

2016 Extra Help/LIS screening tool

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 \$7,063		Catastrophic (costs > \$7,063)
Income and assets vary by program rules									
Full Medicaid (“Full Benefit Dual Eligible”)	Varies		Varies		\$0 Level 2	\$0	Generic	\$1.20	\$0
							Brand	\$3.60	
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 (“Dual Eligible”)	S	\$990	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,335	M	\$10,930			Brand	\$7.40	
101 – 120% FPL									
SLMB (“Dual Eligible”)	S	\$1,188	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,602	M	\$10,930			Brand	\$7.40	
121 – 135% FPL									
QI-1 (“Dual Eligible”)	S	\$1,337	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,802	M	\$10,930			Brand	\$7.40	

¹ DSHS and SSA will not count the first \$20 of a household’s monthly income.

² DSHS and SSA do not count up to \$1,500 per person above asset limits, if it will be used for burial costs.

³ This cost is if a person enrolls in a benchmark plan. People with LIS can choose any plan, either a Stand-Alone plan, or a 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.

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 \$7,063	Catastrophic (costs > \$7,063)	
Under 135% FPL									
Full LIS	S	\$1,337	S	\$8,780	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,802	M	\$13,930			Brand	\$7.40	
Under 135% FPL									
Partial LIS – 100%	S	\$1,337	S	\$8,781 to \$13,640	\$0 Level 4	Up to \$74	Up to 15%	Generic	\$2.95
	M	\$1,802	M	\$13,931 to \$27,250				Brand	\$7.40
Under 150% FPL									
Partial LIS – Sliding Scale (25%; 50%; 75%)	S	\$1,338 to \$1,485	S	\$13,640	Sliding Scale ⁵	Up to \$74	Up to 15%	Generic	\$2.95
	M	\$1,803 to \$2,003	M	\$27,250				Level 4	Brand

S = Single M = Married

Anyone who gets any level of LIS can change their Part D Stand-Alone plan 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 a 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 clients must pay out-of-pocket: 135 – 140% FPL = 25%; 141 – 145% FPL = 50%; and 146 – 150% FPL = 75%