



**LEGAL HOTLINE FOR TEXANS**  
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# Legal Hotline for Texans

## Brief Guide to Public Benefits

4/1/05

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## 1) Benefits Calculators

The State of Texas Assistance and Referral System (STARS):

<http://www.txstars.net/servlet/HSGServlet?page=Home>

National Counsel on Aging Benefits Check Up:

<http://www.benefitscheckup.org>

## 2) Supplemental Security Income (SSI) & Medicaid

Social Security Administration (SSA) web site: <http://www.ssa.gov>

Individual Federal Benefit Rate	\$579 per month
Eligible Couple Federal Benefit Rate	\$869 per month
Essential Person Increment	\$290 per month (individual)

SSI beneficiaries receive Medicaid.

**Resource Limits:** Individual \$2,000; Couple \$3,000

### Income Limits:

	<b>Income Only From Wages</b>	<b>Income Not From Wages</b>
<b>Individual</b>	\$1,243	\$599
<b>Couple</b>	\$1,823	\$889

## 3) Temporary Assistance for Needy Families (TANF)

Texas Health & Human Services Commission (HHSC) web site:

<http://www.dhs.state.tx.us/programs/TexasWorks/TANF.html>

### 3.1) TANF

Family Size	TANF BUDGETARY ALLOWANCES (October 1, 2004)								
	NON-CARETAKER CASES			CARETAKER CASES WITHOUT SECOND PARENT			CARETAKER CASES WITH SECOND PARENT		
	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant
1	256	64	76	313	78*	93	---	---	---
2	369	92	110	650	163	193	498	125**	148
3	518	130	154	751	188	223	824	206	245
4	617	154	183	903	226	268	925	231	275
5	793	198	236	1003	251	298	1073	268	319
6	856	214	254	1153	288	342	1176	294	349
7	1068	267	317	1252	313	372	1319	330	392
8	1173	293	348	1425	356	423	1422	356	422
9	1346	337	400	1528	382	454	1595	399	474
10	1450	363	431	1701	425	505	1698	425	504
11	1623	406	482	1804	451	536	1871	468	556
12	1726	432	513	1977	494	587	1975	494	587
13	1899	475	564	2080	520	618	2147	537	638
14	2003	501	595	2253	563	669	2251	563	669
15	2174	544	646	2356	589	700	2423	606	720
<b>Per each additional member</b>	173	43	51	173	43	51	173	43	51

\* Caretaker of SSI Child

\*\* Caretaker and Second Parent of SSI Child

**"Bud Needs" is Budgetary Needs**

**"Rec Needs" is Recognizable Needs**

Source: HHSC Texas Works Handbook Section C-111 - Income Limits and Proration Charts

TANF beneficiaries receive Medicaid without a separate application or eligibility determination.

**Resource Limit:** \$1000 per Household

**Exempt Resources:**

- home and surrounding property;
- resources not legally available;
- burial plots;
- personal possessions;
- resources of SSI recipients;
- vehicles worth <\$4,650;
- sponsored alien; and
- disqualified legal parent.

Transfer of resources for the purpose of qualifying is prohibited

**Income Limits:**

“HHSC determines a household’s financial eligibility based on a figure which represents 100% of the estimated cost necessary to meet basic needs for one month according to household size. HHSC determines benefits based on a figure that equals 25% of the budgetary needs amount and pays a maximum TANF grant which equals 17% of the Federal Poverty Income Limit.

HHSC includes the needs of the supervising relative on the case with the eligible child if the adult is

- the child's legal parent, or
- another relative who is financially needy and wants to be included.

HHSC also includes the needs of a "second parent" when a child lives with both legal parents and either parent is incapacitated or unemployed/underemployed.

All applicants and certified recipients must pass income tests:

**Budgetary Needs Test** - Total gross household income minus work related and child care expenses for all applicants who have not received TANF in the past four months cannot exceed the budgetary needs amount.

**Recognizable Needs Test** - Net household income for applicants and certified recipients cannot exceed 25% of the budgetary needs amount.

HHSC has special budgeting procedures for households containing a

- non-certified stepparent,
- sponsored alien,
- parent of a minor parent, or
- disqualified legal parent.

In these cases, HHSC diverts a portion of these household member's income and applies the remainder to the certified group.

The actual TANF grant amount may vary depending on other income (and deductions for earned income).” Source: HHSC web site

<http://www.dhs.state.tx.us/programs/TexasWorks/TANF.html>.

**Deductions from Earned Income**

Work Related Expenses	\$120
Dependent Child Care Expense per Child <2 Years	\$200 maximum
Dependent Child Care Expense per Child 2+ Years	\$175 maximum
Earned Income Remaining after Deductions for Work Related Expenses and Dependent Child Care Expenses. This applies to active cases and applicants who have either received TANF in the four months before applying or who pass the Budgetary Needs Test.	90% of the remainder for four months in a twelve month period.

**Exempt Income:**

- reimbursements for items not included in the need standard;
- certain Workforce Investment Act payments;
- energy assistance payments;
- payments from Native and Indian claims;
- earned income of children attending school;
- adoption subsidies;
- foster care payments;
- educational assistance;
- income of SSI recipients; and
- in-kind and vendor payments.

### **3.2) One Time Temporary Assistance for Needy Families (OTTANF) (HHSC Texas Works Handbook Section A-2421)**

OTTANF provides \$1,000 cash assistance for families in crisis. The intent of the OTTANF payment is to help solve a short-term crisis and divert households from ongoing TANF benefits. These families must:

- meet all TANF eligibility requirements,
- and not currently receive TANF. **Note:** Households who are active on Type Programs (TP) 07, 20, or 37 may apply for OTTANF.

### **3.3) TANF One Time \$1,000 Benefit for Grandparents or Great-Grandparents (HHSC Texas Works Handbook Section A-2422)**

TANF provides a \$1,000 supplemental payment to a grandparent who meets all the following criteria:

- is 45 years of age or older;
- meets the TANF relationship requirement of a grandparent, which includes degrees of great or great-great;
- is the caretaker or payee (or spouse of the caretaker or payee) of a TANF certified grandchild, or received OTTANF for himself and the grandchild for whom he is caring, and the parent of the grandchild is not in the home;
- has a family gross income less than or equal to 200% FPIL;
- has resources less than or equal to the TANF resource limit of \$1,000.

**Note:** A grandparent who is a payee is only required to meet the eligibility requirements noted above to qualify for the grandparent supplement. To be certified as a TANF caretaker, the grandparent must meet all TANF requirements.

Once a grandparent receives a one-time grandparent supplement payment, the grandparent is not eligible to receive the payment for other grandchildren who move into the home at a later time. Additionally, another grandparent cannot receive the grandparent payment for a grandchild who has already received the payment.

The grandchild must currently receive TANF or be newly certified for TANF (including open and close certifications). **Note:** A grandparent does not qualify based solely on a grandchild in the home who receives SSI.

**3.4) TANF and Medical Programs** (HHSC Texas Works Handbook Section A-810)  
 Some former TANF or Medical Program clients remain eligible for Transitional Medicaid after their TANF or Medical Program case is denied.

Reason for Denial	Type Program	Who is Covered?
Child support	TP 20 ( <a href="#">A-850</a> )*	The household.
New or increased earnings	TP 07 ( <a href="#">A-841</a> )*	
Loss of earned income disregards for TANF households	TP 37 ( <a href="#">A-842</a> )*	
Caretakers or second parents in TANF cases who reach the end of a state time limit	TP 29 ( <a href="#">A-843</a> )*	The caretaker or second parent.

Source: HHSC Texas Works Handbook Section A-810 – General Policy.

\* Section number of the HHSC Texas Works Handbook.

As a result of the U.S. Department of Health and Human Services issuing the annual FPIL, the income limits for pregnant women, children, and transitional Medicaid are updated effective April 1, 2005.

#### 4) Food Stamps (HHSC)

SSI & TANF recipients generally qualify for food stamps.

##### Maximum Monthly Food Stamp Allowance

Family Size	Dollar Amount
1 person	\$149
2 persons	\$274
3 persons	\$393
4 persons	\$499
5 persons	\$592
6 persons	\$711
7 persons	\$786
8 persons	\$898
Each additional person	\$112

Amounts are effective October 1, 2004.

Source: HHSC Texas Works Handbook Section C-121

##### Resource Limits:

1. \$2,000 per household
2. \$3,000 for households with a relative aged 60+
3. \$4,650 fair market value of a vehicle

**Income Limits:****Monthly Income Eligibility Limits effective October 1, 2004**

Household Size	Gross (130%)	Net	165%*
1	\$1,009	\$776	\$1,281
2	1,354	1,041	1,718
3	1,698	1,306	2,155
4	2,043	1,571	2,592
5	2,387	1,836	3,030
6	2,732	2,101	3,467
7	3,076	2,366	3,904
8	3,421	2,631	4,341
9	3,766	2,896	4,779
10	4,111	3,161	5,217
Each additional person	+345	+265	+438

The figures in the 165% column are used to determine if an elderly disabled person living with others may claim separate household status even though he purchases or prepares food with the others. The figures in this column are also the income limits for categorically eligible households.

Source: HHSC Texas Works Handbook Section C-121

**Income Deductions**

Standard	\$134 per month (four or less in household) \$153 per month (five in household) \$175 per month (six or more in household)
Shelter	\$367 per month maximum
Dependent Care (per dependent)	\$175 per month, \$200 per month for children <2 years of age
Medical Expenses	Out-of-pocket expenses over \$35 per month
Standard Medical Expense	\$137 (minus \$35)
Homeless Shelter Standard	\$143
Maximum Excess Shelter	\$388
Standard Utility Allowance	\$216
Basic Utility Allowance	\$203
Telephone Standard	\$21



## 5) Medicaid

SSI & TANF beneficiaries receive “regular” Medicaid.

## 6) Long-Term Care Medicaid

Medicaid Single Monthly Income	\$1,737
Medicaid Couple Monthly Income	\$3,474
Protected Resource Minimum Amount	\$19,020
Protected Resource Maximum Amount*	\$95,100
Spousal Monthly Allowance	\$2,377.50
Gift Penalty	\$2,908

\*The Community Spouse can sometimes keep more by applying for an increase. Amounts are effective 1/1/05 unless otherwise stated.

## 7) Texas Department of Aging & Disability Services (DADS) Community Care Programs

<http://www.dads.state.tx.us/services/communitycare/>

(See web site for individual programs)

## 8) Children’s Health Insurance Program (CHIP) (HHSC)

[http://www.hhsc.state.tx.us/chip/reports/042304\\_AssetTestPolicySum.html](http://www.hhsc.state.tx.us/chip/reports/042304_AssetTestPolicySum.html)

**Gross Income Test:** A child is eligible if the budget group's gross monthly income, after rounding down cents, is equal to or less than the 200% of FPL for the budget group's size. All budget groups must pass the gross income test.

**Assets Test:** Budget groups with a gross monthly income greater than 150% of FPL are subject to an assets test. In order to be eligible for CHIP, a budget group with a gross monthly income greater than 150% FPL must own \$5,000.00 or less in countable liquid assets and excess vehicle value combined.

Family Size	Family Income			
	Monthly		Yearly	
1	Up To	\$1,595	Up To	\$19,140
2	Up To	\$2,139	Up To	\$25,668
3	Up To	\$2,682	Up To	\$32,184
4	Up To	\$3,225	Up To	\$38,700
5	Up To	\$3,769	Up To	\$45,228
6	Up To	\$4,312	Up To	\$51,744
7	Up To	\$4,855	Up To	\$58,260
8	Up To	\$5,399	Up To	\$64,788

Source: TexCare web site: <http://www.texcarepartnership.com/CHIP-CHIP-Income-Req-Page.htm>. Figures updated 4/01/2005.

## 9) Texas County Indigent Health Care Program

Texas Department of State Health Services

<http://www.tdh.state.tx.us/cihcp/default.htm#Income%20Standards>

### Minimum Income Standards (April 1, 2005)

Family Size	21% of FPG
1	\$167
2	\$225
3	\$282
4	\$339
5	\$396
Resource Limits	\$2,000 for individuals
	\$3,000 for households with a relative 60+ or disabled

#### *General Eligibility*

(1) The Household consists of those persons living together who have a legal responsibility for each other. Household members who are eligible for Medicaid are excluded from the household when determining IHCP eligibility.

(2) An applicant must live in the county in which he/she applies and the applicant must intend to remain there.

(3) At a minimum, counties are required to cover individuals with countable income equal to or less than 21% of the federal poverty income guidelines (FPG). Counties may choose to expand the income eligibility to a maximum of 50% of the FPG and still qualify for state assistance funds.

## 10) Hill Burton Program

### Services Covered

Each facility chooses which services it will provide at no or reduced cost. The covered services are specified in a notice which is published by the facility and also in a notice provided to all persons seeking services in the facility. Services fully covered by a third-party insurance or a government program are not eligible for Hill-Burton coverage. However, Hill-Burton may cover services not covered by the government programs. Medicare deductible and coinsurance amounts *are not* eligible under the program. However, Medicaid co-payment amounts *are* eligible, except in a long-term care facility. In addition, Medicaid spenddown amounts are also eligible in all Hill-Burton facilities

### Eligibility:

Based on a person's family size and income. Qualifications are based upon the Federal Poverty Guideline Limits. A person may also qualify for free or reduced cost care at some facilities if their income is up to double (or triple for nursing home services) the poverty guidelines.

### The facility may deny request for care if:

1. For non-nursing homes, income is more than the current poverty guidelines, or more than twice the guidelines if specified in the facility's allocation plan. For nursing home services,

income is more than the poverty guidelines, or double or triple the guidelines, if specified in the facility's allocation plan.

2. The facility has given out its required amount of free care as specified in its allocation plan.
3. The services requested or received are not covered in the facility's allocation plan.
4. The services requested or received are to be paid by Medicare/Medicaid, insurance or other financial assistance program.
5. The facility asks to first apply for Medicaid/Medicare or a financial assistance program, and client does not cooperate.
6. Client does not give the facility requested proof of income, such as a pay stub.

### **Texas Hill Burton Facilities**

<b>I.D. # County</b>	<b>Facility Name</b>	<b>Facility Type</b>	<b>Telephone</b>	<b>Address</b>
480349 Travis	Hospice Austin/Christopher House	Nursing Home	512-342-4700	2820 MLK Blvd Austin 78763
480338 Tarrant	Harris Methodist Northwest	General Hospital	817-444-8600	108 Denver Trail Azle 76020
480057 Bosque	Clifton Lutheran Sunset	Nursing Home	254-675-8637	P.O. Box 71 Clifton 76634
480106 El Paso	*R E Thomason General Hospital	General Hospital	915-544-1200	4815 Alameda Ave. El Paso 79905
480122 Tarrant	* Tarrant County Hospital District	General Hospital	817-921-3431	1500 S Main St. Ft. Worth 76104
480125 Galveston	* Edgewater Methodist Retirement Community	Nursing Home	713-763-6437	2228 Seawall Blvd Galveston 77550
480154 Harris	* LBJ General Hospital	General Hospital	713-636-5000	5656 Kelley St Houston 77026
480159 Harris	Riverside	General Hospital	713-526-2441	3204 Ennis Houston 77004
480160 Harris	* Riverside Neighborhood Health Center	Public Health Center	713-284-9600	3315 Delano St Houston 77004
480165 Harris	* Sunnyside Neighborhood	Outpatient	713-734-6699	9340 Cullen Houston 77051
480168 Harris	* West End Health Center	Public Health Center	713-866-4100	190 Heights St Houston 77007
480346 Harris	* Bering Omega Community Services	Outpatient	713-529-6071	1440 Harold Houston 77006

480351 Harris	* Thomas Street Clinic	Outpatient	713-793-4000	2015 Thomas St Houston 77009
480341 Hale	* South Plains Provider Organization	Outpatient	806-293-8561	2801 W 8 <sup>th</sup> St Plainview 70972
480352 Jefferson	* Gulf Coast Health Center	Outpatient	409-983-1161	2548 Memorial Blvd. Port Arthur 77640
480353 Starr	* Community Action Council	Outpatient	956-487-2585	111 Pete Diaz Jr. Ave Rio Grande City 78582
480259 Bexar	Golden Manor Nursing Home	Nursing Home	210-736-4544	130 Spencer Ln San Antonio 78201
480288 Sterling	* Sterling County Nursing Home	Nursing Home	915-378-3201	P.O. Box 46 Sterling City 76951
480354 Uvalde	* Uvalde County Clinic	Outpatient	830-278-7105	201 South Evans St Uvalde 78801
480310 Culberson	Culberson County Hospital District	General Hospital	915-283-2760	P.O. Box 609 Van Horn 79855

\* These facilities are certified under a compliance alternative. Their program names may be free care, charity care, discounted services, or an indigent care program. These programs may have different eligibility and financial criteria.

## 11) Section 8 Rental Assistance

U.S. Department of Housing and Urban Development (HUD)

web site: <http://www.huduser.org/datasets/il/il05/index.html>

Texas Department of Housing and Community Affairs (TDHCA)

web site: [http://www.tdhca.state.tx.us/assist\\_energy.htm](http://www.tdhca.state.tx.us/assist_energy.htm)

Programs: Rental Assistance; Homebuyer Assistance; Home Repair Assistance & Weatherization; Utility Bill Help & Other Assistance; Property tax deferral

## Income Limits - Rental Assistance

Income Limits for Section 8 Programs and Median Family Income information for a given county or a specific State is available in **pdf** format on the U.S. Department of Housing and Urban Development web site: <http://www.huduser.org/datasets/il/il05/index.html>

- FY 2005 Income Limits Briefing Material
- Income Limit Area Definition
- Transmittal Notice of FY 2005 Income Limits for the Public Housing and Section 8 Programs
- Tables for Section 8 Programs (also in MS Word)
- Data for Section 8 Programs
- Transmittal Notice of FY 2005 Income Limits for the Section 221(d)(3) BMIR, Section 235 and Section 236 Programs
- Tables for Section 221(d)(3) BMIR, Section 235 and Section 236 Programs (also in MS Word)

## 12) Legal Services

### Eligibility for Legal Services from LSC and BCLS (125% FPIL)

2005 Poverty Income Guidelines for All States (Except Alaska & Hawaii) and the District of Columbia and 125% of Poverty

Size of Family Unit	100% of Poverty Line	125% of Poverty Line
1	\$ 9,570	\$11,963
2	12,830	16,038
3	16,090	20,113
4	19,350	24,188
5	22,610	28,263
6	25,870	32,338
7	29,130	36,413
8	32,390	40,488

For family units with more than 8 members, add \$4,075 for each additional member in measuring 125%.

### **13) Crime Victims' Compensation**

#### **Eligibility:**

The following persons are able to qualify for crime victim's compensation: an innocent victim of crime who suffers physical harm, emotional harm, or death including a person who legally assumes the obligations or voluntarily pays certain expenses related to the crime on behalf of the victim, a dependent of a victim, a victim's personal representative, an immediate family member or household members related by blood or marriage who require psychiatric care or counseling as a result of the crime, a person who goes to the aid of a victim, and a person whose employment includes protecting the public. Covered crimes are those that involve criminally injurious conduct. Criminally injurious conduct is defined as conduct that occurs or is attempted, that poses a substantial threat of personal injury or death, and is or would be punishable by fine or imprisonment or death. Covered crimes include sex offenses, kidnapping, aggravated robbery, assault, arson, homicide, DWI, manslaughter, and other violent crimes.

To qualify for compensation, the crime must have happened in Texas to a Texas resident or to a U.S. resident, or the victim must be a Texas resident who became a victim in another state or country that does not have crime victim's compensation for which the victim would be eligible. The crime must be reported to law enforcement authorities within a reasonable time, and the victim must cooperate in any investigation of the crime.

#### **Time Limits:**

An application for compensation must be filed within three (3) years of the crime; however, the time limit may be extended for good cause.

#### **Reduction or Denial of Benefits:**

Benefits can be reduced or denied if a victim fails to cooperate with law enforcement in the investigation or prosecution of the crime or if the victim's own conduct contributed to the crime. Benefits must be denied if the victim knowingly or willingly participated in the crime, if the victim is the offender or an accomplice, if at the time of the crime the victim was incarcerated or on parole or on probation for a felony involving injurious conduct, or if the victim gives false or forged information to the Attorney General.

#### **Eligible Expenses:**

A victim can receive compensation for the following expenses related to the crime: medical expenses, hospital expenses, physical therapy, nursing care, psychiatric care, counseling, lost wages, loss of support, wages lost due to participation in the investigation or prosecution or court hearings, travel, child care, funeral and burial expenses, crime scene clean-up, replacement costs for property rendered unusable as a result of the crime or investigation, reasonable attorneys fees for assistance in filing the claim and obtaining benefits, lost wages and travel more than 20 miles one way to seek medical treatment, one time relocation for victims of domestic violence and sexual assault victims who were attacked in their residence. If a victim has suffered catastrophic injuries resulting in total and permanent disability, the victim may be eligible for additional benefits for vocational rehabilitation, making a home or car accessible, home health care, training in the use of special appliances, and reimbursement of lost wages. Most reimbursable expenses are subject to limits as shown on the following table.

### CRIME VICTIMS' COMPENSATION LIMITS

<b>DESCRIPTION</b>	<b>BENEFITS CAP</b>
Covered crime related expenses (crime committed after 9/1/97)	\$50,000
Additional compensation for catastrophic injuries(crime committed after 9/1/01)	\$75,000
Additional compensation for catastrophic injuries(crime committed 9/2/97 - 9/1/01)	\$50,000
Covered crime related expenses (crime committed before 9/1/97)	\$25,000
Additional compensation for catastrophic injuries(crime committed before 9/1/97)	\$25,000
Medical & hospital bills	no additional caps
Outpatient psychiatric care/counseling	\$3000
Inpatient psychiatric care	30 days at \$600 per day
Child or dependent care	\$100 per week
Crime scene clean-up	\$750
Replacement of evidence seized	\$750
Attorneys fees	lesser of \$300 or 25% amount awarded
Funeral and burial expenses	\$4500
Transportation of corpse	No additional caps
Lost wages/lost support	\$500 per week
Relocation	\$2000
Rental Expenses	\$1800

**14) Eligibility for Crime Victim Civil Legal Services:**

Persons are able to qualify for low-income legal services with regard to a crime if (1) the person meets the above listed Crime Victims' Compensation eligibility requirements, and (2) the person is a member of a household with a countable income below 187.5% for the federal poverty income guideline (FPG).

CVCLS Financial Eligibility Guidelines  
(187½ % of Poverty)

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$17,944	\$1,500	\$345
2	24,056	2,005	463
3	30,169	2,514	580
4	36,281	3,023	698
5	42,394	3,533	815
6	48,506	4,042	933
7	54,619	4,552	1,050
8	60,731	5,061	1,168

For each additional person in the household, add:

\$6,113	\$509	\$118
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**15) Social Security Disability Benefits**

Substantial Gainful Activity (SGA)	\$830 per month
Statutorily Blind Beneficiary	\$1,380 per month
Trial Work Period	\$590 per month
Tax Rate for Employer and Employee	7.65% each
Tax Rate for Self-Employed	15.30%
Maximum Annual Income Subject to Social Security Tax	\$90,000
Quarter of Coverage	\$920 = one quarter of coverage
Estimated Average Monthly Benefits for Disabled Workers	\$895



### 16) Social Security Retirement and Survivor Benefits

Tax Rate for Employee and Employer	*7.65 % each
Tax Rate for Self-Employed	15.30%
Maximum Annual Income Subject to Social Security Tax	\$90,000
Quarter of Coverage	\$920 per quarter
Maximum Earnings Age 65+	Repealed, all earnings exempt
Maximum Earnings per Year under Age 65 (in 2005)	± \$ 31,800 per year
Maximum Earnings Aged <65	‡ \$ 12,000 per year
Maximum Benefit for Worker who Retired at Full Retirement Age in 2004 with Maximum Earning History	\$1,939 per month
Average monthly benefit	\$955 per month
SSA/SSI COLA (cost of living adjustment)	2.7%

\* 6.2% pays for SS benefits and 1.45% finances Medicare's hospital insurance program.  
 ± Applies only to earning for months prior to attaining age 65. \$1 in benefits will be withheld for every \$3 in earnings above limit. There is no limit beginning the month individual attains age 65.

‡ \$1 in benefits withheld for every \$2 in earnings above the limit  
 Amounts are effective for calendar year 2005.

### 17) Railroad Retirement Benefits

Tier I Tax rate for employee and employer	7.65 % each*
Tier II Tax rate for employee	4.90%
Tier II Tax rate for employer	13.10%
Tier I Maximum annual income subject to tax	\$90,000
Tier II Maximum annual income subject to tax	\$66,900
Retirement test exempt earnings limit ages 65-69	All earnings exempt, retroactive to 1/1/2000
Retirement test exempt earnings limit <65	\$12,000 per year or \$1000 per month

\* 6.2% pays for SS benefits and 1.45% finances Medicare's hospital insurance program  
 Amounts are effective for calendar year 2005.

### 18) Medicare

Part A Monthly Premium (for persons with fewer than 30 quarters)	\$375 \$206
Part A Monthly Premium (for persons with 30-39 quarters)	
Part B Monthly Premium	\$78.20
Skilled Nursing Facility Copayment, days 21-100	\$114
Hospital Stay Deductible, per spell of illness	\$912
Hospital Copayment, days 61-90	\$228
Hospital Copayment, days 91-150 (lifetime reserve days)	\$456
Part B (Medical) Annual Deductible	\$110
Part B Coinsurance	20% of approved charge

“Starting in May, Medicare beneficiaries, except for those who have Medicaid drug coverage, will have the opportunity to enroll in a Medicare-approved prescription drug discount card, which will help to lower their prescription drug costs. Beginning in June, 2004, the discount cards will provide discounts off the regular cash price of prescription drugs. The cards are primarily intended for individuals without outpatient prescription drug insurance. The discount card program is not intended to be a prescription drug benefit, but rather a discount card program to help people until the Medicare drug benefit takes effect on January 1, 2006.

In addition, beginning in June 2004, Medicare will provide \$600 in 2004 and up to an additional \$600 in 2005 to Medicare beneficiaries whose incomes are not more than 135 percent of the poverty line (\$12,123 for single individuals or \$16,362 for married individuals in 2003 - these income levels will vary slightly for subsequent years) if they do not have certain other drug coverage. These funds will be provided through the Medicare-approved drug discount card in which the beneficiary enrolls. When applying the \$600 toward prescription drug purchases, beneficiaries at or below 100 percent of poverty will pay 5 percent coinsurance and beneficiaries above 100 percent of poverty will pay a 10 percent coinsurance. Since, on average, Medicare beneficiaries without prescription drug insurance would otherwise pay about \$1,400 in 2004, the discounts and \$600 in assistance, which many of them will be eligible for, will be of substantial help.”

Source: C.M.S. web site: <http://www.cms.hhs.gov/discountdrugs/overview.asp>

### 19) Medicare Savings Programs (Medicaid)

QMB individual max income (includes \$20 income disregard)	\$818*
QMB couple max income (includes \$20 income disregard)	\$1,090*
SLMB individual max income (includes \$20 income disregard)	\$977*
SLMB couple max income (includes \$20 income disregard)	\$1,303*
QDWI individual max income (includes \$20 income disregard)	\$1,615* †
QDWI couple max income (includes \$20 income disregard)	\$2,159* †
QI-1 individual max income (includes \$20 income disregard)	>\$1,097*
QI-1 couple max income (includes \$20 income disregard)	>\$1,458*
Individual resource limits for QMB, SLMB, QDWI, QI-1	\$4,000
Couple resource limits for QMB, SLMB, QDWI, QI-1	\$6,000

Medicare premiums and copayments effective for calendar year 2005.

\*These amounts are effective until April 1, 2006 when new Federal Poverty Guidelines are issued.

† Include additional earned income disregards.

1. QMB pays the Medicare Part A and B premiums, deductibles, and coinsurance for eligible individuals. Individuals may qualify for additional Medicaid programs. There is no prior coverage.
2. SLMB pays the Medicare Part B premium. Individuals may qualify for additional Medicaid programs and/or prior months coverage.
3. QDWI pays Medicare Part A premiums for disabled working individuals, who must not receive other Medicaid services.

QI-1 pays the Medicare Part B premium. Individuals must not receive other Medicaid services, and may qualify for prior months coverage during the same calendar year.

**20) Workers' Compensation**

Texas Workers' Compensation: See the Texas Workers' Compensation Commission web site:  
<http://www.twcc.state.tx.us>

**21) Unemployment Compensation**

Texas Unemployment Compensation: See the Texas Workforce Commission web site:  
<http://www.twc.state.tx.us>

**22) Earned Income Credit**

See the U.S. Internal Revenue Service web site:  
<http://www.irs.gov/individuals/article/0,,id=96456,00.html>

**23) Veterans Benefits****Veterans Improved Disability Pension (Nonservice-Connected Pension)**

<i>Regular Benefits - Veteran</i>	<i>Annual Amount</i>
Single veteran	\$10,162
With dependents	\$13,309
Each added dependent	\$1,734
2 vets married to each other	\$13,309
<i>Regular Benefits - Survivors</i>	
Surviving spouse	\$6,814
With 1 child	\$8,921
Each added child	\$1,734
<i>Benefits plus Aid and Attendance Allowance - Veteran</i>	
Single veteran	\$16,955
With 1 dependent	\$20,099
Each added dependent	\$1,734
<i>Benefits Plus Aid and Attendance Allowance - Survivors</i>	
Surviving spouse	\$10,893
With 1 child	\$12,996
Each added child	\$1,734
<i>Benefits plus Housebound Allowance - Veteran</i>	
Single veteran	\$12,419
With 1 dependent	\$15,566
Each added dependent	\$1,734
<i>Benefits plus Housebound Allowance - Survivors</i>	
Surviving spouse	\$8,328
With 1 child	\$10,432
Each added child	\$1,734
Child earned income exclusion	\$7,950 (effective 1/1/05)

**Amounts stated are for 2005 calculated by applying the COLA.**

## Disability Compensation — 2005 Rates

10 percent	\$108	60 percent	\$839
20 percent	\$210	70 percent	\$1,056
30 percent	\$324	80 percent	\$1,227
40 percent	\$466	90 percent	\$1,380
50 percent	\$ 663	100 percent	\$2,299

\*Veterans whose service-connected disabilities are rated at 30 percent or more are entitled to additional allowances for dependents. Depending upon the disability rating of the veteran, monthly allowances for a spouse range from \$39 to \$94 and for a dependent child, \$26 to \$88. Additional amounts are provided for each additional child.

### Other Major Factors Affecting Payment Levels

Adjustments to rates are based on a number of factors in addition to dependents. Among factors that can have a significant effect on amounts are:

- Veterans with severe service-connected disabilities such as loss of limbs may receive compensation in excess of the 100 percent disability rate;
- Additional allowances may be made for veterans requiring aides, such as bedridden individuals who need assistance with eating, bathing or certain other activities of daily living. This adjustment often is referred to as "aid and attendance.";
- Veterans whose service-connected disability renders them unable to maintain gainful employment may meet criteria for allowances at the 100 percent compensation rate under a program called "individual unemployability." A veteran with a single service-connected disability may be eligible if the veteran's disability is rated at 60 percent or more. A veteran with multiple disabilities may be eligible if the veteran has a combined rating of 70 percent or more and at least one of the disabilities individually is rated 40 percent or higher.

### Other Facts

- Disability compensation for veterans is not subject to federal or state income tax. About 80 percent of veterans receive their VA benefits by direct deposit, which VA recommends for security reasons.
- Veterans are rated at increments of 10 percent reflecting degree of disability. As federal regulations summarize the underlying principle, "The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions."
- Where a veteran has more than one disability, the percentages are not added together to produce a new, overall rating. Instead, a formula described in federal regulations calculates the overall rating.
- A veteran may be rated at zero percent, meaning there is evidence of the service-connected condition, but it does not impair the veteran. An example is a minor scar. This zero percent

rating, though not compensable, is beneficial, since it raises the veteran's priority in other VA programs and it may be reviewed for a higher rating if the condition worsens.

## **Services Covered Under the VA Medical Benefits Package**

### **Basic care**

1. Outpatient medical, surgical, and mental health care, including care for substance abuse.
2. Inpatient hospital, medical, surgical, and mental health care, including care for substance abuse.
3. Prescription drugs, including over-the-counter drugs and medical and surgical supplies available under the VA national formulary system.
4. Emergency care in VA facilities.
5. Emergency care in non-VA facilities in certain conditions: This benefit is a safety net for veterans requiring emergency care for a service connected disability or enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify for payment or reimbursement for non-VA emergency care service for a service-connected disability, you must meet all of the following criteria:
  - It must be for a Medical Emergency.
  - Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.
  - The emergency was for a service-connected disability.

*To qualify for payment or reimbursement for non-VA emergency care services for a nonservice-connected condition, patients must meet all of the following criteria:*

- Enrolled in the VA Health Care System.
- Provided care by a VA clinician or provider within the last 24 months.
- Provided care in a hospital emergency department or similar facility providing emergency care.
- No other form of health insurance.
- No coverage under Medicare, Medicaid, or a state program.
- No coverage under any other VA programs.
- Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.
- A reasonable layperson would judge that any delay in medical attention would endanger health or life.
- Financial liability to the provider of the emergency treatment for that treatment.
- No other contractual or legal recourse against a third party that will pay all or part of the bill.

6. Bereavement counseling.
7. Comprehensive rehabilitative services other than vocational services.
8. Consultation, professional counseling, training, and mental health services for the members of the immediate family or legal guardian of the veteran.
9. Durable medical equipment and prosthetic and orthotic devices, including eyeglasses and hearing aids.
10. Home health services.
11. Reconstructive (plastic) surgery required as a result of a disease or trauma but not including cosmetic surgery that is not medically necessary.
12. Respite, hospice, and palliative care.
13. Payment of travel and travel expenses for eligible veterans.
  - A veteran or other person traveling in connection with treatment for a service-connected disability (irrespective of percent of disability).
  - A veteran with a service-connected disability rated at 50 percent or more, for treatment of any condition.
  - A veteran receiving VA pension benefits.
  - A veteran whose annual income does not exceed the maximum annual rate of pension, which would be payable if the veteran were eligible for pension, or who is unable to defray the expenses of travel.
14. Pregnancy and delivery service, to the extent authorized by law.
15. Completion of forms.

This coverage includes completion of forms such as Family Medical Leave forms, life insurance applications, Department of Education forms for loan repayment exemptions based on disability, and non-VA disability program forms by health care professionals based on an examination or knowledge of the veteran's condition. This does not include the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA.

### **Preventive care**

1. Periodic medical exams.
2. Health education, including nutrition education.
3. Maintenance of drug-use profiles, drug monitoring, and drug use education.
4. Mental health and substance abuse preventive services.