Tip Sheet
January 2018

Part A Premium	No cost if enrollee or spouse has worked a total of 40 or more quarters of Medicare covered employment $232 per month if enrollee or spouse has worked 30-39 quarters of Medicare covered employment $422 per month if enrollee or spouse has worked less than 30 quarters of Medicare covered employment
Part B Premium	Standard rate $134 (some will pay less of the increase in Social Security would not cover the increase in the Medicare Part B premium.
Inpatient Hospital Deductible	$1,340 per benefit period
Hospital Co-payment	$335 per day for days 61-90 of each benefit period $670 per day for days 91-150 (may be used only once)
Skilled Nursing Co-payment	$167.50 for days 21-100 of each benefit period
Part B Deductible	$183 per year
Part D Maximum Deductible	$400 per year maximum – deductibles vary according to the plan selected.
Coverage Gap	After total drug costs total $3,700 beneficiary incurs increased cost of medications until the out-of-pocket expense totals $4,950.
Extra Help Limits (Annual)	Income / Resource Individual $18,330 / $13,820 Couple $24,600 / $27,600
MO Rx	Must be enrolled in both Medicare and Medicaid or Medicare Savings Program

Medicaid

	Single	Couple
SSI	$735	$1,100
MO HealthNet/Spend-down	$874	$1,170
Home and Community Based Services	$1,281	
Qualified Medicare Beneficiary*	$1,025	$1,373
Specified Low Income Beneficiary*	$1,226	$1,644
Qualifying Individual-1*	$1,377	$1,847
MO HealthNet Resource Limit	**$2,000**	**$4,000**
***Resource Limits** *Each individual is allowed an additional $1,500 for a burial trust excluded from resource limits.	**$7,390**	**$11,090**

Division of Assets – Spousal Share **Minimum - $24,180**
Maximum - $120,900

Other resource limits apply to Medicaid programs. For more information, contact the county Family Support Division.

The Missouri SMP-
Empowering Seniors to Prevent Healthcare Fraud
888-515-6565 www.missourismp.org

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