<del>\$3,945.</del> <u>004,05</u> 4.17	<del>\$4,73</del> <u>4865.</u> 00	<del>\$5,246.</del> <u>85392.</u> 05	<del>\$5,325.</del> <u>75473.</u> 13	<del>\$5,917.</del> <u>506,08</u> 1.26	<del>\$6,154.</del> <u>20324.</u> 51	<del>\$6,312.</del> <u>00486.</u> 67	<del>\$7,298.</del> <u>25500.</u> 21	<del>\$7,534.</del> <u>95743.</u> 46	<del>\$7,890.</del> <u>008,10</u> 8.34	<del>\$7,929.</del> <u>458,14</u> 8.88	<del>\$9,468.</del> <u>00730.</u> 01	<del>\$9,862.</del> <u>5010,1</u> 35.43	<del>\$11,83</del> <u>5.0012,</u> 162.51	<del>\$12,07</del> <u>1.7040</u> 5.76
8	<del>\$52,72</del> <u>054,15</u> 0.00	<del>\$4,393.</del> <u>33512.</u> 50	<del>\$5,27</del> <u>2415.</u> 00	<del>\$5,843.</del> <u>136,00</u> 1.63	<del>\$5,931.</del> <u>006,09</u> 1.88	<del>\$6,590.</del> <u>00768.</u> 75	<del>\$6,853.</del> <u>597,03</u> 9.50	<del>\$7,029.</del> <u>33220.</u> 00	<del>\$8,127.</del> <u>66348.</u> 13	<del>\$8,391.</del> <u>26618.</u> 88	<del>\$8,786.</del> <u>669,02</u> 5.00	<del>\$8,830.</del> <u>599,07</u> 0.13	<del>\$10,54</del> <u>3.9983</u> 0.00	<del>\$10,98</del> <u>3.3311,</u> 281.25	<del>\$13,17</del> <u>9.9953</u> 7.50	<del>\$13,44</del> <u>3.5980</u> 8.25

9	<del>\$58,10</del> 059,65 0.00	<del>\$4,841.</del> 67970. 83	<del>\$5,81</del> 0965. 00	<del>\$6,439.</del> 42611. 20	<del>\$6,536.</del> 25710. 62	<del>\$7,262.</del> 51456. 25	<del>\$7,553.</del> 01754. 49	<del>\$7,746.</del> 67953. 33	<del>\$8,957.</del> 099,19 6.04	<del>\$9,247.</del> 59494. 29	<del>\$9,683.</del> 34941. 66	<del>\$9,731.</del> 76991. 37	<del>\$11,62</del> 0.0192 9.99	<del>\$12,10</del> 4.1842 7.08	<del>\$14,52</del> 5.0191 2.49	<del>\$14,81</del> 5.5115, 210.74
10	<del>\$63,48</del> 065,15 0.00	<del>\$5,290.</del> 00429. 17	<del>\$6,34</del> 8515. 00	<del>\$7,035.</del> 70220. 80	<del>\$7,141.</del> 50329. 38	<del>\$7,935.</del> 008,14 3.76	<del>\$8,252.</del> 40469. 51	<del>\$8,464.</del> 00686. 67	<del>\$9,786.</del> 5010,0 43.96	<del>\$10,10</del> 3.9036 9.71	<del>\$10,58</del> 0.0085 8.34	<del>\$10,63</del> 2.9091 2.63	<del>\$12,69</del> 6.0013, 030.01	<del>\$13,22</del> 5.0057 2.93	<del>\$15,87</del> 0.0016, 287.51	<del>\$16,18</del> 7.4061 3.26
11	<del>\$68,86</del> 070,65 0.00	<del>\$5,738.</del> 33887. 50	<del>\$6,88</del> 67,06 5.00	<del>\$7,631.</del> 98830. 38	<del>\$7,746.</del> 75948. 13	<del>\$8,607.</del> 50831. 25	<del>\$8,951.</del> 799,18 4.50	<del>\$9,181.</del> 33420. 00	<del>\$10,61</del> 5.9189 1.88	<del>\$10,96</del> 0.2111, 245.13	<del>\$11,47</del> 6.6677 5.00	<del>\$11,53</del> 4.0483 3.88	<del>\$13,77</del> 1.9914, 130.00	<del>\$14,34</del> 5.8371 8.75	<del>\$17,21</del> 4.9966 2.50	<del>\$17,55</del> 9.2918, 015.75
12	<del>\$74,24</del> 076,15 0.00	<del>\$6,186.</del> 67345. 83	<del>\$7,42</del> 4615. 00	<del>\$8,228.</del> 27439. 95	<del>\$8,352.</del> 00566. 87	<del>\$9,280.</del> 01518. 75	<del>\$9,651.</del> 21899. 49	<del>\$9,898.</del> 6710,1 53.33	<del>\$11,44</del> 5.3473 9.79	<del>\$11,81</del> 612,12 0.54	<del>\$12,37</del> 3.3469 1.66	<del>\$12,43</del> 5.2175 5.12	<del>\$14,84</del> 8.0115, 229.99	<del>\$15,46</del> 6.6886 4.58	<del>\$18,56</del> 0.0119, 037.49	<del>\$18,93</del> 1.2119, 418.24
13	<del>\$79,62</del> 081,65 0.00	<del>\$6,635.</del> 00804. 17	<del>\$7,96</del> 28,16 5.00	<del>\$8,824</del> 9,049.5 5	<del>\$8,957.</del> 259,18 5.63	<del>\$9,952.</del> 5010,2 06.26	<del>\$10,35</del> 0.6061 4.51	<del>\$10,61</del> 6.0088 6.67	<del>\$12,27</del> 4.7558 7.71	<del>\$12,67</del> 2.8599 5.96	<del>\$13,27</del> 0.0060 8.34	<del>\$13,33</del> 6.3567 6.38	<del>\$15,92</del> 4.0016, 330.01	<del>\$16,58</del> 7.5017, 010.43	<del>\$19,90</del> 5.0020, 412.51	<del>\$20,30</del> 3.1082 0.76
14	<del>\$85,00</del> 087,15 0.00	<del>\$7,083.</del> 33262. 50	<del>\$8,50</del> 0715. 00	<del>\$9,420.</del> 83659. 13	<del>\$9,562.</del> 50804. 38	<del>\$10,62</del> 5.0089 3.75	<del>\$11,04</del> 9.9932 9.50	<del>\$11,33</del> 3.3362 0.00	<del>\$13,10</del> 4.1643 5.63	<del>\$13,52</del> 9.1687 1.38	<del>\$14,16</del> 6.6652 5.00	<del>\$14,23</del> 7.4959 7.63	<del>\$16,99</del> 9.9917, 430.00	<del>\$17,70</del> 8.3318, 156.25	<del>\$21,24</del> 9.9978 7.50	<del>\$21,67</del> 4.9922, 223.25
15	<del>\$90,38</del> 092,65 0.00	<del>\$7,531.</del> 67720. 83	<del>\$9,03</del> 8265. 00	<del>\$10,01</del> 7.1226 8.70	<del>\$10,16</del> 7.7542 3.12	<del>\$11,29</del> 7.5158 1.25	<del>\$11,74</del> 9.4112, 044.49	<del>\$12,05</del> 0.6735 3.33	<del>\$13,93</del> 3.5914, 283.54	<del>\$14,38</del> 5.4974 6.79	<del>\$15,06</del> 3.3444 1.66	<del>\$15,13</del> 8.6651 8.87	<del>\$18,07</del> 6.0152 9.99	<del>\$18,82</del> 9.1819, 302.08	<del>\$22,59</del> 5.0123, 162.49	<del>\$23,04</del> 6.9162 5.75
16	<del>\$95,76</del> 098,15 0.00	<del>\$7,980.</del> 008,17 9.17	<del>\$9,57</del> 6815. 00	<del>\$10,61</del> 3.4087 8.30	<del>\$10,77</del> 3.0011, 041.88	<del>\$11,97</del> 0.0012, 268.76	<del>\$12,44</del> 8.8075 9.51	<del>\$12,76</del> 8.0013, 086.67	<del>\$14,76</del> 3.0015, 131.46	<del>\$15,24</del> 1.8062 2.21	<del>\$15,96</del> 0.0016, 358.34	<del>\$16,03</del> 9.8044 0.13	<del>\$19,15</del> 2.0063 0.01	<del>\$19,95</del> 0.0020, 447.93	<del>\$23,94</del> 0.0024, 537.51	<del>\$24,41</del> 8.8025, 028.26
17	<del>\$101,1</del> 40103, 650.00	<del>\$8,428.</del> 33637. 50	<del>\$10,1</del> 14365 .00	<del>\$11,20</del> 9.6848 7.88	<del>\$11,37</del> 8.2566 0.63	<del>\$12,64</del> 2.5095 6.25	<del>\$13,14</del> 8.1947 4.50	<del>\$13,48</del> 5.3382 0.00	<del>\$15,59</del> 2.4197 9.38	<del>\$16,09</del> 8.1149 7.63	<del>\$16,85</del> 6.6617, 275.00	<del>\$16,94</del> 0.9417, 361.38	<del>\$20,22</del> 7.9973 0.00	<del>\$21,07</del> 0.8359 3.75	<del>\$25,28</del> 4.9991 2.50	<del>\$25,79</del> 0.6926, 430.75
18	<del>\$106,5</del> 20109, 150.00	<del>\$8,876.</del> 679,09 5.83	<del>\$10,6</del> 52915 .00	<del>\$11,80</del> 5.9712, 097.45	<del>\$11,98</del> 3.5012, 279.37	<del>\$13,31</del> 5.0164 3.75	<del>\$13,84</del> 7.6114, 189.49	<del>\$14,20</del> 2.6755 3.33	<del>\$16,42</del> 1.8482 7.29	<del>\$16,95</del> 4.4417, 373.04	<del>\$17,75</del> 3.3418, 191.66	<del>\$17,84</del> 2.1118, 282.62	<del>\$21,30</del> 4.0182 9.99	<del>\$22,19</del> 1.6873 9.58	<del>\$26,63</del> 0.0127, 287.49	<del>\$27,16</del> 2.6183 3.24



19	\$111,900 114,650.00	\$9,325.00 554.17	\$11,190 465.00	\$12,402 257.05	\$12,588 758.13	\$13,987 501.33	\$14,547 009.45	\$14,920 0015.286.67	\$17,251 2567.521	\$17,810 7518.248.46	\$18,650 0019.108.34	\$18,743 2519.203.88	\$22,380 0093.001	\$23,312 5088.543	\$27,975 0028.662.51	\$28,534 5029.235.76
20	\$117,280 120,150.00	\$9,773.33 10,012.50	\$11,728 12,015.00	\$12,998 5313.316.63	\$13,194 0051.688	\$14,660 0015.018.75	\$15,246 3961.950	\$15,637 3316.020.00	\$18,080 6652.3.13	\$18,667 0619.123.88	\$19,546 6620.025.00	\$19,644 3920.125.13	\$23,455 9924.030.00	\$24,433 3325.031.25	\$29,319 9930.037.50	\$29,996 3930.638.25
21	\$122,660 125,650.00	\$10,221 6747.083	\$12,266 565.00	\$13,594 8292.620	\$13,799 2514.135.62	\$15,332 5170.625	\$15,945 8116.334.49	\$16,354 6775.3.33	\$18,910 0919.371.04	\$19,523 3999.9.29	\$20,443 3494.1.66	\$20,545 5621.046.37	\$24,532 0125.129.99	\$25,554 4826.177.08	\$30,665 0131.412.49	\$31,278 3132.040.74
22	\$128,040 131,150.00	\$10,670 0092.917	\$12,804 13,115.00	\$14,191 1053.580	\$14,404 5075.438	\$16,005 0039.376	\$16,645 2017.049.51	\$17,072 0048.6.67	\$19,739 5020.218.96	\$20,379 7087.4.71	\$21,340 0085.8.34	\$21,446 7096.7.63	\$25,608 0026.230.01	\$26,675 0027.322.93	\$32,010 0078.7.51	\$32,650 2033.443.26
23	\$133,420 136,650.00	\$11,118 3338.750	\$13,342 665.00	\$14,787 1514.538	\$15,009 7537.3.13	\$16,677 5017.081.25	\$17,344 5976.450	\$17,789 3318.220.00	\$20,568 9121.066.88	\$21,236 0175.0.13	\$22,235 6677.5.00	\$22,347 8488.8.88	\$26,683 9927.330.00	\$27,795 8328.468.75	\$33,354 9934.162.50	\$34,022 0984.5.75
24	\$138,800 142,150.00	\$11,566 6784.583	\$13,880 14,215.00	\$15,383 6775.495	\$15,615 0099.1.87	\$17,350 0176.8.75	\$18,044 0147.9.49	\$18,506 6795.3.33	\$21,398 3491.4.79	\$22,092 2362.5.54	\$23,133 3469.1.66	\$23,249 0181.0.12	\$27,760 0128.429.99	\$28,916 6829.614.58	\$34,700 0135.537.49	\$35,394 40136.248.24
each additional person	\$5,380 500.00	\$44845 8.33	\$5385 50.00	\$596.28 609.58	\$605.25 5618.75	\$67268 7.50	\$699.39 9714.99	\$71773 3.33	\$829.41 1847.91	\$856.31 1875.41	\$89691 6.66	\$901.14 4921.24	\$1,075 099.99	\$1,120 145.83	\$1,344 374.99	\$1,371.89 402.49
-	-	QMB BC+ Extensions	SLMB	BC+ adult premium limit	QI-1 (SLMB+)	-	MAGI/BC+ Limit for kids	SeniorC are tier one limit	BC+ EE for kids ages 1-5	MAGI/BC+ limit for kids 1-5	QDWI & lower SI Inc Alloc	MAGI/BC+ kids	SeniorC are tier three limit	MAPP	BC+ pregnant women	MAGI/BC+ pregnant

		trigger limit BC+ Adults limit M APP premiu m limit					6-18 subject to access / backdat e / EE			subject to access / backdat e / EE	BC+ kids premiu ms BC+ adults limit	premiu ms			kids limit	women kids limit
--	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	---------------	------------------------

-  
 -- Annual figures for SeniorCare - ~~\$24,096~~25,040.00 - ~~\$30,120~~300.00 - ~~\$36,144~~37,560.00 -  
~~\$32,704~~33,840.00 - ~~\$40,880~~42,300.00 - ~~\$49,056~~50,760.00 -

## 39.11 SeniorCare Income Limits

### 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 their 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 Federal Poverty Level (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 <a href="#">Section 39.5 FPL Table</a> 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.
------	--

SeniorCare Levels of Participation	
Income Limits*	Annual Out-of-Pocket Expense Requirements and Benefits
<b>Level 1</b> Income at or below 160% of FPL At or below <del>\$24,096</del> <u>25,040</u> per individual or <del>\$32,704</del> <u>33,840</u> per couple annually.*	<ul style="list-style-type: none"> <li>• No deductible or spenddown.</li> <li>• \$5 co-pay for each covered generic prescription drug.</li> <li>• \$15 co-pay for each covered brand name prescription drug.</li> </ul>
<b>Level 2a</b> Income above 160% and at or below 200% FPL <del>\$24,097</del> <u>25,041</u> to <del>\$30,120</del> <u>31,300</u> per individual and <del>\$32,705</del> <u>33,841</u> to <del>\$40,880</del> <u>42,300</u> per couple annually.*	<ul style="list-style-type: none"> <li>• \$500 deductible per person.</li> <li>• Pay the SeniorCare rate for drugs until the \$500 deductible is met.</li> <li>• 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.</li> </ul>
<b>Level 2b</b> Income above 200% and at or below 240% of FPL <del>\$30,121</del> <u>31,301</u> to <del>\$36,144</del> <u>37,560</u> per individual and <del>\$40,881</del> <u>42,301</u> to <del>\$49,056</del> <u>50,760</u> per couple annually.	<ul style="list-style-type: none"> <li>• \$850 deductible per person.</li> <li>• Pay the SeniorCare rate for most covered drugs until the \$850 deductible is met.</li> <li>• 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.</li> </ul>
<b>Level 3</b> Annual income is above 240% of the FPL <del>\$36,145</del> <u>37,561</u> or higher per individual and <del>\$49,057</del> <u>50,761</u> or higher per couple annually.*	<ul style="list-style-type: none"> <li>• Pay retail price for drugs equal to the difference between the member's income and <del>\$36,144</del> <u>37,560</u> per individual or <del>\$49,056</del> <u>50,760</u> per couple. This is called "spenddown." __</li> </ul>

	<ul style="list-style-type: none"> <li>• Covered drug costs for spenddown will be tracked automatically. During the spenddown, there is no discount on drug costs.</li> <li>• After spenddown is met, meet an \$850 deductible per person.</li> <li>• Pay SeniorCare rate for most covered drugs until the \$850 deductible is met.</li> <li>• 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.</li> </ul>
--	---

\* These income amounts are based on the [2024](#)[2025](#) federal poverty guidelines, which typically increase by a small amount each year.

### 39.11.5 Level 3: Spenddown

#### 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, they are 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 copay.

<p>Example 1:</p>	<p>Dorothy's annual income is <del>\$37,144</del><a href="#">38,560</a>. 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.</p>
-------------------	---

#### 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 copay.

<p>Example 2:</p>	<p>Bob and Alice's annual income is <del>\$51,056</del>52,760, 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
-------------------	---

If only one spouse in a married couple is determined eligible, only that spouse's costs count toward the spenddown. They pay retail price for covered prescription drugs until the spenddown requirement is met.

<p>Example 3:</p>	<p>Tracy and Dave's annual income is <del>\$51,056</del>52,760, 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.</p> <p>Tracy and Dave pay for their covered prescription drugs at retail price. Only covered prescription drugs purchased for Dave count toward the spenddown requirement.</p> <p>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 his benefit period.</p>
-------------------	---

### 39.12 Five Percent Copay Limit Tiers

2024 2025 Per-Member Copay Limits											
Status	Assistance Group Income Tier as Percentage of the Federal Poverty Level										
	0-50%	>50-100%	>100-150%	>150-200%	>200-250%	>250-300%	>300-350%	>350-400%	>400-450%	>450-500%	>500%
Individual	\$0	\$26	\$53	\$79	\$106	\$132	\$159	\$186	\$212	\$239	\$265
Prorated (split between counted spouses)	\$0	\$13	\$26.50	\$39.50	\$53	\$66	\$79.50	\$93	\$106	\$119.50	\$132.50