

2011 LIS Reference Sheet

LIS Category 1

Who:

- Individuals with Medicare and Medicaid whose income is **above** 100% of Federal Poverty Level. The UCMS screen for the client's Program Codes of OSP and FS2 case descriptor; **or**,
- Individuals who are enrolled in a Medicare Savings Program. These clients may have a MED, SMB or SMF in the UCMS screen for the Medical Program, with any of the following case descriptors: FS2, FS1, SMB, SMF, or QMB. These clients do not have OSP or MAA program code; **or**,
- Individuals with Medicare whose income is below 135% of Federal Poverty Level, with limited resources who have been approved by SSA.

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$2.50 and \$6.30 in 2011

LIS Category 2

Who: Individuals with both Medicare and Full Medicaid coverage (Full-Benefit Dual Eligibles) whose income is **below** 100% of FPL, who do not reside in an institution. These clients should have OSP or MAA medical Program Coding on the UCMS screen, with QMB or QMM and FS1 case descriptors. All SSI clients are eligible for LIS category 2 even without the QMB coding (Exp: clients with no Medicare part A).

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$1.10 and \$3.30 in 2011

LIS Category 3

Who: Individuals with both Medicare and full Medicaid coverage (Full Benefit Dual-Eligibles) who are expected to be institutionalized in a Nursing facility or other medical facility for a full calendar month. These clients should have an OSP or MAA medical Program Coding on the UCMS screen, with a case descriptor of ISI.

Benefit: No monthly premium for benchmark plans, no deductible, and no copayments on Medicare Part D covered drugs.

LIS Category 4

Who: People with Medicare (no Medicaid or MSP) whose income is between 135% of FPL and 150% of FPL and who have limited resources. These individuals must apply for the LIS with SSA.

Benefit: A subsidy covering up to 75% of the monthly benchmark premium and:
Out of pocket expenses in 2011 are limited to:

\$63.00 annual deductible

15% of the prescription costs up to \$ 4,550 out-of pocket

Co-payments limited to \$2.50 for each generic drug and \$6.30 for each name brand drug after the annual prescription costs exceed \$4,550 out-of-pocket spending

Any Partial or Full dual eligible who has been deemed by the Department with any of the above eligibility from July through December of a given year, will retain their copayment levels for the following calendar year.

SSA will review eligibility at the end of each calendar year for those that apply through their system. If an individual loses his or her eligibility during the calendar year, he or she will not lose the benefit until the end of the calendar year.