

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Office of Medicaid  
www.mass.gov/masshealth

EDMC  
P.O. BOX 4405  
TAUNTON MA 02780-0968

Tel: (800) 841-2900  
TTY: (800) 497-4648  
Fax: (857) 323-8300

Medicaid ID : [REDACTED]

520/APPR \*000254\*  
[REDACTED]

Attn: [REDACTED] Re: Notice sent to [REDACTED]

Date: 11/29/2023 Notice: [REDACTED] SSN: [REDACTED]

Dear [REDACTED]

MassHealth has decided that the following members of your family can get benefits.

Name SSN/DOB Medicaid ID	Coverage Type	Benefit Effective Date	Other
[REDACTED]	Senior Buy In	01/01/2023	

**What You Are Eligible For**

Under MassHealth Senior Buy-In, we will pay the Medicare Part A and Part B premiums, deductibles, and coinsurance for each eligible member of your family.

**How Your Premium Will Get Paid**

We will notify Medicare that you are eligible for this payment.

If your Part B premium is being deducted from your social security or retirement check, your benefit will be adjusted so that your Medicare premium is no longer being deducted.

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If you are not yet paying for Part B or if you are paying your Part B premium in some other way, such as getting a quarterly bill, MassHealth will start paying this bill for you.

**When Your Premium Payment Will Begin**

It will take several months to adjust your check or your bill if you have been paying your premium. However, Medicare will give you a refund for the amount you have paid for your Part B premiums back to the benefit effective date listed above. You will get this refund in the same way as you now get your social security or retirement - either through a check or direct deposit to your bank account.

You have more countable income than MassHealth Standard or Limited benefits allow. You have a deductible of \$10,236. The deductible period is 11/29/2023 to 06/01/2024. If you meet your deductible, you may be able to get your benefits by sending us bills for medical services you got before or during the deductible period. The bills may be for you or your family members, and must add up to or be more than the deductible amount. The calculation page at the end of this notice shows how we counted your income. 130 CMR 520.002 520.028

The Health Safety Net may pay for services from a hospital or community health center that are not covered by a MassHealth program. You may be charged copays and deductibles. For more information, call 1-877-910-2100.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the Request for a Fair Hearing page of this notice.

How We Counted Your Income

Unearned Income:

Unearned Income		2,248.00	
UIN Disregard	20.00	-20.00	
		-----	
Total UIN Amount:		2,228.00	2,228.00

Earned Income:

Earned Income Amount:		0.00	
Unearned Income Disregard:	0.00	0.00	
Earned Income Disregard:	0.00	0.00	
		-----	
Countable Earned Income Amount:		0.00	
Half Countable Earned Inc Amount:	0.00	+0.00	
		-----	
Total Earned Income Amount:		0.00	0.00

Total Countable Income Amount:			2,228.00
MA Income Standard For Household Size(1)			-522.00
			-----

Monthly Gross Deductible Amount:			1,706.00
Health Insurance Premium Amount:			0.00
Medicare Self Pay Amount:			0.00
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Monthly Net Deductible Amount:			1,706.00
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Total Deductible Amount:			10,236.00
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Monthly Deductibles

Deductible Month (1) and Amount: 11/23	1,706.00
Deductible Month (2) and Amount: 12/23	1,706.00
Deductible Month (3) and Amount: 01/24	1,706.00
Deductible Month (4) and Amount: 02/24	1,706.00
Deductible Month (5) and Amount: 03/24	1,706.00
Deductible Month (6) and Amount: 04/24	1,706.00