

2025 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 Single		Asset limits ² Single		Monthly premium ³	Annual deductible ⁴	Beneficiary Cost-sharing		
							Before Catastrophic	Catastrophic	
Income and assets vary by program rules									
Full Medicaid (Categorically Needy/CN)	\$967		\$2,000		\$0 Level 2	\$0	Generic	\$1.60	\$0
							Brand	\$4.80	
Medicaid & receiving Home & Community-based services (eg. COPES/DDD/PACE waivers)	\$2,901		\$2,000		\$0 Level 3	\$0	\$0	\$0	\$0
Medicaid and Institutionalized (eg. Skilled Nursing Facility)	\$2,901		\$2,000		\$0 Level 3	\$0	\$0	\$0	\$0
0 – 100% FPL									
QMB Medicare Savings Program (MSP)	S	\$1,455	S	None	\$0 Level 1	\$0	Generic	\$4.90	\$0
	M	\$1,959	M	None			Brand	\$12.15	
101 – 120% FPL									
SLMB Medicare Savings Program (MSP)	S	\$1,585	S	None	\$0 Level 1	\$0	Generic	\$4.90	\$0
	M	\$2,135	M	None			Brand	\$12.15	
121 – 135% FPL									
QI-1 Medicare Savings Program (MSP)	S	\$1,820	S	None	\$0 Level 1	\$0	Generic	\$4.90	\$0
	M	\$2,452	M	None			Brand	\$12.15	

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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	Beneficiary Cost-sharing		
							Before Catastrophic	Catastrophic	
Under 135% FPL									
Full Extra Help/Low-Income Subsidy (LIS)	S	\$1,820	S	None	\$0 Level 1	\$0	Generic	\$4.90	\$0
	M	\$2,452	M	None			Brand	\$12.15	
Limit based on SSA guidelines (pg. 2)									
Full Extra Help/Low-Income Subsidy (LIS) *Formally known as Partial Extra Help	S	\$1,903	S	\$17,600	\$0 Level 1	\$0	Generic	\$4.90	\$0
	M	\$2,575	M	\$35,130			Brand	\$12.15	

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 once per calendar month with the change taking effect on the first day of the next calendar month. 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.

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.