



MEANS TEST AND GEOGRAPHIC-BASED MEANS TEST AND MAXIMUM ANNUAL RATES OF PENSION FOR CALENDAR YEAR 2014

| | Veterans w/ 0 Dependents | Veterans w/1 Dependents | Veterans w/ 2 Dependents | Veterans w/ 3 Dependents | Veterans w/4 Dependents | Veterans w/ 5 Dependents |
|--|--|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| Below MT Threshold | \$31,443 | \$37,733 | \$39,894 | \$42,055 | \$44,216 | \$46,377 |
| Above MT Threshold | \$31,444 | \$37,734 | \$39,895 | \$42,056 | \$44,217 | \$46,378 |
| Above MT Threshold by 10 % or Less | \$34,587 | \$41,506 | \$43,883 | \$46,260 | \$48,637 | \$51,014 |
| Above MT Threshold by more than 10% | \$34,588 | \$41,507 | \$43,884 | \$46,261 | \$48,638 | \$51,015 |
| Above GMT Threshold by more or less than 10 Percent: | Calculate using GMT Threshold at GMT Web site <i>(http://www.va.gov/healthbenefits/cost/income_thresholds.asp)</i> | | | | | |

Dependent Threshold Amount Increase (above two dependents):..... \$2,161

Child Income Exclusion:.....\$10,150

Medicare Deductible: This is used to compute the hospital care copayment \$1,216

Income and/or Asset Threshold for Net Worth Development:.....\$80,000

(This does not apply to determinations for eligibility for enrollment in Priority Group 7)

Maximum Annual Rate of Pension:

(Utilized for determination of eligibility for beneficiary travel and medication and extended care copayment exemption))

Note: The income-based Extended Care copayment exemption is based on the maximum annual rate for a Veteran with no dependents.

No dependents:.....\$12,652

One dependent:.....\$16,569

Each additional dependent: \$2,161

Maximum Annual Rate of Pension: For a Veteran in receipt of Aid and Attendance (A&A):

(Utilized for determination of eligibility for beneficiary travel and medication copay exemption)

No dependents:.....\$21,107

One dependent:.....\$25,022

Each additional dependent: \$2,161

Maximum Annual Rate of Pension: For a Veteran in receipt of Housebound Benefits (HB):

(Utilized for determination of eligibility for beneficiary travel and medication copay exemption)

No dependents:.....\$15,462

One dependent:.....\$19,380

Each additional dependent: \$2,161