

2006 SSI Payment Levels in Massachusetts (4.1% COLA)

Living Arrangement A - FULL COST OF LIVING				
	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$603.00	\$128.82	\$731.82
	Disabled	\$603.00	\$114.39	\$717.39
	Blind	\$603.00	\$149.74	\$752.74
MEMBER OF A COUPLE	Aged	\$452.00	\$100.86	\$552.86
	Disabled	\$452.00	\$ 90.03	\$542.03
	Blind	\$452.00	\$300.74	\$752.74

Living Arrangement B - SHARED LIVING				
	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$603.00	\$ 39.26	\$642.26
	Disabled	\$603.00	\$ 30.40	\$633.40
	Blind	\$603.00	\$149.74	\$752.74
MEMBER OF A COUPLE	Aged	\$452.00	\$100.86	\$552.86
	Disabled	\$452.00	\$ 90.03	\$542.03
	Blind	\$452.00	\$300.74	\$752.74

Living Arrangement C - HOUSEHOLD OF ANOTHER				
	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$402.00	\$104.36	\$506.36
	Disabled	\$402.00	\$ 87.58	\$489.58
	Blind	\$402.00	\$350.74	\$752.74
MEMBER OF A COUPLE	Aged	\$301.34	\$107.90	\$409.24
	Disabled	\$301.34	\$ 97.09	\$398.43
	Blind	\$301.34	\$451.40	\$752.74

Living Arrangement E - LICENSED REST HOME

	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$603.00	\$293.00	\$896.00
	Disabled	\$603.00	\$293.00	\$896.00
	Blind	\$603.00	\$149.74	\$752.74
MEMBER OF A COUPLE	Aged	\$452.00	\$444.00	\$896.00
	Disabled	\$452.00	\$444.00	\$896.00
	Blind	\$452.00	\$300.74	\$752.74

Living Arrangement F - RESIDENT OF A TITLE XIX FACILITY WHERE MEDICAID PAYS MORE THAN 50 % OF COST OF CARE

	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$30.00	\$35.00	\$65.00
	Disabled	\$30.00	\$35.00	\$65.00
	Blind	\$30.00	\$35.00	\$65.00
MEMBER OF A COUPLE	Aged	\$30.00	\$35.00	\$65.00
	Disabled	\$30.00	\$35.00	\$65.00
	Blind	\$30.00	\$35.00	\$65.00

Living Arrangement G - ASSISTED LIVING

	BENEFIT TYPE	FEDERAL BENEFIT	STATE SUPPLEMENT	<u>TOTAL</u>
INDIVIDUAL	Aged	\$603.00	\$454.00	\$1057.00
	Disabled	\$603.00	\$454.00	\$1057.00
	Blind	\$603.00	\$454.00	\$1057.00
MEMBER OF A COUPLE	Aged	\$452.00	\$340.50	\$792.50
	Disabled	\$452.00	\$340.50	\$792.50
	Blind	\$452.00	\$340.50	\$792.50

2006 SSI and SSDI Threshold Amounts

SSI Resource Limit - Individual	\$2000.00
SSI Resource Limit - Couple	\$3000.00
SSI Child Allocation	\$ 301.00
SSI Student Earned Income Exclusion	\$1460.00/month up to \$5910.00/year
Substantial Gainful Activity - Disabled	\$860.00/month
Substantial Gainful Activity - Blind	\$1450.00/month
SSDI Trial Work Month	\$620.00
SSDI Cost of 1 Quarter of Coverage	\$970.00 (\$3880/year for 4 QC)
Maximum Monthly Social Security Retirement Benefit (full retirement age)	\$2,053.00
Average Monthly SSDI Benefit	\$939.00
Medicare Part B Premium	\$88.50/month
1619(b) Threshold for Massachusetts	\$32,799 (disabled) \$33,648 (blind)