

Full Low-Income Subsidy (LIS)/Extra Help (2019) - 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 /\$3.80 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: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$16,862/\$17,102* Couple: \$22,829/\$23,069*	Single: \$1,405/\$1,425* Couple: \$1,902/\$1,922*	Single: \$7,730/\$9,230** Couple: \$11,600/\$14,600**	No, if receiving SSI; otherwise, yes	No	No	Copay: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0

Partial Low-Income Subsidy (LIS)/Extra Help (2019) - 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: \$16,862/\$17,102* Couple: \$22,829/\$23,069*	Single: \$1,405/\$1,425* Couple: \$1,902/\$1,922*	Single: between \$7,730/\$9,230 - \$12,890/\$14,390** Couple: between \$11,600/\$14,600 - \$25,720/\$28,720**	Yes	No	\$85	Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 brand
Non duals with income between 135-150% FPL	Single: \$18,735/\$18,975* Couple: \$25,365/\$25,605*	Single: \$1,561/\$1,581* Couple: \$2,114/\$2,134*	Single: \$12,890/\$14,390** Couple: \$25,720/\$28,720**	Yes	Yes, Sliding scale	\$85	Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 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://lists.ncoa.org/mippa/cache/9729873/2.pdf>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2019) - 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 /\$3.80 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: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$21,060/\$21,300* Couple: \$28,526/\$28,766*	Single: \$1,755/\$1,775* Couple: \$2,377/\$2,397*	Single: \$7,730/\$9,230** Couple: \$11,600/\$14,600**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2019) - 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: \$21,060/\$21,300* Couple: \$28,526/\$28,766*	Single: \$1,755/\$1,775* Couple: \$2,377/\$2,397*	Single: between \$7,730/\$9,230 - \$12,890/\$14,390** Couple: between \$11,600/\$14,600 - \$25,720/\$28,720**	Yes	No	\$85	<i>Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 brand</i>
Non duals with income between 135-150% PL	Single: \$23,400/\$23,640* Couple: \$31,695/\$31,935*	Single: \$1,950/\$1,970* Couple: \$2,641/\$2,661*	Single: \$12,890/\$14,390** Couple: \$25,720/\$28,720**	Yes	Yes, Sliding scale	\$85	<i>Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 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://lists.ncoa.org/mippa/cache/9729873/2.pdf>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2019) - 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 /\$3.80 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: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$19,413/\$19,653* Couple: \$26,271/\$26,511*	Single: \$1,618/\$1,638* Couple: \$2,189/\$2,209*	Single: \$7,730/\$9,230** Couple: \$11,600/\$14,600**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.40 generic/\$8.50 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2019) - 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: \$19,413/\$19,653* Couple: \$26,271/\$26,511*	Single: \$1,618/\$1,638* Couple: \$2,189/\$2,209*	Single: between \$7,730/\$9,230 - \$12,890/\$14,390** Couple: between \$11,600/\$14,600 - \$25,720/\$28,720**	Yes	No	\$85	<i>Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 brand</i>
Non duals with income between 135-150% FPL	Single: \$21,570/\$21,810* Couple: \$29,190/\$29,430*	Single: \$1,798/\$1,818* Couple: \$2,433/\$2,453*	Single: \$12,890/\$14,390** Couple: \$25,720/\$28,720**	Yes	Yes, Sliding scale	\$85	<i>Coinsurance: 15% Catastrophic Copay: \$3.40 generic/\$8.50 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://lists.ncoa.org/mippa/cache/9729873/2.pdf>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>