# Cardinal Care Fact Sheet: Medicare Savings Programs

Through the Medicare Savings Programs (MSP), Medicaid pays the cost of certain Medicare expenses for individuals income and/or resources too high for full Medicaid.

There are three MSP groups, Qualified Medicare Beneficiary (QMB), Special Low-income Medicare Beneficiary (SLMB) and Qualified Individual (QI). Non-financial eligibility rules and the resource limits are the same for all groups, but the income limits and coverage levels vary.

## Eligibility Rules

Medicaid eligibility is determined using both non-financial and financial requirements. Certain rules apply to all covered groups (ex: being a VA resident) while others vary by group (ex: income limits or pregnancy status). Applicants must also agree to all rights and responsibilities listed on the application.

*See the [Virginia Medical Assistance Eligibility Manual](dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/) (dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/) for all eligibility requirements.*

### Non-Financial Eligibility Rules

- Be entitled to Medicare Part A
- Be a U.S. citizen or meet Medicaid immigration status requirements
- Have a Social Security Number (SSN), have applied for an SSN, or meet an exception.

### Financial Eligibility Rules

**Income:** MSP income limits are based on the federal poverty limit (FPL) and are adjusted each year. Income includes Social Security benefits, pensions, wages, interest, dividends, and other forms of earned and unearned income. The income of both spouses is counted.

| Household Size | QMB<br>Up to 100% FPL | SLMB<br>From 100% to 120% FPL | QI<br>From 120% to 135% FPL |
|---|---|---|---|
| 1 | $1,325 | $1,585 | $1,781 |
| 2 | $1,783 | $2,135 | $2,400 |

**Resources:** Countable resources include, but are not limited to, bank accounts (checking, savings, certificates of deposit, Christmas club), stocks, bonds, cash value of some life insurance policies, and property that does not adjoin the home.

The home and adjoining property, one automobile, burial plots, home furnishings, property in which the person has only a life interest, and personal jewelry are not counted as resources.

| Household size | Resource Limit |
|---|---|
| 1 | $9,660 |
| 2 | $14,470 |

## Coverage Details

**QMB:** Medicaid pays the Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) premiums and Part A and Part B cost-sharing**.** QMB coverage begins the 1$^{st}$ of the month following the month the application is processed. QMB coverage cannot be retroactive.

**SLMB & QI:** Medicaid pays the Medicare Part B premiums. SLMB and QI coverage begin the first of the month that the application was submitted. It can be approved up to 3 months prior to the application month if the person was eligible during those months.

**All individuals enrolled in an MSP are also automatically enrolled in the federal Medicare Extra Help Program.** Extra Help pays the Medicare Part D (prescription drug) premiums and lowers prescription drug deductibles and copays.

*Members must pay for Medicare coinsurance and deductibles not covered by their MSP.*

### Medicare Costs

Medicare Part A pays for things such as hospital and skilled nursing facility care. Most people are entitled to Part A for free based on their or their spouse's work history (generally 10 years). The premium for those without the required work history is $285 or $518 (2025), depending on the work history on record with the Social Security Administration. The 2025 Part A deductible is $1,676. Part A cost-sharing varies by the type of service, type of facility in which the service is received and the duration of the stay.

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 Part B premium in 2025 is $185.00. Depending on when you were enrolled in Medicare, your premium may be different. The 2025 Part B deductible is $257 and standard Part B coinsurance 20% of the approved Medicare rate for a service.

## Application & Ongoing Eligibility Reviews

### Application

Applications can be submitted at any time:

- Online at **www.commonhelp.virginia.gov**.
- Over the phone with the Cover Virginia Call Center Monday through Friday, 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at 1-855-242-8282 (TDD: 1-888-221-1590).
- By mail to:
    Cardinal Care Correspondence Center
    P.O. Box 1820
    Richmond, VA 23218
- By fax or in-person to the local Department of Social Services (LDSS)

Application forms can be downloaded from **www.coverva.dmas.virginia.gov/apply/applications/** or requested at the LDSS.

Individuals enrolled in QMB receive a Medicaid Card, those enrolled in SLMB and QI do not receive a Medicaid Card.

**Renewal**

Eligibility is reviewed on a regular basis, including when changes are reported and during the periodic renewal process. Changes that may impact your eligibility, such as an increase or decrease in income, must be reported within 10 days.

During the renewal process, the state will try to renew your coverage using information in your case and available to the state through electronic sources. A renewal form will be sent to you if additional information is needed to determine your continued eligibility. It is important that you return the completed renewal form and all requested information or your coverage may be ended. *If your coverage is closed, the state will stop paying your Medicare premium.*

Renewals can be completed online at **www.commonhelp.virginia.gov,** by calling Cover Virginia at 1-855-242-8282, or by returning the completed form to the Cardinal Care Correspondence Center or your LDSS.

## Have More Questions?

For questions, additional help, or language assistance services or large-print, Medicaid and FAMIS members are encouraged to call Cover Virginia at 855-242-8282 (TDD: 1-888-221-1590).