KanCare Clearinghouse
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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 225% of the federal poverty level for an individual or 2-person household or 178% for a 3-person household. 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 – 2824	$0	$0 – 3833	$0
$2824.01 – 3138	$124	$3833.01 - 4259	$168
$3138.01 – 3452	$138	$4259.01 – 4685	$186
$3452.01 – 3765	$152	$4685.01 – 45110	$205
3 Person Household ONLY level		**$5110.01 – 6455**	**$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).
Step 2: Subtract $65.00 from the total gross earnings. Then divide the total by 2.
Step 3: Add this amount to your monthly unearned income (like Social Security or VA)
Step 4: 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, continue with steps 5-7:
Your spouse's income must also count towards the total net income.

Step 5: Complete steps 1 – 3 above for your spouse's income also.
Step 6: Add this amount to your net income.
Step 7: 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.

ES-3165
04-24

NAME: _____

PREMIUMS FOR MEDICAL COVERAGE

If your income shows you may have a premium for Working Healthy, you must know more about your coverage options. Please review this information carefully. Then, tell us your choices by completing, signing and returning the form to KanCare.

COVERAGE PERIODS

A premium must be paid for each month you get Working Healthy coverage. If you qualify, coverage begins in the month of application. Tell us if you want coverage to start in the future.

Prior Coverage: We also offer prior medical coverage for the three prior months. Accepting prior coverage will give you a medical card for these months, but you may have to pay a premium for each month. Your medical card can be used for expenses incurred in these months and will usually cover your Medicare Part B premium. People on Working Healthy also get Medicare Part D Subsidy. To help you decide to ask for prior medical coverage, look at unpaid medical bills for these months. If medical costs are more than your premium charge, it is wise to explore this option. Some people are not eligible for prior coverage and do not have the option.

PREMIUM PAYMENTS

When you are first approved for coverage, we will send you a single premium bill. The bill will include several months of premiums. You should be prepared to pay this bill.

Example: You apply in June for prior medical and current coverage. We process your case in July. The prior period covers March, April and May. Your income shows a premium of $124.00/month since March. If you select prior coverage, you will be billed for all three months, plus June and July. You will have an initial bill of $620.00 and future bills of $124.00/month. You will also get a medical card for these months.

Once you are enrolled in Working Healthy, you must pay the premium for each month of Working Healthy coverage. Tell us the amount you are willing to pay by completing the following chart:

1st Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
2nd Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
3rd Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
Application Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
2nd Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No

What month do you want Working Healthy to begin: _____

Signature: _____Date: _____

Please return this form to your Working Healthy Benefits Specialist within 12 days:

Your Benefits Specialist:_____ Phone: _____

Address _____

_____

_____

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