The following information is given as a guideline only. For Medicaid eligibility to be determined, an application must be filed with the local department of social services in your locality.

The Medicaid Special Low-Income Medicare Beneficiary (SLMB) program is also known as a “Medicare Savings Program.” Medicaid SLMB could help you if you have Medicare Part A and have income too high to be eligible for full Medicaid or limited coverage as a Qualified Medicare Beneficiary (QMB). (See Medicaid Fact Sheet #11 for an explanation of the QMB program.)

If you qualify for the SLMB program, Medicaid will only pay your monthly Medicare Medical Insurance (Part B) premium. Medicare Part B helps pay for the services of doctors, other health care providers, and some medical services and supplies not covered by Part A. The monthly standard premium for 2021 is $148.50. Depending on when you were enrolled in Medicare, your premium may be different.

Generally, to qualify for the SLMB program you must:

- Be entitled to Medicare Part A.
- Have countable income between 100% and 120% of the federal poverty guidelines. Income includes Social Security benefits, pensions, wages, interest, dividends, etc. Your countable income must be more than $1,074 per month for one person, but less than $1,288. If you are married and your spouse's income is counted, the limit is more than $1,452 but less than $1,742 per month. If your income is higher, you may be eligible for another Medicare Savings Program.
- Have countable resources of not more than $7,860 for one person or $11,800 for a couple. Resources are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.) stocks, bonds, cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you only have a life interest, and personal jewelry are not counted as resources.

If you are eligible for the Medicaid SLMB program, Medicaid will only pay your Medicare Part B premium and you will not receive a Medicaid card. You must still pay for other Medicare coinsurance and deductibles. You will also be eligible for Extra Help with your Medicare Part D prescription drug premium, deductible and copays.

If all eligibility factors are met in the month you apply for SLMB, eligibility for this program will begin the first day of the application month and you may be entitled to a three month retroactive determination. All resources and income must be verified as well as certain non-financial criteria.

You can file an application for Medicaid online at www.commonhelp.virginia.gov. Applications are also available online at http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi, and can be completed and mailed/faxed/ or dropped off to the local department of social services. You can also request a Medicaid application be mailed to you.
You can find the address and phone number for your local DSS at http://www.dss.virginia.gov/localagency/. You do not need to visit the office to file an application.

An annual review is completed every 12 months and a renewal form will be sent to you or you can complete your renewal online at www.commonhelp.virginia.gov. If you do not return your renewal by the due date, your case may be closed and you may experience a break in the state paying your Medicare premium. If three months have passed from the date your case was closed for not completing a renewal, you will be required to reapply.

If you have questions or need assistance in completing your Medicaid application, contact your local department of social services.
MEDICAID FACT SHEET #12  SPECIAL LOW-INCOME MEDICARE BENEFICIARY

FORM NUMBER - D032-03-0840-40-eng (01/19)

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding this limited coverage.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.