

Full Low-Income Subsidy (LIS)/Extra Help (2020) - 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	<i>Copay: \$1.30 generic /\$3.90 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: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$17,226/\$17,466* Couple: \$23,274/\$23,514*	Single: \$1,436/\$1,456* Couple: \$1,940/\$1,960*	Single: \$7,860/\$9,360** Couple: \$11,800/\$14,800**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2020) - 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: \$17,226/\$17,466* Couple: \$23,274/\$23,514*	Single: \$1,436/\$1,456* Couple: \$1,940/\$1,960*	Single: between \$7,860/\$9,360 - \$13,110/\$14,610** Couple: between \$11,800/\$14,800 - \$26,160/\$29,160**	Yes	No	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 brand</i>
Non duals with income between 135-150% FPL	Single: \$19,140/\$19,380* Couple: \$25,860/\$26,100*	Single: \$1,595/\$1,615* Couple: \$2,155/\$2,175*	Single: \$13,110/\$14,610** Couple: \$26,160/\$29,160**	Yes	Yes, Sliding scale	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 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://secure.ssa.gov/poms.nsf/lnx/0603030025>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2020) - 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: \$1.30 generic /\$3.90 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: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$21,533/\$21,773* Couple: \$29,093/\$29,333*	Single: \$1,794/\$1,814* Couple: \$2,424/\$2,444*	Single: \$7,860/\$9,360** Couple: \$11,800/\$14,800**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2020) - 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: \$21,533/\$21,773* Couple: \$29,093/\$29,333*	Single: \$1,794/\$1,814* Couple: \$2,424/\$2,444*	Single: between \$7,860/\$9,360 - \$13,110/\$14,610** Couple: between \$11,800/\$14,800 - \$26,160/\$29,160**	Yes	No	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 brand</i>
Non duals with income between 135-150% PL	Single: \$23,925/\$24,165* Couple: \$32,325/\$32,565*	Single: \$1,994/\$2,014* Couple: \$2,694/\$2,714*	Single: \$13,110/\$14,610** Couple: \$26,160/\$29,160**	Yes	Yes, Sliding scale	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 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://secure.ssa.gov/poms.nsf/lnx/0603030025>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Full Low-Income Subsidy (LIS)/Extra Help (2020) - 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: \$1.30 generic /\$3.90 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: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL <u>AND</u> lower asset levels	Single: \$19,819/\$20,059* Couple: \$26,771/\$27,011*	Single: \$1,652/\$1,672* Couple: \$2,231/\$2,251*	Single: \$7,860/\$9,360** Couple: \$11,800/\$14,800**	No, if receiving SSI; otherwise, yes	No	No	<i>Copay: \$3.60 generic/\$8.95 brand Catastrophic Copay: \$0</i>

Partial Low-Income Subsidy (LIS)/Extra Help (2020) - 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: \$19,819/\$20,059* Couple: \$26,771/\$27,011*	Single: \$1,652/\$1,672* Couple: \$2,231/\$2,251*	Single: between \$7,860/\$9,360 - \$13,110/\$14,610** Couple: between \$11,800/\$14,800 - \$26,160/\$29,160**	Yes	No	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 brand</i>
Non duals with income between 135-150% FPL	Single: \$22,020/\$22,260* Couple: \$29,745/\$29,985*	Single: \$1,835/\$1,855* Couple: \$2,479/\$2,499*	Single: \$13,110/\$14,610** Couple: \$26,160/\$29,160**	Yes	Yes, Sliding scale	\$89	<i>Coinsurance: 15% Catastrophic Copay: \$3.60 generic/\$8.95 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://secure.ssa.gov/poms.nsf/lnx/0603030025>

Part D Cost-Sharing Source: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>