

Testimony for SB 562 from Robbyn Sibley, Oakdale, CT

Good morning committee members. My name is Robbyn Sibley and I am from Oakdale, CT. I am a person with a disability who does not qualify for Medicaid and I am here to address you about SB 562 (An Act Concerning Increased Access to the Medicaid Program for the Medically Needy Elderly and Disabled). I “make too much money” according to the state guidelines. Yet I do not qualify for dental care. I get eye care only because I am a diabetic.

I do have Medicare Part D, but I am already in the coverage gap and have to pay 100% of my medication costs. I am right now going without some very important medications due to this problem.

Oh and because I did not have dental coverage, I now have lost all of my teeth due to abscesses. I could not get them taken care of because it was at least a year before I could get into the University of Connecticut Medical Center. Once there they pulled one tooth and then I had to wait another year for the next one and so on. So now, I have a \$2,338.00 dental bill at United Community Family Services, which I cannot afford to pay because I have other bills to pay first.

My rent is \$800.00 a month. I have other bills to pay in order to live including transportation. Then there's my medications, which are going to cost me way more than I can even imagine, as a couple of them I know are at least \$200.00 a month or more. It is going to cost me as much as my rent as least. I take about 10 medications a day. Half of them are to maintain my sanity. You do the math. Which is less expensive? Increasing the income limits, or having it so people have to stop taking their medications and end up being hospitalized?

Really, think about what it costs the state each year when people are hospitalized because they cannot afford their medication, get good health care for their eyes, or teeth.

I myself pay for Medicare parts B through D and feel I do not get what I am paying for.

The current Medicaid income limit before the spend down program starts is at 60 to 70% of the Federal Poverty Level. Please increase it. For adults on HUSKY, it's 185% of the Federal Poverty Level. Please bring us some equity. In the long run, it will be less expensive for everyone involved.

I am urging you; please move this bill through favorably. Please give the residents of Connecticut that need help the help that they need and deserve.

Safe, accurate,
FAST! Use



Visit the IRS website
at www.irs.gov/efile.

OMB No. 1545-0008

b Employer identification number

a Employee's social security number

c Employer's name, address, and ZIP code

00047

W-2 Wage and Tax Statement 2007

1 Wages, tips, other comp
9,705.55

2 Federal income tax withheld

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

d Control number

9 Advance EIC Payment

10 Dependent care benefits

e Employee's first name and initial

Last name

Suff.

009963

11 Nonqualified plans

12a See instructions for box 12

J

4,845.57

13 Statutory employee Retirement plan Third-party sick pay

12b

12c

12d

14 Other
TAXABLE \$ 9705.55
THIRD PARTY SICK PAY

f Employee's address and ZIP code

15 State
CT

Employer's state ID number
2559607-000

16 State wages, tips, etc.
9,705.55

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return

Department of the Treasury — Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2007

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name 		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2007 <p style="text-align: center; margin: 0;">\$10,609.00</p>	Box 4. Benefits Repaid to SSA in 2007 <p style="text-align: center; margin: 0;">NONE</p>	Box 5. Net Benefits for 2007 (Box 3 minus Box 4) <p style="text-align: center; margin: 0;">\$10,609.00</p>

DESCRIPTION OF AMOUNT IN BOX 3	
Paid by check or direct deposit	\$9,492.00
Medicare Part B premiums deducted from your benefits	\$1,117.00
Total Additions	\$10,609.00
Benefits for 2007	\$10,609.00

DESCRIPTION OF AMOUNT IN BOX 4
NONE

Box 6. Voluntary Federal Income Tax Withheld <p style="text-align: center; margin: 0;">NONE</p>
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Box 7. Address

Box 8. Claim Number (Use this number if you need to contact SSA.)

611794594-1101795936

MAKE CHECKS PAYABLE TO:

UNITED COMMUNITY & FAMILY SERVICES, INC.
47 TOWN STREET
NORWICH, CT 06360-2315

16466-WM66



0101

ADDRESS SERVICE REQUESTED

LAST PMT: 07/07/04
AMOUNT: 15.00

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT

MASTERCARD VISA

CARD NUMBER SIGNATURE CODE
SIGNATURE EXP. DATE

STATEMENT DATE PAY THIS AMOUNT ACCT. #
01/23/08 **\$2338.00** [REDACTED]

PAGE: 1 of 1 SHOW AMOUNT PAID HERE \$



16466-WM66 *TA90NRZBZ000112

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

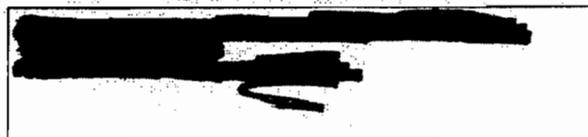
Date	Proc. Code	Doctor	Patient	Description	Charges	Adjustments	Payments	Ins. Pen.
04/24/06	D0140	NYBERG, DMD	ROBBYN	LIMITED ORAL EVALUATION	77.00			
04/24/06	D0220	NYBERG, DMD	ROBBYN	SINGLE FILM	27.00			
04/24/06	D9110	NYBERG, DMD	ROBBYN	PALLIATIVE TREATMENT	75.00			
08/10/06	D0330	ROSSI, DMD	ROBBYN	PANORAMIC FILM	106.00			
03/14/07	D7140	ROSSI, DMD	ROBBYN	EXTRACTION, ERUPTED TOOTH/EXP	115.00			
03/14/07	D7140	ROSSI, DMD	ROBBYN	EXTRACTION, ERUPTED TOOTH/EXP	115.00			
03/21/07	D7140	ROSSI, DMD	ROBBYN	EXTRACTION, ERUPTED TOOTH/EXP	115.00			
03/22/07	D7140	ROSSI, DMD	ROBBYN	EXTRACTION, ERUPTED TOOTH/EXP	115.00			
03/22/07	D7140	ROSSI, DMD	ROBBYN	EXTRACTION, ERUPTED TOOTH/EXP	115.00			
03/28/07	D2331	ROSSI, DMD	ROBBYN	COMPOSITE - TWO SURF. ANTERIO	143.00			
05/04/07	D2391	TRUDEAU, DDS	ROBBYN	COMPOSITE - ONE SURF. POSTERI	125.00			
05/23/07	D5212	TRUDEAU, DDS	ROBBYN	LOWER PARTIAL, RESIN BASE	1210.00			
12/20/07	TERM	MOLINA, LPC	ROBBYN	TERMINATED				

**** Balance is OVERDUE - Contact us or be Referred to COLLECTION AGENCY ****

Messages	Total Balance	2338.00
	* Insurance Pending	0.00
	Amount Due Now	\$2338.00

Statement Date	Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending
01/23/08	[REDACTED]	0.00	0.00	0.00	0.00	2338.00	2338.00	0.00

Make Checks Payable To:



Billing Questions

(860) 892-7042

16466-WM66 *TA90NRZBZ000112

COLLECTOR NOT TO BE USED: ALL INFORMATION ON THIS PAGE SHALL BE KEPT CONFIDENTIAL