



**MEANS TEST AND GEOGRAPHIC-BASED MEANS TEST AND MAXIMUM ANNUAL RATES OF PENSION FOR CALENDAR YEAR 2015**

	<b>Veterans w/ 0 Dependents</b>	<b>Veterans w/1 Dependents</b>	<b>Veterans w/ 2 Dependents</b>	<b>Veterans w/ 3 Dependents</b>	<b>Veterans w/4 Dependents</b>	<b>Veterans w/ 5 Dependents</b>
<b>Below MT Threshold</b>	\$31,978	\$38,374	\$40,572	\$42,770	\$44,968	\$47,165
<b>Above MT Threshold</b>	\$31,979	\$38,375	\$40,573	\$42,771	\$44,969	\$47,166
<b>Above MT Threshold by 10 % or Less</b>	\$35,175	\$42,212	\$44,629	\$47,047	\$49,464	\$51,882
<b>Above MT Threshold by more than 10%</b>	\$35,176	\$42,213	\$44,630	\$47,048	\$49,465	\$51,883
<b>Above GMT Threshold by more or less than 10 Percent:</b>	<b>Calculate using GMT Threshold at GMT Web site</b> <i>(<a href="http://www.va.gov/healthbenefits/cost/income_thresholds.asp">http://www.va.gov/healthbenefits/cost/income_thresholds.asp</a>)</i>					

**Dependent Threshold Amount Increase (above two dependents):**..... \$2,198

**Child Income Exclusion:**.....\$10,300

**Medicare Deductible:** This is used to compute the hospital care copayment ..... \$1,260

**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:.....\$12,868  
 One dependent:.....\$16,851  
 Each additional dependent: ..... \$2,198

**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:.....\$21,466  
 One dependent:.....\$25,448  
 Each additional dependent: ..... \$2,198

**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:.....\$15,725  
 One dependent:.....\$19,710  
 Each additional dependent: ..... \$2,198