## Extra Help for Medicare Prescription Drug Benefits Narrative/Worksheet

Application/Review Date		Interview Date			
Consumer Information					
Case Name Phone Number		Represent	ative Phone #	County of Residence	
Address					
Social Security Number	Social Security Claim # State ID#			Marital Status	
Spouse's Name	Spouse's Social Security Number		Spouse's State ID#		

Does the client receive SSI? or

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Does the client receive any Medicaid benefits including QMB, SLMB, or E-SLMB?

Yes, then deny as automatically eligible for extra help.

No, continue processing application.

Resources							
Bank Account	Туре	W	/here	Balance	Interest	Ver	ification
Туре	Verifi	cation	Amount	Туре	V	erification	Amount
Annuities				Safe deposit I	oox		
Cash on hand				Stocks, bonds time certificate			
Dividends/interest				Certificates of deposit			
Mortgages and contracts				Nonhomestea property	ad		
Promissory notes				Mutual funds/ money marke			
Burial contract irrevocable?				Retirement accounts	-		
Interest added to contract?				Life insurance policies	9		
Total value of all	resource	es listed a	above:				

Client declaration that any of the listed resources are to be used for funeral or burial expenses for client or spouse, if married and living together:

Spouse:	] Yes [	🗌 No
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## Household Size

Number of relatives that the client states are living with them and the spouse:

	Are they related by	blood, marriage	or adoption? [	Yes	No
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Number who are dependent on applicant for at least one-half of their financial support:

Income		
Wages before taxes	\$ Wages before taxes	\$
Self-employment net earnings or net loss	\$ Self-employment net earnings or net loss	\$ 
Work related expenses	\$ Work related expenses	\$
Alimony/child support	\$ Black lung	\$
Civil services	\$ Educational monies	\$
Gifts	\$ Inheritance	\$
Insurance	\$ Interest/dividends	\$
IPERS	\$ Lump sum	\$
Miller trust	\$ Pension	\$
Property sold on contract	\$ Rental property	\$ 
RR retirement	\$ Social Security	\$ 
UIB	\$ Veteran's benefits	\$
VA aid and attendance	\$ Veteran's pension	\$ 
Worker's comp	\$ Other income sources:	
In-kind support and maintenance	\$	\$

Comments:

Calculation – Income		
Total unearned income		
Less \$20.00 general deduction	- 20.00	
Countable unearned income		

Total earned income	
Less \$65.00 work expense	- 65.00
Less work impairment	
Less ½ of the remainder	
Blind work impairment	
PASS	
Countable earned income	

Countable earned income				
Plus countable unearned income				
Subtotal				
Divided by 100% of poverty for the household size and then multiply by 100				
Percent of poverty %				
Compare to the attached desk aid after both income and resources have been determined.				

Calculation – Resources			
Total resources			
-1500.00 that client states is for their burial			
-1500.00 that client states is for the spouse burial			
Total countable resources			
Compare to the attached desk aid after both income and resources have been determined.			

Action on Application					
Approved	% of POV:	Denial	Reason:		
Eligibility Date	Worker's Name		Date	Review Date	

## **Calculation Table Desk Aid**

Subsidy calculation for one person						
Countable Resources	< 135% FPL	> 135% to < 140% FPL	> 140% to < 145% FPL	> 145% to < 150% FPL	> 150%	
< \$ 6,000	A	С	D	E	F	
> \$ 6,000 to < \$10,000	В	С	D	E	F	
> \$10,000	F	F	F	F	F	

Subsidy calculation for one person								
Countable Resources	< 135% FPL	> 135% to < 140% FPL	> 140% to < 145% FPL	> 145% to < 150% FPL	> 150%			
< \$ 9,000	A	С	D	E	F			
> \$ 9,000 to < \$20,000	В	С	D	E	F			
> \$20,000	F	F	F	F	F			

Subsidy benefits								
Subsidy	Subsidized monthly premium	Yearly deductible	Pre-catastrophic co-pay per prescription	Coverage gap? Y/N	Catastrophic co-pay per prescription			
A	100% *	\$0	\$2 / \$5	Ν	\$0			
В	100% *	\$50	15%	Ν	\$2 / \$5			
С	75%	\$50	15%	Ν	\$2 / \$5			
D	50%	\$50	15%	Ν	\$2 / \$5			
E	25%	\$50	15%	Ν	\$2 / \$5			
F (No subsidy)	0%	\$250	25%	Y	@ 5%			

\* Percentage is the greater of the low income benchmark premium amount or the lowest PDP premium for basic coverage in the region.