| INSTITUTIONAL INCOM            | E LIMITS  | 1/1/2024   | 7/1/2024   | 1/1/2025 | 7/1/2025 |
|--------------------------------|---|------------|------------|----------|----------|
| Federal Maximum                |   | \$2,829    | N/A        |          |          |
|                                |   |            |            |          |          |
| SPOUSAL IMPOVERISH             | MENT MAXIMUMS   |            |            |          |          |
| Federal Resource Maximum -     | Community Spouse Limit  | \$154,140  | N/A        |          |          |
|                                |   |            |            |          |          |
| LIBERALIZED RESOURCE           | CE LIMITS   |            |            |          |          |
| Single Individual and Institut | ional Spouse Limit  | \$4,000    | N/A        |          |          |
|                                |   |            |            |          |          |
| SUBSTANTIAL HOME EQ            |   |            |            |          |          |
| Federal Equity Minimum Lin     | nit Used by DOM   | \$713,000  | N/A        |          |          |
|                                |   |            |            |          |          |
| TRANSFER OF ASSETS D           | IVISOR RATES  |            |            |          |          |
|                                | Monthly Rate  | \$8,300    | \$8,300    |          |          |
|                                | Daily Rate  | \$272      | \$272      |          |          |
|                                |   |            |            |          |          |
| MEDICAID INCOME DEL            | DUCTION MAXIMUMS  |            |            |          |          |
| Earned Income Disregard (W     | ork Deduction)  | \$427.50   | N/A        |          |          |
|                                | Maintenance Needs Allowance                                   | \$3,853.50 | N/A        |          |          |
| •                              | s Allowance (Living with CS or                                | \$2,465.00 |            |          |          |
| Dependent Child Under Age      | 18 - No CS)   |            | \$2,555.00 |          |          |
|                                |   |            |            |          |          |
| NON-COVERED MEDICA             |   |            |            |          |          |
| Eyeglasses -per occurrence for | Eyeglasses -per occurrence for lenses, frames, dispensing fee |            | \$215.14   |          |          |
| Dentures                       | per plate   | \$678.44   | \$678.44   |          |          |
|                                | full pair   | \$1,356.88 | \$1356.88  |          |          |
| Denture Repair - per occurrer  | nce   | \$270.00   | \$270.00   |          |          |
| Hearing Aids                   | for one   | \$1,777.40 | \$1,777.40 |          |          |
| Ticaring Alus                  | for both  | \$3,377.40 | \$3,377.40 |          |          |

| INSTITUTIONAL INCOMI  | ELIMITS                      | 1/1/2022   | 7/1/2022   | 1/1/2023   | 7/1/2023   |
|---|------------------------------|------------|------------|------------|------------|
| Federal Maximum   |                              | \$2,523    | N/A        | \$2,742    | N/A        |
|   |                              |            |            |            |            |
| SPOUSAL IMPOVERISHM   | IENT MAXIMUMS                |            |            |            |            |
| Federal Resource Maximum -                                    | Community Spouse Limit       | \$137,400  | N/A        | \$148,620  | N/A        |
|   |                              |            |            |            |            |
| LIBERALIZED RESOURC   | E LIMITS                     |            |            |            |            |
| Single Individual and Institution                             | onal Spouse Limit            | \$4,000    | N/A        | \$4,000    | N/A        |
| SUBSTANTIAL HOME EQ   | UITY LIMIT                   |            |            |            |            |
| Federal Equity Minimum Lim                                    |                              | \$636,000  | N/A        | \$688,000  | N/A        |
| TRANSFER OF ASSETS D  | VISOR RATES                  |            |            |            |            |
| TRANSFER OF ASSETS DE   | Monthly Rate                 | \$6,893    | \$7,107    | \$7,107    | \$8,300    |
|   | Daily Rate                   | \$226      | \$233      | \$233      | \$272      |
|   | Buily rate                   | Ψ220       | Ψ233       | Ψ233       | ΨΖ1Ζ       |
| MEDICAID INCOME DED   | UCTION MAXIMUMS              |            |            |            |            |
| Earned Income Disregard (Wo                                   | ork Deduction)               | \$376.50   | N/A        | \$413.00   | N/A        |
|   | Maintenance Needs Allowance  | \$3,435.00 | N/A        | \$3,715.50 | N/A        |
|   | Allowance (Living with CS or |            |            |            |            |
| Dependent Child Under Age 1                                   | 8 - No CS)                   | \$2,177.50 | \$2,288.75 | \$2,288.75 | \$2,465.00 |
|   |                              |            |            |            |            |
| NON-COVERED MEDICAL   |                              |            |            |            |            |
| Eyeglasses -per occurrence for lenses, frames, dispensing fee |                              | \$215.14   | \$216.30   | \$216.30   | \$216.30   |
| Dentures  | per plate                    | \$678.44   | \$678.44   | \$678.44   | \$678.44   |
|   | full pair                    | \$1,356.88 | \$1,356.88 | \$1,356.88 | \$1,356.88 |
| Denture Repair - per occurrence                               | ce                           | \$270.00   | \$270.00   | \$270.00   | \$270.00   |
| Hearing Aids  | for one                      | \$1,777.40 | \$1,777.40 | \$1,777.40 | \$1,777.40 |
| Treating Aids   | for both                     | \$3,377.40 | \$3,377.40 | \$3,377.40 | \$3,377.40 |

| INSTITUTIONAL INCOME   | LIMITS                | 1/1/2020   | 7/1/2020   | 1/1/2021   | 7/1/2021   |
|--|-----------------------|------------|------------|------------|------------|
| Federal Maximum  |                       | \$2,349    | N/A        | \$2,382    | N/A        |
|  |                       |            | •          |            |            |
| SPOUSAL IMPOVERISHMI   | ENT MAXIMUMS          |            |            |            |            |
| Federal Resource Maximum - C                                   | ommunity Spouse Limit | \$128,640  | N/A        | \$130,380  | N/A        |
|  |                       |            |            |            |            |
| LIBERALIZED RESOURCE   | LIMITS                |            |            |            |            |
| Single Individual and Institution                              | nal Spouse Limit      | \$4,000    | N/A        | \$4,000    | N/A        |
|  |                       |            |            |            |            |
| SUBSTANTIAL HOME EQU   |                       |            |            |            |            |
| Federal Equity Minimum Limit                                   | Used by DOM           | \$595,000  | N/A        | \$603,000  | N/A        |
|  |                       |            |            |            |            |
| TRANSFER OF ASSETS DIV   |                       |            |            |            |            |
|  | Monthly Rate          | \$6,832    | \$6,832    | \$6,832    | \$6,893    |
|  | Daily Rate            | \$224      | \$224      | \$224      | \$226      |
|  |                       |            |            |            |            |
| MEDICAID INCOME DEDU   |                       |            |            |            |            |
| Earned Income Disregard (Wor                                   | ,                     | \$347.50   | N/A        | \$353.00   | N/A        |
| Community Spouse Monthly M                                     |                       | \$3,216.00 | N/A        | \$3,259.50 | N/A        |
| Other Family Members Needs A                                   | , e                   |            |            |            |            |
| Dependent Child Under Age 18                                   | - No CS)              | \$2,113.75 | \$2,155.00 | \$2,155.00 | \$2,177.50 |
|  |                       |            |            |            |            |
| NON-COVERED MEDICAL  |                       |            |            |            |            |
| Eyeglasses - per occurrence for lenses, frames, dispensing fee |                       | \$362.79   | \$215.14   | \$215.14   | \$215.14   |
| Dentures   | per plate             | \$678.44   | \$678.44   | \$678.44   | \$678.44   |
|  | full pair             | \$1,356.88 | \$1,356.88 | \$1,356.88 | \$1,356.88 |
| Denture Repair - per occurrence                                |                       | \$270.00   | \$270.00   | \$270.00   | \$270.00   |
| Hearing Aids   | for one               | \$1,777.40 | \$1,777.40 | \$1,777.40 | \$1,777.40 |
| Ticaring Aids  | for both              | \$3,377.40 | \$3,377.40 | \$3,377.40 | \$3,377.40 |

| INSTITUTIONAL INCOME LIMIT                                     | 'S                     | 1/1/2018   | 7/1/2018   | 1/1/2019          | 7/1/2019   |
|--|------------------------|------------|------------|-------------------|------------|
| Federal Maximum  |                        | \$2,250    | N/A        | \$2,313           | N/A        |
|  |                        |            |            |                   |            |
| SPOUSAL IMPOVERISHMENT M                                       | AXIMUMS                |            |            |                   |            |
| Federal Resource Maximum - Commun                              | nity Spouse Limit      | \$123,600  | N/A        | \$126,420         | N/A        |
|  |                        |            |            |                   |            |
| LIBERALIZED RESOURCE LIMIT                                     |                        |            |            |                   |            |
| Single Individual and Institutional Spo                        | use Limit              | \$4,000    | N/A        | \$4,000           | N/A        |
|  |                        |            |            |                   |            |
| SUBSTANTIAL HOME EQUITY L                                      |                        |            |            |                   |            |
| Federal Equity Minimum Limit Used b                            | y DOM                  | \$572,000  | N/A        | \$585,000         | N/A        |
|  | P. 1 277 C             |            |            |                   |            |
| TRANSFER OF ASSETS DIVISOR                                     |                        |            |            |                   |            |
|  | Monthly Rate           | \$6,619    | \$6,832    | \$6,832           | \$6,832    |
|  | Daily Rate             | \$217      | \$224      | \$224             | \$224      |
|  |                        |            |            |                   |            |
| MEDICAID INCOME DEDUCTION                                      |                        | <b>***</b> | 3.71.      | <b>\$2.11.5</b> 0 | 7.7/       |
| Earned Income Disregard (Work Deduc                            | /                      | \$331.00   | N/A        | \$341.50          | N/A        |
| Community Spouse Monthly Maintena                              | nce Needs Allowance    | \$3,090.00 | N/A        | \$3,160.50        | N/A        |
| Other Family Members Needs Allowar                             | nce (Living with CS or |            |            |                   |            |
| Dependent Child Under Age 18 - No C                            | CS)                    | \$2,030.00 | \$2,057.50 | N/A               | \$2,113.75 |
|  |                        |            |            |                   |            |
| NON-COVERED MEDICAL EXPE                                       |                        |            |            |                   |            |
| Eyeglasses - per occurrence for lenses, frames, dispensing fee |                        |            |            | \$362.79          | \$362.79   |
| Dentures   | per plate              |            |            | \$678.44          | \$678.44   |
|  | full pair              |            |            | \$1,356.88        | \$1,356.88 |
| Denture Repair - per occurrence                                |                        |            |            | \$270.00          | \$270.00   |
| Hearing Aids   | for one                |            |            | \$1,777.40        | \$1,777.40 |
| Treating Aids  | for both               |            |            | \$3,377.40        | \$3,377.40 |

| INSTITUTIONAL INCOME LIMITS                             | 1/1/2016   | 7/1/2016   | 1/1/2017   | 7/1/2017   |
|---|------------|------------|------------|------------|
| Federal Maximum   | \$2,199    | N/A        | \$2,205    | N/A        |
|   |            |            |            |            |
| SPOUSAL IMPOVERISHMENT MAXIMUMS                         |            |            |            |            |
| Federal Resource Maximum - Community Spouse Limit       | \$119,220  | N/A        | \$120,900  | N/A        |
|   |            |            |            |            |
| LIBERALIZED RESOURCE LIMITS                             |            |            |            |            |
| SingleIindividual and Institutional Spouse Limit        | \$4,000    | \$4,000    | \$4,000    | \$4,000    |
|   |            |            |            |            |
| SUBSTANTIAL HOME EQUITY LIMIT                           |            |            |            |            |
| Federal Equity Minimum Limit Used by DOM                | \$552,000  | N/A        | \$560,000  | N/A        |
|   |            |            |            |            |
| TRANSFER OF ASSETS DIVISOR RATES                        |            |            |            |            |
| Monthly Rate  | \$6,250    | \$6,405    | \$6,405    | \$6,619    |
| Daily Rate  | \$205      | \$210      | \$210      | \$217      |
|   |            |            |            |            |
| MEDICAID INCOME DEDUCTION MAXIMUMS                      |            |            |            |            |
| Earned Income Disregard (Work Deduction)                | \$322.50   | N/A        | \$323.50   | N/A        |
| Community Spouse Monthly Maintenance Needs Allowance    | \$2,980.50 | N/A        | \$3,022.50 | N/A        |
| Other Family Members Needs Allowance (Living with CS or |            |            |            |            |
| Dependent Child Under Age 18 - No CS)                   | \$1,991.25 | \$2,002.50 | N/A        | \$2,030.00 |

| INSTITUTIONAL INCOME LIMITS                             | 1/1/2014   | 7/1/2014   | 1/1/2015   | 7/1/2015   |
|---|------------|------------|------------|------------|
| Federal Maximum   | \$2,163    | N/A        | \$2,199    | N/A        |
|   |            |            |            |            |
| SPOUSAL IMPOVERISHMENT MAXIMUMS                         |            |            |            |            |
| Federal Resource Maximum - Community Spouse Limit       | \$117,240  | N/A        | \$119,220  | N/A        |
|   |            |            | _          |            |
| LIBERALIZED RESOURCE LIMITS                             |            |            |            |            |
| SingleIindividual and Institutional Spouse Limit        | \$4,000    | \$4,000    | \$4,000    | \$4,000    |
|   |            |            |            |            |
| SUBSTANTIAL HOME EQUITY LIMIT                           |            |            |            |            |
| Federal Equity Minimum Limit Used by DOM                | \$543,000  | N/A        | \$552,000  | N/A        |
|   |            |            |            |            |
| TRANSFER OF ASSETS DIVISOR RATES                        |            |            |            |            |
| Monthly Rate  | \$5,700    | \$5,920    | \$5,920    | \$6,250    |
| Daily Rate  | \$187      | \$194      | \$194      | \$205      |
|   |            |            |            |            |
| MEDICAID INCOME DEDUCTION MAXIMUMS                      |            |            |            |            |
| Earned Income Disregard (Work Deduction)                | \$316.50   | N/A        | \$322.50   | N/A        |
| Community Spouse Monthly Maintenance Needs Allowance    | \$2,931.00 | N/A        | \$2,980.00 | N/A        |
| Other Family Members Needs Allowance (Living with CS or |            |            |            |            |
| Dependent Child Under Age 18 - No CS)                   | \$1,938.75 | \$1,966.25 | N/A        | \$1,991.25 |

| INSTITUTIONAL INCOME LIMITS                             | 1/1/2012   | 10/1/2012  | 1/1/2013   | 7/1/2013   |
|---|------------|------------|------------|------------|
| Federal Maximum   | \$2,094    | N/A        | \$2,130    | N/A        |
|   |            |            |            |            |
| SPOUSAL IMPOVERISHMENT MAXIMUMS                         |            |            |            |            |
| Federal Resource Maximum - Community Spouse Limit       | \$113,640  | N/A        | \$115,920  | N/A        |
|   |            |            |            |            |
| LIBERALIZED RESOURCE LIMITS                             |            |            |            |            |
| Single Individual and Institutional Spouse Limit        | \$4,000    | \$4,000    | \$4,000    | \$4,000    |
|   |            |            |            |            |
| SUBSTANTIAL HOME EQUITY LIMIT                           |            |            |            |            |
| Federal Equity Minimum Limit Used by DOM                | \$525,000  | N/A        | \$536,000  | N/A        |
|   | _          |            |            |            |
| TRANSFER OF ASSETS DIVISOR RATES                        |            |            |            |            |
| Monthly Rate  | \$5,700    | \$5,700    | \$5,700    | \$5,700    |
| Daily Rate  | \$187      | \$187      | \$187      | \$187      |
|   |            |            |            |            |
| MEDICAID INCOME DEDUCTION MAXIMUMS                      |            |            |            |            |
| Earned Income Disregard (Work Deduction)                | \$305.00   | N/A        | \$311.00   | N/A        |
| Community Spouse Monthly Maintenance Needs Allowance    | \$2,841.00 | N/A        | \$2,898.00 | N/A        |
| Other Family Members Needs Allowance (Living with CS or |            |            |            |            |
| Dependent Child Under Age 18 - No CS)                   | \$1,838.75 | \$1,891.25 | \$1,891.25 | \$1,938.75 |

| INSTITUTIONAL INCOME LIMITS                             | 1/1/2010   | 1/1/2011   | 7/1/2011   |
|---|------------|------------|------------|
| Federal Maximum   | \$2,022    | \$2,022.00 | N/A        |
|   |            |            |            |
| SPOUSAL IMPOVERISHMENT MAXIMUMS                         |            |            |            |
| Federal Resource Maximum - Community Spouse Limit       | \$109,560  | \$109,560  | N/A        |
| <del>_</del>  |            |            |            |
| LIBERALIZED RESOURCE LIMITS                             |            |            |            |
| Single Individual and Institutional Spouse Limit        | \$4,000    | \$4,000    | \$4,000    |
|   |            |            |            |
| SUBSTANTIAL HOME EQUITY LIMIT                           |            |            |            |
| Federal Equity Minimum Limit Used by DOM                | \$500,000  | \$506,000  | N/A        |
| TRANSFER OF ASSETS DIVISOR RATES                        |            |            |            |
| Monthly Rate  | \$4,600*   | \$5,700    | \$5,700    |
| Daily Rate  | \$151*     | \$187      | \$187      |
|   |            |            |            |
| MEDICAID INCOME DEDUCTION MAXIMUMS                      |            |            |            |
| Earned Income Disregard (Work Deduction)                | \$293.00   | \$293.00   | N/A        |
| Community Spouse Monthly Maintenance Needs Allowance    | \$2,739.00 | \$2,739.00 | N/A        |
| Other Family Members Needs Allowance (Living with CS or |            |            |            |
|   | \$1,821.25 | \$1,821.25 | \$1,838.75 |

| TRANSFER OF ASSETS DIV  | TSOR RATES PRIOR TO 01/01/2010  |  |  |  |
|---|---|--|--|--|
| *The monthly transfer of assets rate of \$4,600 and daily rate of \$151 was in effect for $02/08/2006 - 12/31/2010$ . |   |  |  |  |
|   | n effect from 08/11/1993 - 02/07/2006. Monthly rates are shown riods did not apply to OBRA 93 policy. |  |  |  |
| 03/01/2003 - 02/07/2006   | \$3,100 monthly rate  |  |  |  |
| 04/01/1999 - 02/28/2003 \$2,600 monthly rate  |   |  |  |  |
| 10/01/1993 - 03/31/1999   | \$2,000 monthly rate  |  |  |  |