

Full Low-Income Subsidy (LIS)/Extra Help (2015) - 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 /\$3.60 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: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL AND lower asset levels	Single: \$15,890 Couple: \$21,506	Single: \$1,324 Couple: \$1,792	Single: \$8,780 Couple: \$13,930	No, if receiving SSI; otherwise, yes	No	No	Copay: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0
Partial Low-Income Subsidy (LIS)/Extra Help (2015) - 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 AND assets between lower and higher limits	Single: \$15,890 Couple: \$21,506	Single: \$1,324 Couple: \$1,792	Single: between \$8,781-\$13,640 Couple: between \$13,931-\$27,250	Yes	No	\$66	Coinsurance: 15% Catastrophic Copay: \$2.65 generic/\$6.60 brand
Non duals with income between 135-150% FPL	Single: \$17,655 Couple: \$23,895	Single: \$1,471 Couple: \$1,991	Single: \$13,640 Couple: \$27,250	Yes	Yes, <a href="#">Sliding scale</a>	\$66	Coinsurance: 15% Catastrophic Copay: \$2.65 generic/\$6.60 brand

\* Income limits do not include the \$20 income disregard and monthly income, 135% FPL and 150% FPL are rounded to nearest whole dollar.

\*\* All asset limits include \$1,500/person burial allowance.

Income Levels Source: <http://aspe.hhs.gov/poverty/15poverty.cfm> and <http://policy.ssa.gov/poms.nsf/lnx/0603020055>

Asset Levels: <http://www.coeha.com/2015%20LIS%20Asset%20Levels%20Memo.pdf>

Part D Cost-Sharing Source: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf> (pg 37)

### Full Low-Income Subsidy (LIS)/Extra Help (2015) - 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	Copay: \$1.20 generic /\$3.60 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: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$19,872 Couple: \$26,892	Single: \$1,656 Couple: \$2,241	Single: \$8,780 Couple: \$13,930	No, if receiving SSI; otherwise, yes	No	No	Copay: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0

### Partial Low-Income Subsidy (LIS)/Extra Help (2015) - 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: \$19,872 Couple: \$26,892	Single: \$1,656 Couple: \$2,241	Single: between \$8,781-\$13,640 Couple: between \$13,931-\$27,250	Yes	No	\$66	Coinsurance:15% Catastrophic Copay: \$2.65 generic/\$6.60 brand
Non duals with income between 135-150% PL	Single: \$22,080 Couple: \$29,880	Single: \$1,840 Couple: \$2,490	Single: \$13,640 Couple: \$27,250	Yes	Yes, <a href="#">Sliding scale</a>	\$66	Coinsurance:15% Catastrophic Copay: \$2.65 generic/\$6.60 brand

\* Income limits do not include the \$20 income disregard and monthly income, 135% FPL and 150% FPL are rounded to nearest whole dollar.

\*\* All asset limits include \$1,500/person burial allowance.

**Income Levels Source:** <http://aspe.hhs.gov/poverty/15poverty.cfm> and <http://policy.ssa.gov/poms.nsf/lnx/0603020055>

**Asset Levels:** <http://www.coeha.com/2015%20LIS%20Asset%20Levels%20Memo.pdf>

**Part D Cost-Sharing Source:** <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf> (pg 37)

Full Low-Income Subsidy (LIS)/Extra Help (2015) - 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 /\$3.60 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: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$18,293 Couple: \$24,746	Single: \$1,524 Couple: \$2,062	Single: \$8,780 Couple: \$13,930	No, if receiving SSI; otherwise, yes	No	No	Copay: \$2.65 generic/\$6.60 brand Catastrophic Copay: \$0
Partial Low-Income Subsidy (LIS)/Extra Help (2015) - 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: \$18,293 Couple: \$24,746	Single: \$1,524 Couple: \$2,062	Single: between \$8,781-\$13,640 Couple: between \$13,931-\$27,250	Yes	No	\$66	Coinsurance:15% Catastrophic Copay: \$2.65 generic/\$6.60 brand
Non duals with income between 135-150% FPL	Single: \$20,325 Couple: \$27,495	Single: \$1,694 Couple: \$2,291	Single: \$13,640 Couple: \$27,250	Yes	Yes, <a href="#">Sliding scale</a>	\$66	Coinsurance:15% Catastrophic Copay: \$2.65 generic/\$6.60 brand

\* Income limits do not include the \$20 income disregard and monthly income, 135% FPL and 150% FPL are rounded to nearest whole dollar.

\*\* All asset limits include \$1,500/person burial allowance.

Income Levels Source: <http://aspe.hhs.gov/poverty/15poverty.cfm> and <http://policy.ssa.gov/poms.nsf/lnx/0603020055>

Asset Levels: <http://www.coeha.com/2015%20LIS%20Asset%20Levels%20Memo.pdf>

Part D Cost-Sharing Source: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf> (pg 37)