

B E N E F I T S C H A R T (October 1, 2006)

| TANF Temporary Assistance to Needy Families Apply at local DES Cash Assistance Office. | | | GA (Limited Enrollment) General Assistance Apply at local DES Cash Assistance Office. | | | FOOD STAMPS <i>Apply at local DES Family Assistance Office/call USDA 1-800-221-5689.</i> | | | | | SSI Supplemental Security Income Apply at Social Security: 1-800-772-1213. | | | | FEDERAL POVERTY LEVEL (FPL) 100% (Updated annually in February or March.) (Basis for eligibility for many programs.) | | | | | | | | | | | | | | | |
|--|-----------------|--|---|---|---|--|--|---|--|--|--|--|------------------------------------|--|---|-------------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Cash Assistance Formerly AFDC. | | | Disabled, unable to work for 12 months or caregiver of disabled person. Benefit limited to 12 months in 3 years. | | | | | Gross Monthly Income Per Budgetary Unit* (Rates change on October 1.) | | Resources Allowed | FIRST \$20 OF INCOME IS DISREGARDED. Disabled, blind, or age 65 or older | | | 2/18/2005 Prior Year | | Published 1/24/06 Federal Register. | | | | | | | | | | | | | | |
| Maximum benefit with shelter obligation: | | | Maximum benefit with shelter obligation: | | | Household Size | With NO Elder or Disabled (130% FPL) | With Disabled Elder 60+* (165% FPL) | Maximum Benefit If No Income | Household in household: \$2,000. If elder or disabled in household: \$3,000. | Maximum benefit with fair market shelter obligation: (SSI rates change on January 1.) | | | Monthly Level | Household Size | Annual Level | Monthly Level | | | | | | | | | | | | | |
| Household Size | Monthly Benefit | Resources Allowed | Household Size | Monthly Benefit | Resources Allowed | 1 | \$ 1,062 | \$ 1,348 | \$ 155 | House & Lot. | Household Status | SSI Only | SSI with Other Income* | Resources Allowed** | \$ 798 | 1 | \$ 9,800 | \$ 817 | | | | | | | | | | | | |
| 1 | \$ 204 | \$2,000 + House + Car | 2 | \$ 173 | \$1,000* | 2 | \$ 1,430 | \$ 1,815 | \$ 284 | All vehicles are exempt, except recreational vehicles | Single | \$ 603 | \$ 623 | \$2,000 | \$ 1,070 | 2 | \$ 13,200 | \$ 1,100 | | | | | | | | | | | | |
| 2 | \$ 275 | | 3 | \$ 233 | \$1,400* | 3 | \$ 1,799 | \$ 2,283 | \$ 408 | | | | | \$ 1,341 | 3 | \$ 16,600 | \$ 1,384 | | | | | | | | | | | | | |
| 3 | \$ 347 | | 4 | \$ 233 | \$1,400* | 4 | \$ 2,167 | \$ 2,750 | \$ 518 | | | | | \$ 1,613 | 4 | \$ 20,000 | \$ 1,667 | | | | | | | | | | | | | |
| 4 | \$ 418 | | 5 | \$ 145 | \$1,500. | 5 | \$ 2,535 | \$ 3,218 | \$ 615 | | | | | \$ 1,885 | 5 | \$ 23,400 | \$ 1,950 | | | | | | | | | | | | | |
| 5 | \$ 489 | | Without shelter obligations: | | GA cases limited to 2 participants | | * All who live & prepare meals together are a budgetary unit. If an elder is unable, due to permanent disability, to buy & prepare food separately, the elder & spouse may be a separate budgetary unit, if those they live with are below 165% FPL. Most budgetary units must meet both the gross & net monthly income tests. Budgetary units w/elders only have to meet net income (100% FPL) after deductions. If all participants in household receive SSI, the household is categorically eligible. | | | | | | | | | | DISCOUNTS & TAX BREAKS | | | | | | | | | | | | | |
| Without shelter obligations: | | | *Auto value - \$1,500 = part of \$1,000/\$1,400. | | | ** More deductions may be allowed for earned income or dependent child allocations. | | | | | | | | | | | Property Tax: (Apply Jan. 1 - March 1) Widows of Ariz. residents & disabled with incomes below \$13,200 w/o SSA; Property Valuation Freeze: (Apply by Sept. 1 on DOR 82104 form) Owners aged 65 + income <\$27,072/\$33,840M. Apply at County Assessor. | | | | | | | | | | | | | |
| 1 | \$ 128 | **Home value over \$50,000 is countable. | | | May be placed on waiting list. | | | | | | | | | | | | Vehicle Registration: Discounts for widows, disabled & SSI. Property Tax Refund: Renter/owners ≥65 with income<\$3,751 Single or \$5,501 Married or SSI. Use 140PTC form at tax time. Refund up to \$502 + \$25 personal allowance. | | | | | | | | | | | | | |
| There are many earned income disregards. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AHCCCS (Partly Funded by Medicaid/Title XIX) Apply at DES Cash Assistance Office or AHCCCS <i>SSI Recipients are Automatically Eligible</i> AHCCCS uses 100% FPL for most programs, including families w/children, adults & SSI MAO. (New 100% FPL Rates Effective April 1.) | | | AHCCCS for Families & Children (New FPL Rates Effective April 1.) Apply at DES Cash Assistance Office Families with Children 100% FPL Pregnant Woman 133% FPL Child 0 -1 yr. old 140% FPL Child 1 -5 yrs. old 133% FPL Child 6-19 yrs. old 100% FPL Parents living w/Elig. Children 200% FPL (Small Premium) | | | ALTCS Arizona Long Term Care System Apply S.V. (520) 459-7050 or Miami (928) 425-3165. Referral Line: 1-800-654-8713 Eligibility based on 300% of SSI. (ALTCS rates change effective January 1.) <i>Use special income trust if income is too high to qualify.</i> | | | MEDICARE SAVINGS PROGRAMS (MSP) Qualified Medicare Beneficiary, Specified Low-Income Beneficiary Qual. Individuals 1 (First \$20 of income disregarded, & other income deductions same as for SSI MAO.) Apply ALTCS Office or 1-800-654-0142. Percent of Poverty (Rates Change Effective April 1.) Marital Status Single \$ 817 Married \$ 1,100 Resources No Limits Specific Requirements Benefits a. Parts B & A premiums b. Medicare coinsurance. c. Deductibles d. HMO co-payments, except for drugs. | | | SSI MAO 1-800-528-0142 Eligibility 100 % FPL Disabled, Blind, or 65 or older. Not receiving SSI First \$20 of Income is Disregarded Allows deductions for earned income & dependent children allocations. Unlike Medicare no waiting period for using AHCCCS | | | MEDICARE RATES 2006 Updated Every Calendar Year Part B Monthly Premium \$88.50 Part B Deductible \$124.00 Part A Deductible (Hospital Stay 1-60 Days) \$952.00 Part A Deductible/Day (Hospital 61-90 Days) \$238.00 Part A Deductible/Day (Hospital 91-150 Days) \$476.00 Skilled Nursing Deductible (1-20 Day Stay) \$0.00 Skilled Nursing Deductible (21-100 Day Stay) \$119.00 VOLUNTARY MEDICARE DRUG BENEFIT (Part D Began 1/1/06) Full Dual Eligible ALTCs/AHCCCS Eligibility at Left 100% Subsidy 1 Co-pay 2 \$1/\$3 G/B ≤\$817/\$1,100/mo. Co-pay 2 \$2/\$5 G/B >\$817/\$1,100/mo. No resource limit No Deductible No Coverage Gap No co-pay > \$5,100 Auto-enrolled Plan 3 & Subsidy May switch plans 4 | | | | | | | | | | | | | | | |
| Household Size | Monthly Income | Resources Allowed | Health insurance for children under 19. To apply call toll-free: 1-877-764-5437 for area codes 520 & 928. For the rest of the state to apply call: 602-417-5437. | Individual \$ 1,809 \$2,000 plus Car, house, & limited burial/life ins. Other resources of up to \$99,540 for spouse if s/he not in a medical facility. | | If married* \$ 3,618 *After eligibility, income may be diverted to community spouse by institutional spouse depending on income and shelter costs of community spouse. | Receiving Part A Receiving Part A Receiving Part B Receiving Part B premium premium | Receiving Part A Receiving Part A Receiving Part B Receiving Part B premium premium | No resource limit No Deductible No Coverage Gap No co-pay > \$5,100 | No resource limit No Deductible No Coverage Gap No co-pay > \$5,100 | \$6,000 S/\$9,000 M No Deductible No Coverage Gap No co-pay > \$5,100 | \$10,000 S/\$20,000 M No Deductible No Coverage Gap No co-pay > \$5,100 | \$2,250 \$2/\$5 (G/B) > \$5,100 | \$250 Annual Ded. Gap \$2,250-\$5,100 | \$250 Annual Ded. Gap \$2,250-\$5,100 | 5% Cost or \$2/\$5 | \$28/mo. Avg. Prem. No subsidy for ≥\$1,226/\$1,650 | \$28/mo. Avg. Prem. No subsidy for ≥\$1,226/\$1,650 | | | | | | | | | | | | |
| AHCCCS MED (SPEND DOWN) Apply at DES Family Assistance Admin. Income is based on current month plus 2 prospective months. Eligibility is based on a net income of 40% of above amounts after medical bills for month before application, month of application, & month following, if needed. Medical bills must be ones for which individual is liable; bills payable by insurance do not count. Resource limits will be applied. (\$5,000 liquid resources, \$100,000 total.) | | | 150% FPL \$10.00 \$15.00 175% FPL \$20.00 \$30.00 200% FPL \$25.00 \$35.00 Premium for each parent: 150%-175%-200% FPL \$15.00 \$20.00 \$25.00 | | | Individuals must qualify medically & functionally as needing care at a nursing home level, but may receive care at home or in an assisted living facility. | | | PRESCRIPTION DRUG COVERAGE Contact VICA p at 520-459-8146 or SHIP at 1-800-432-4040 for help with drug coverage. Also see Medicare section of this chart. | | | | | | | | | | | | | | | | | | | | | |

For updates call the SEAGO Area Agency on Aging at (520) 432-5301, or e-mail to aging@seago.org.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.