

2018 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	Until Rx costs reach \$7,509		Catastrophic (costs > \$7,509)
Income and assets vary by program rules									
Full Medicaid (Categorically Needy/CN)	Varies		Varies		\$0 Level 2	\$0	Generic	\$1.25	\$0
							Brand	\$3.70	
Medicaid and COPES/DDD/PACE waivers	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
Medicaid and Skilled Nursing Facility	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
0 – 100% FPL									
QMB Medicare Savings Program (MSP)	S	\$1,032	S	\$7,560	\$0 Level 1	\$0	Generic	\$3.35	\$0
	M	\$1,392	M	\$11,340			Brand	\$8.35	
101 – 120% FPL									
SLMB Medicare Savings Program (MSP)	S	\$1,234	S	\$7,560	\$0 Level 1	\$0	Generic	\$3.35	\$0
	M	\$1,646	M	\$11,340			Brand	\$8.35	
121 – 135% FPL									
QI-1 Medicare Savings Program (MSP)	S	\$1,386	S	\$7,560	\$0 Level 1	\$0	Generic	\$3.35	\$0
	M	\$1,872	M	\$11,340			Brand	\$8.35	

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 actually \$20 higher than the Federal Poverty Level.
2. For MSP asset limits, DSHS allows clients to have up to \$1,500 per person additional if it’s set aside 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.

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.

People must apply for LIS if they think they qualify!

Beneficiary group	Monthly income ¹		Asset limits ²		Monthly premium ³	Annual deductible ⁴	Until Rx costs reach \$7,509	Catastrophic (costs > \$7,509)	
Under 135% FPL									
Full LIS	S	\$1,386	S	\$9,060	\$0 Level 1	\$0	Generic	\$3.35	\$0
	M	\$1,872	M	\$14,340				Brand	
Under 135% FPL									
Partial LIS – 100%	S	\$1,386	S	\$9,061 to \$14,100	\$0 Level 4	Up to \$83	Up to 15%	Generic	\$3.35
	M	\$1,872	M	\$14,341 to \$28,150				Brand	\$8.35
Under 150% FPL									
Partial LIS – Sliding Scale (25%; 50%; 75%)	S	\$1,387 to \$1,538	S	\$14,100	Sliding Scale ⁵ Level 4	Up to \$83	Up to 15%	Generic	\$3.35
	M	\$1,873 to \$2,078	M	\$28,150				Brand	\$8.35

S = Single M = Married

Anyone who gets any level of a Low-Income Subsidy (LIS) can change their Part D Stand-Alone or Medicare Advantage plan at any time. 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. 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%.