KanCare Clearinghouse P.O. Box 3599

> Topeka, KS 66601-9738 Fax: 1-844-264-6285

## **WORKING HEALTHY AND PREMIUM INFORMATION**

## PLEASE READ - INFORMATION ABOUT THE WORKING HEALTHY PROGRAM AND PREMIUMS

Working Healthy is a Medicaid program that provides healthcare coverage for people with disabilities. It does not cover other family members. To qualify, a person:

- Must have a disability determined by Social Security;
- Must be at least 16 years of age but no older than 64;
- Must have total household income less than 300% of the Federal Poverty Level;
- Must not be receiving Home and Community Based Services or living in a nursing facility;
- Must have resources that are less than \$15,000.

We charge a monthly premium for Working Healthy when adjusted net income is over 100% of the federal poverty level. The premium ranges are listed below.

## **WORKING HEALTHY PREMIUM LEVELS**

1 Person Household		2 -3 Person Household	
Net Income	Monthly premium	Net Income	Monthly Premium
0 - 1074	0	0 - 1452	0
\$1074.01 – 1342	\$55	\$1452.01 – 1815	\$74
\$1342.01 – 1610	\$69	\$1815.01 – 2178	\$93
\$1610.01 – 1879	\$83	\$2178.01 – 2541	\$112
\$1879.01 – 2147	\$97	\$2541.01 – 2904	\$130
\$2147.01 – 2415	\$110	\$2904.01 - 3267	\$149
\$2415.01 – 2684	\$124	\$3267.01 – 3630	\$168
\$2684.01 - 2952	\$138	\$3630.01 – 3993	\$186
\$2952.01 - 3220	\$152	\$3993.01 – 4355	\$205
3 person Household ONLY level		\$4355.01 - \$5490	\$205

To find out your income for the program, use the following steps (Note: Use Monthly Amounts!) If you're single:

- Step 1: Add up your gross earnings (amount before taxes). Divide the total by 2.
- Step 2: Add this amount to your monthly unearned income (like Social Security or VA)
- Step 3: Match the total to the amounts in the chart above.

If you are single and over 18, use the "1 Person Household" column.

If you are living with a spouse:

His or her income must also count towards the total net income.

- Step 1: Do step 1 and step 2 above for his or her income also.
- Step 2: Add this amount to your net income.
- Step 3: Match the total to the amounts in the chart above.

If you are living with a spouse, use the "2 Person Household" column.

If you are 16 or 17 and living with parents, use the "3 Person Household" column.

If your income shows you may have a premium, please see the back of this letter for more information. If you think you might qualify, turn in an application to KanCare for a full determination.

1 ES-3165

NAME:		
PREMIUMS FOR MEDICAL COVERAGE		
f your income shows you may have a premium for Working Healthy, you must know more about your covera Please review this information carefully. Then, tell us your choices by completing, signing and returning the for KanCare.		ions.
COVERAGE PERIODS		
A premium must be paid for each month you get Working Healthy coverage. If you qualify, coverage begins in the future.	n the r	nonth
Prior Coverage: We also offer prior medical coverage for the three prior months. Accepting prior coverage vertical card for these months, but you may have to pay a premium for each month. Your medical card can be expenses incurred in these months and will usually cover your Medicare Part B premium. People on Working get Medicare Part D Subsidy. To help you decide to ask for prior medical coverage, look at unpaid medical be months. If medical costs are more than your premium charge, it is wise to explore this option. Some people a deligible for prior coverage and do not have the option.	e used Health ills for	d for ny also
PREMIUM PAYMENTS		
When you are first approved for coverage, we will send you a single premium bill. The bill will include severa premiums. You should be prepared to pay this bill.	l month	ns of
Example: You apply in June for prior medical and current coverage. We process your case in July. The prior covers March, April and May. Your income shows a premium of \$55.00/month since March. If you select prio you will be billed for all three months, plus June and July. You will have an initial bill of \$275.00 and future bil \$55.00/month. You will also get a medical card for these months.	r cove	
Once you are enrolled in Working Healthy, you must pay the premium for each month of Working Healthy co us the amount you are willing to pay by completing the following chart:	verage	e. Tell
1st Prior Month       Estimated Premium       I will pay this premium:         2nd Prior Month       Estimated Premium       I will pay this premium:         3rd Prior Month       Estimated Premium       I will pay this premium:         Application Month       Estimated Premium       I will pay this premium:         2nd Month       Estimated Premium       I will pay this premium:         What month do you want Working Healthy to begin:		No No No No
Signature:Date:		
Please return this form to your Working Healthy Benefits Specialist within 12 days:  Your Benefits Specialist:		
Address		

If you have additional questions, we want to help you!