

Medicare Drug Coverage: Extra Help for Low-Income Beneficiaries (2010)

ELIGIBILITY GROUP		COST-SHARING			
Monthly Income Levels	Resource Limits ¹	Monthly Premium	Annual Deductible	Costs until TrOOP Totals \$4,550 ³	Catastrophic Costs after TrOOP Totals \$4,550 ³
Beneficiaries Deemed Eligible for Extra Help: Medicare and Medicaid*, Medicare Savings Programs**, and SSI-only					
Full dual-eligible with income up to 100% FPL: <ul style="list-style-type: none"> • Single: ≤ \$902.50 • Couple: ≤ \$1,214.17 	Resource limits differ by state. Check with your state Medicaid agency.	\$0 ²	\$0	\$1.10/generic and preferred brand or \$3.30/all other drugs	\$0
All other deemed with income up to 135% FPL: <ul style="list-style-type: none"> • Single: ≤ \$1,218.38 • Couple: ≤ \$1,639.13 	Resource limits differ by state. Check with your state Medicaid agency.	\$0 ²	\$0	\$2.50/generic and preferred brand or \$6.30/all other drugs	\$0
Beneficiaries Who Must Apply for Extra Help					
Up to 150% FPL: <ul style="list-style-type: none"> • Single: ≤ \$1,353.75 • Couple: ≤ \$1,821.25 	<ul style="list-style-type: none"> • Single: \$8,100 - \$12,510 • Couple: \$12,910 - \$25,010 	Premium based on income: <ul style="list-style-type: none"> • Up to 135% - \$0² • 135% to 140% FPL - 25% of the monthly premium • 140% to 145% FPL - 50% of the monthly premium • 145% to 150% FPL - 75% of the monthly premium 	\$63	15% co-insurance	\$2.50/generic and preferred brand or \$6.30/all other drugs

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Notes

FPL = Federal Poverty Level. The FPL for 2009 is effective through March 31, 2010. In 2009, 100% of the FPL is \$10,830 for an individual (or \$903 per month) and \$14,570 for a married couple (or \$1,214 per month) in the 48 contiguous states and the District of Columbia. Income limits are higher in Alaska and Hawaii and for beneficiaries with larger household sizes. Federal Poverty Guidelines for 2009 were release in the Federal Register on January 23, 2009 and are located at: <http://edocket.access.gpo.gov/2009/pdf/E9-1510.pdf>. Annual and monthly income charts as well as information about income levels for Alaska and Hawaii are located at: <http://www.hapnetwork.org/medicaid/fpl-2009.html>.

Deemed eligible beneficiaries do not need to apply for Extra Help. State Medicaid offices send a monthly file to CMS containing information about beneficiaries in all of the deemed eligible groups – including dual eligible beneficiaries, Medicare beneficiaries with a Medicare Savings Program, and SSI-only beneficiaries.

Footnotes

* This group is also called full dual-eligible beneficiaries.

** This group includes Qualified Medicare Beneficiaries (QMB), Specified Low-Income Beneficiaries (SLMB), and Qualifying Individuals (QI).

¹ These resource limits include \$1,500 per person for burial expenses.

² Beneficiaries in this group receive up to the regional premium subsidy amount to pay the monthly premium of their plan. Beneficiaries enrolled in a plan that charges a higher monthly premium than the regional premium subsidy amount (or in an enhanced Medicare drug plan) must pay the difference in cost.

³ Total out-of-pocket drug costs include amounts paid by the extra help (or low-income subsidy) and true out-of-pocket (TrOOP) costs paid by the beneficiary. TrOOP costs include amounts paid by the beneficiary, friends, relatives, certain charities, qualified State Pharmacy Assistance Programs (SPAPs), and the low-income subsidy toward the annual plan deductible, co-payments or co-insurance amounts. Catastrophic coverage begins once the beneficiary's TrOOP reaches \$4,550 on drugs covered by the Medicare drug plan.