

Full Low-Income Subsidy (LIS)/Extra Help (2017) - 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: \$1.20 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: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$16,281/\$16,521* Couple: \$21,924/\$22,164*	Single: \$1,357/\$1,377* Couple: \$1,827/\$1,847*	Single: \$7,390/\$8,890** Couple: \$11,090/\$14,090**	No, if receiving SSI; otherwise, yes	No	No	Copay: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0

Partial Low-Income Subsidy (LIS)/Extra Help (2017) - 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: \$16,281/\$16,521* Couple: \$21,924/\$22,164*	Single: \$1,357/\$1,377* Couple: \$1,827/\$1,847*	Single: between \$7,390/\$8,890 - \$12,320/\$13,820** Couple: between \$11,090/\$14,090 - \$24,600/\$27,600**	Yes	No	\$74	Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 brand
Non duals with income between 135-150% FPL	Single: \$18,090/\$18,330* Couple: \$24,360/\$24,600*	Single: \$1,508/\$1,528* Couple: \$2,030/\$2,050*	Single: \$12,320/\$13,820** Couple: \$24,600/\$27,600**	Yes	Yes, Sliding scale	\$82	Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 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/2017-resource-cost-sharing-limits-low-income-subsidy-lis-announcement/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtdSpecRateStats/Downloads/Announcement2017.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2017) - 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: \$1.20 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: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$20,331/\$20,571* Couple: \$27,392/\$27,632*	Single: \$1,694/\$1,714* Couple: \$2,283/\$2,303*	Single: \$7,390/\$8,890** Couple: \$11,090/\$14,090**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2017) - 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: \$20,331/\$20,571* Couple: \$27,392/\$27,632*	Single: \$1,694/\$1,714* Couple: \$2,283/\$2,303*	Single: between \$7,390/\$8,890 - \$12,320/\$13,820** Couple: between \$11,090/\$14,090 - \$24,600/\$27,600**	Yes	No	\$82	<i>Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 brand</i>
Non duals with income between 135-150% PL	Single: \$22,590/\$22,830* Couple: \$30,435/\$30,675*	Single: \$1,883/\$1,903* Couple: \$2,536/\$2,556*	Single: \$12,320/\$13,820** Couple: \$24,600/\$27,600**	Yes	Yes, Sliding scale	\$82	<i>Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 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/2017-resource-cost-sharing-limits-low-income-subsidy-lis-announcement/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtdSpecRateStats/Downloads/Announcement2017.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2017) - 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	Copay: \$1.20 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: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$18,711/\$18,951* Couple: \$25,205/\$25,445*	Single: \$1,559/\$1,579* Couple: \$2,100/\$2,120*	Single: \$7,390/\$8,890** Couple: \$11,090/\$14,090**	No, if receiving SSI; otherwise, yes	No	No	Copay: \$3.30 generic/\$8.25 brand Catastrophic Copay: \$0

Partial Low-Income Subsidy (LIS)/Extra Help (2017) - 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: \$18,711/\$18,951* Couple: \$25,205/\$25,445*	Single: \$1,559/\$1,579* Couple: \$2,100/\$2,120*	Single: between \$7,390/\$8,890 - \$12,320/\$13,820** Couple: between \$11,090/\$14,090 - \$24,600/\$27,600**	Yes	No	\$82	Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 brand
Non duals with income between 135-150% FPL	Single: \$20,790/\$21,030* Couple: \$28,005/\$28,245*	Single: \$1,733/\$1,753* Couple: \$2,334/\$2,354*	Single: \$12,320/\$13,820** Couple: \$24,600/\$27,600**	Yes	Yes, Sliding scale	\$82	Coinsurance: 15% Catastrophic Copay: \$3.30 generic/\$8.25 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/2017-resource-cost-sharing-limits-low-income-subsidy-lis-announcement/>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtdSpecRateStats/Downloads/Announcement2017.pdf>