2017 SSI Payment Levels in Massachusetts

| Living Arrangement A - FULL COST OF LIVING | | | | |
|--|--------------|--------------------|-----------------------|----------|
| | BENEFIT TYPE | FEDERAL BENEFIT | STATE SUPPLEMENT * | TOTAL |
| INDIVIDUAL | Aged | \$735.00 | \$128.82 | \$863.82 |
| | Disabled | \$735.00 | \$114.39 | \$849.39 |
| | Blind | \$735.00 | \$149.74 | \$884.74 |
| MEMBER OF A COUPLE | Aged | \$551.50 | \$100.86 | \$652.36 |
| | Disabled | \$551.50 | \$ 90.03 | \$641.53 |
| | Blind | \$551.50 | \$333.24 | \$884.74 |

| Living Arrangement B - SHARED LIVING | | | | |
|--------------------------------------|--------------|--------------------|-----------------------|----------|
| | BENEFIT TYPE | FEDERAL BENEFIT | STATE SUPPLEMENT * | TOTAL |
| INDIVIDUAL | Aged | \$735.00 | \$ 39.26 | \$774.26 |
| | Disabled | \$735.00 | \$ 30.40 | \$765.40 |
| | Blind | \$735.00 | \$149.74 | \$884.74 |
| MEMBER OF A COUPLE | Aged | \$551.50 | \$100.86 | \$652.36 |
| | Disabled | \$551.50 | \$90.03 | \$641.53 |
| | Blind | \$551.50 | \$333.24 | \$884.74 |

| Living Arrangement C - HOUSEHOLD OF ANOTHER | | | | |
|---|--------------|--------------------|-----------------------|----------|
| | BENEFIT TYPE | FEDERAL BENEFIT | STATE SUPPLEMENT * | TOTAL |
| INDIVIDUAL | Aged | \$490.00 | \$104.36 | \$594.03 |
| | Disabled | \$490.00 | \$ 87.58 | \$577.58 |
| | Blind | \$490.00 | \$394.07 | \$884.74 |
| MEMBER OF A COUPLE | Aged | \$367.66 | \$107.90 | \$475.57 |
| | Disabled | \$367.66 | \$ 97.09 | \$464.76 |
| | Blind | \$367.66 | \$517.07 | \$884.74 |

| Living Arrangement E - LICENSED REST HOME | | | | |
|---|--------------|--------------------|-----------------------|--------------|
| | BENEFIT TYPE | FEDERAL BENEFIT | STATE SUPPLEMENT * | <u>TOTAL</u> |
| | Aged | \$735.00 | \$293.00 | \$1028.00 |
| INDIVIDUAL | Disabled | \$735.00 | \$293.00 | \$1028.00 |
| | Blind | \$735.00 | \$149.74 | \$884.74 |
| MEMBER OF A COUPLE | Aged | \$551.50 | \$476.50 | \$1028.00 |
| | Disabled | \$551.50 | \$476.50 | \$1028.00 |
| | Blind | \$551.50 | \$333.24 | \$884.74 |

| 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> |
| | Aged | \$30.00 | \$42.80 | \$72.80 |
| INDIVIDUAL | Disabled | \$30.00 | \$42.80 | \$72.80 |
| | Blind | \$30.00 | \$42.80 | \$72.80 |
| | Aged | \$30.00 | \$42.80 | \$72.80 |
| MEMBER OF A | Disabled | \$30.00 | \$42.80 | \$72.80 |
| COUPLE | Blind | \$30.00 | \$42.80 | \$72.80 |

| Living Arrangement G - ASSISTED LIVING | | | | |
|--|--------------|--------------------|-----------------------|--------------|
| | BENEFIT TYPE | FEDERAL BENEFIT | STATE SUPPLEMENT * | <u>TOTAL</u> |
| | Aged | \$735.00 | \$454.00 | \$1189.00 |
| INDIVIDUAL | Disabled | \$735.00 | \$454.00 | \$1189.00 |
| | Blind | \$735.00 | \$454.00 | \$1189.00 |
| | Aged | \$551.50 | \$340.50 | \$892.00 |
| MEMBER OF A COUPLE | Disabled | \$551.50 | \$340.50 | \$892.00 |
| | Blind | \$551.50 | \$340.50 | \$892.00 |

^{*} Effective 4/1/12, Massachusetts assumed state administration of the SSI state supplement. This means that the state determines the state supplement amount and provides the payment separately. For more information see http://www.mass.gov/eohhs/consumer/basic-needs/financial/ssp.html

2017 SSI and SSDI Threshold Amounts

| SSI Resource Limit | \$2000.00 (individual) \$3000 (couple) |
|--|--|
| SSI Federal Benefit Rate | \$735.00 (individual) \$1103.00 (elig. couple) |
| SSI Child Allocation | \$368 |
| SSI Student Earned Income Exclusion | \$1790.00/month up to \$7200.00/year |
| Value of 1/3 Reduction (reduction in FBR applied when individual/couple lives throughout a month in another person's household and receives both food and shelter from others living in the household) | \$245.00 (individ) \$367.66 (elg. couple) |
| Substantial Gainful Activity - Disabled | \$1170.00/month |
| Substantial Gainful Activity - Blind | \$1950.00/month |
| SSDI Trial Work Month Threshold | \$840.00 |
| Cost of 1 Quarter of Coverage for Earning Insured Status | \$1300.00 (\$5200/year for 4 QC) |
| Maximum Monthly Social Security Retirement Benefit (at full retirement age) | \$2687.00 |
| Maximum Taxable Earnings (amount of earnings subject to FICA taxes to fund Social Security Retirement, Disability and Survivors benefits) | \$127,200 |
| Medicare Part B Premium | \$134.80 (most who had premium deducted from benefits in 2016 will pay @\$109.0/month. See att'd. |