

2020 Extra Help/LIS copay levels & costs

People on these programs are "deemed" eligible for LIS – they don't need to apply!									
Beneficiary group	Monthly income ¹		Asset limits ²		Monthly premium ³	Annual deductible ⁴	Total covered spending:		
							≤\$9,039	> \$9,039	
Income and assets vary by program rules									
Full Medicaid (Categorically Needy/CN)	Varies		Varies		\$0 Level 2	\$0	Generic	\$1.30	\$0
							Brand	\$3.90	
Medicaid & receiving Home & Community-based services (eg. COPES/DDD/PACE waivers)	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
Medicaid and Institutionalized (eg. Skilled Nursing Facility)	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
0 – 100% FPL									
QMB Medicare Savings Program (MSP)	S	\$1,083	S	\$7,860	\$0 Level 1	\$0	Generic	\$3.60	\$0
	M	\$1,457	M	\$11,800			Brand	\$8.95	
101 – 120% FPL									
SLMB Medicare Savings Program (MSP)	S	\$1,296	S	\$7,860	\$0 Level 1	\$0	Generic	\$3.60	\$0
	M	\$1,744	M	\$11,800			Brand	\$8.95	
121 – 135% FPL									
QI-1 Medicare Savings Program (MSP)	S	\$1,456	S	\$7,860	\$0 Level 1	\$0	Generic	\$3.60	\$0
	M	\$1,960	M	\$11,800			Brand	\$8.95	

1. Dept. of Social and Health Services (DSHS) and Social Security (SSA) don't count the first \$20 of a household's monthly income, so the income levels shown on this chart are \$20 higher than the Federal Poverty Level.
2. For MSP asset limits, DSHS allows clients to have an additional \$1,500 per person if it's set aside specifically for burial expenses.
3. This cost is if a person enrolls in a benchmark plan. People with LIS can choose any plan, either a Stand-Alone or Medicare Advantage plan, and will get a discount on the premium if the plan is not a benchmark plan.
4. If the plan has a deductible, this is the maximum amount that will be charged.

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People must apply for LIS if they think they qualify!									
Beneficiary group	Monthly income ¹		Asset limits ²		Monthly premium ³	Annual deductible ⁴	Total covered spending:		
							≤\$9,039	> \$9,039	
Under 135% FPL									
Full LIS	S	\$1,456	S	\$9,360	\$0 Level 1	\$0	Generic	\$3.60	\$0
	M	\$1,960	M	\$14,800			Brand	\$8.95	
Under 135% FPL									
Partial LIS – 100%	S	\$1,456	S	\$9,361 to \$14,610	\$0 Level 4	Up to \$85	Up to 15%	Generic	\$3.60
	M	\$1,960	M	\$14,801 to \$29,160				Brand	\$8.95
Under 150% FPL									
Partial LIS – Sliding Scale (25%; 50%; 75%)	S	\$1,457 to \$1,615	S	\$14,610	Sliding Scale ⁵ Level 4	Up to \$85	Up to 15%	Generic	\$3.60
	M	\$1,961 to \$2,175	M	\$29,160				Brand	\$8.95

S = Single M = Married

YOU CAN VERIFY IF A CLIENT HAS MEDICAID OR A MEDICARE SAVINGS PROGRAM: Call 1-800-562-3022. Press 1 for English. Press 1 for self-service as a client. Press 3 to check eligibility. Enter client's SSN and Zip Code. Listen to results.

Anyone who gets any level of a Low-Income Subsidy (LIS) can change their Part D Stand-Alone or Medicare Advantage plan generally once per quarter. They will not have a coverage gap (donut hole). Some income and assets may not be counted, especially if the person is working, so encourage anyone who is close to apply. Families with more than two members can have higher incomes. Based upon their drugs, some people with LIS might have lower yearly out-of-pocket costs in a non-benchmark plan. A personalized Plan Finder search will estimate detailed out-of-pocket costs.

5. Scale is based on a client's income and determines what premium the client must pay out-of-pocket: 135 – 140% FPL = 25%; 141 – 145% FPL = 50%; and 146 – 150% FPL = 75%.