

Full Low-Income Subsidy (LIS)/Extra Help (2018) - 48 STATES + DC

Beneficiary Group	Annual Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income ≤ 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	Copay: \$1.25 generic /\$3.70 brand Catastrophic Copay: \$0
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$16,389/\$16,629* Couple: \$22,221/\$22,461*	Single: \$1,366/\$1,386* Couple: \$1,852/\$1,872*	Single: \$7,560/\$9,060** Couple: \$11,340/\$14,340**	No, if receiving SSI; otherwise, yes	No	No	Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0

Partial Low-Income Subsidy (LIS)/Extra Help (2018) - 48 STATES + DC

Beneficiary Group	Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Non duals with income ≤ 135% FPL <u>AND</u> assets between lower and higher limits	Single: \$16,389/\$16,629* Couple: \$22,221/\$22,461*	Single: \$1,366/\$1,386* Couple: \$1,852/\$1,872*	Single: between \$7,560/\$9,060 - \$12,600/\$14,100** Couple: between \$11,340/\$14,340 - \$25,150/\$28,150**	Yes	No	\$83	Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand
Non duals with income between 135-150% FPL	Single: \$18,210/\$18,450* Couple: \$24,690/\$24,930*	Single: \$1,518/\$1,538* Couple: \$2,058/\$2,078*	Single: \$12,600/\$14,100** Couple: \$25,150/\$28,150**	Yes	Yes, Sliding scale	\$83	Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand

* Income amounts reflect threshold without/with the \$20 monthly income disregard (annually = \$240); income is rounded to the nearest whole dollar.

** Asset limits include amount without/with \$1,500/person burial allowance.

Income Levels Source: <https://aspe.hhs.gov/poverty-guidelines>

Asset/Resource Levels: <https://www.ncoa.org/resources/2018-lis-resource-limits/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2018) - ALASKA

Beneficiary Group	Income Eligibility Requirement*	Monthly Income Eligibility Requirement*	Asset Eligibility Requirement**	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income ≤ 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$1.25 generic /\$3.70 brand Catastrophic Copay: \$0</i>
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$20,493/\$20,733* Couple: \$27,783/\$28,023*	Single: \$1,708/\$1,728* Couple: \$2,315/\$2,335*	Single: \$7,560/\$9,060** Couple: \$11,340/\$14,340**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2018) - ALASKA

Beneficiary Group	Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Non duals with income ≤ 135% FPL <u>AND</u> assets between lower and higher limits	Single: \$20,493/\$20,733* Couple: \$27,783/\$28,023*	Single: \$1,708/\$1,728* Couple: \$2,315/\$2,335*	Single: between \$7,560/\$9,060 - \$12,600/\$14,100** Couple: between \$11,340/\$14,340 - \$25,150/\$28,150**	Yes	No	\$83	<i>Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand</i>
Non duals with income between 135-150% PL	Single: \$22,770/\$23,010* Couple: \$30,870/\$31,110*	Single: \$1,898/\$1,918* Couple: \$2,573/\$2,593*	Single: \$12,600/\$14,100** Couple: \$25,150/\$28,150**	Yes	Yes, Sliding scale	\$83	<i>Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand</i>

* Income amounts reflect threshold without/with the \$20 monthly income disregard (annually = \$240); income is rounded to the nearest whole dollar.

** Asset limits include amount without/with \$1,500/person burial allowance.

Income Levels Source: <https://aspe.hhs.gov/poverty-guidelines>

Asset/Resource Levels: <https://www.ncoa.org/resources/2018-lis-resource-limits/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2018) - HAWAII

Beneficiary Group	Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Monthly Income Eligibility Requirement*
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income ≤ 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$1.25 generic /\$3.70 brand Catastrophic Copay: \$0</i>
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$18,846/\$19,086* Couple: \$25,556/\$25,796*	Single: \$1,571/\$1,591* Couple: \$2,130/\$2,150*	Single: \$7,560/\$9,060** Couple: \$11,340/\$14,340**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.35 generic/\$8.35 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2018) - HAWAII

Beneficiary Group	Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Monthly Income Eligibility Requirement*
Non duals with income ≤ 135% FPL <u>AND</u> assets between lower and higher limits	Single: \$18,846/\$19,086* Couple: \$25,556/\$25,796*	Single: \$1,571/\$1,591* Couple: \$2,130/\$2,150*	Single: between \$7,560/\$9,060 - \$12,600/\$14,100** Couple: between \$11,340/\$14,340 - \$25,150/\$28,150**	Yes	No	\$83	<i>Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand</i>
Non duals with income between 135-150% FPL	Single: \$20,940/\$21,180* Couple: \$28,395/\$28,635*	Single: \$1,745/\$1,765* Couple: \$2,366/\$2,386*	Single: \$12,600/\$14,100** Couple: \$25,150/\$28,150**	Yes	Yes, Sliding scale	\$83	<i>Coinsurance: 15% Catastrophic Copay: \$3.35 generic/\$8.35 brand</i>

* Income amounts reflect threshold without/with the \$20 monthly income disregard (annually = \$240); income is rounded to the nearest whole dollar.

** Asset limits include amount without/with \$1,500/person burial allowance.

Income Levels Source: <https://aspe.hhs.gov/poverty-guidelines>

Asset/Resource Levels: <https://www.ncoa.org/resources/2018-lis-resource-limits/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>