



Funding provided by the  
Texas Health & Human Services



TEXAS  
Health and Human  
Services



TEXAS  
Health and Human  
Services



2-1-1 Texas is a program of the Texas Health and Human  
Services in Collaboration with Golden Crescent Regional  
Planning Commission

**1908 N. Laurent, Suite 600  
Victoria, TX 77901**

**361-578-1587, ex 215 \* 1-800-252-9240**

**FAX 361-578-8865, or dial 2-1-1**

**Website: <http://www.gcrpc.org/> chereeb@gcrpc.org**

---

***Serving Calhoun, Dewitt, Goliad, Gonzales, Jackson, Lavaca and Victoria Counties***

---

This is information about the programs that help Medicare Beneficiaries pay for their premiums, deductibles and co-pays. These are the 2019 income and resource limits for each program. If you are interested in applying you may go directly to the websites as indicated or our Benefits Counselor can help you. Call (361) 578-1587 ext. 215 or 1-800-252-9240. Income limits are based on gross monthly income amounts prior to premium deductions. Resources are money in the bank, savings, retirement, annuities, CD's and land other than homestead.

**QMB:** pays the Part A deductible \$1364 and the Part B premium \$135.50 for new beneficiaries, deductible \$185 and coinsurance

[www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)

INDIVIDUAL MONTHLY INCOME= \$1061

INDIVIDUAL RESOURCE LIMIT= \$7730

COUPLE MONTHLY INCOME LIMIT=\$1430

COUPLE RESOURCE LIMIT=\$11,600

**SLMB:** pays the Part B premium

[www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)

INDIVIDUAL MONTHLY INCOME = \$1269

INDIVIDUAL RESOURCE LIMIT=\$7730

COUPLE MONTHLY INCOME=\$1711

COUPLE RESOURCE LIMIT=\$11,600

**QI-1:** pays the Part B premium

[www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)

INDIVIDUAL MONTHLY INCOME LIMIT =\$1426

INDIVIDUAL RESOURCE LIMIT=\$7730

COUPLE MONTHLY INCOME LIMIT=\$1923

COUPLE RESOURCE LIMIT=\$11,600

**EXTRA HELP:** For the Medicare Prescription Drug Program-pays premiums, deductibles and offers reduced co-payments at the pharmacy.

[www.ssa.gov/prescriptionhelp](http://www.ssa.gov/prescriptionhelp)

INDIVIDUAL MONTHLY INCOME LIMIT=\$1581

INDIVIDUAL RESOURCE LIMIT=\$14,390

COUPLE MONTHLY INCOME LIMIT=\$2134

COUPLE RESOURCE LIMIT=\$28,720

Revised 02/19/2019

*This document was developed or produced by the Golden Crescent Area Agency on Aging/Aging & Disability Resource Center with financial assistance, in whole or in part, through funds from the Administration for Community Living.*

**INCOME AND RESOURCE LIMITS FOR TEXAS HEALTH & HUMAN SERVICES  
LONG TERM CARE SERVICES AND SUPPORTS FUNDED BY MEDICAID.**

TO APPLY CALL 211, OR ONLINE @ [WWW.YOURTEXASBENEFITS.COM](http://WWW.YOURTEXASBENEFITS.COM) OR CALL 1-888-902-9990. APPLICATION ASSISTANCE IS AVAILABLE AT THE GOLDEN CRESCENT AREA AGENCY ON AGING 1-800-252-9240

<b>SERVICE TYPE</b>	<b>INDIVIDUAL INCOME LIMITS</b>	<b>INDIVIDUAL RESOURCE LIMITS</b>	<b>COUPLE INCOME LIMITS</b>	<b>COUPLE RESOURCE LIMITS</b>
<i>COMMUNITY CARE FOR AGED AND DISABLED (CCAD)</i>	\$2,205	\$5,000	\$4,410	\$6,000
<i>COMMUNITY ATTENDANT SERVICES AND STAR+PLUS WAIVER</i>	\$2,205	\$2,000	\$4,410	\$3,000
<i>COMMUNITY LIVING ASSISTANCE AND SUPPORT SERVICES (CLASS)</i>	\$2,205	\$2,000	\$4,410	\$3,000
<i>MEDICAID BUY-IN (MBI)</i>	\$2,475	\$2,000		\$3,000

**This appendix appears in the following handbooks:**

Case Manager Community Care for Aged and Disabled Handbook (CM-CCAD): Appendix XI

Case Manager In-Home and Family Support Program Handbook (CM-IHFSP): Appendix II

Case Manager Medically Dependent Children Program (CM-MDCP): Appendix VII

STAR+PLUS Handbook (SPH): Appendix VIII

Revised 02/19/2019

*This document was developed or produced by the Golden Crescent Area Agency on Aging/Aging & Disability Resource Center with financial assistance, in whole or in part, through funds from the Administration for Community Living.*