

Greater Boston Legal Services 197 Friend Street, Boston, MA 02114 (617) 371-1234, or toll-free (800) 323-3205 FAX (617) 371-1222 www.gbls.org

MEDICARE PART D COST SHARING FOR 2013

Standard Benefit Design

Deductible		\$ 32	25.00
Initial Coverage Limit		\$ 2,97	0.00
Out-of-pocket Threshold		\$ 4,75	50.00^{1}
Total Covered Part D Dru	gs to Get to Catastrophic Limit	\$ 6,77	3.75
Catastrophic Cost Sharing			
Ger	neric/Preferred Drugs	\$	2.65
Oth	ner	\$	6.60

Low Income Subsidy (LIS) Resource Levels²

Full Subsidy \$ 8,580/single; \$13,620/married Partial subsidy \$13,300/single; \$26,58 0/married

LIS Out-of-Pocket Costs

Institutionalized Full-Benefit Dual Eligible Beneficiaries and Beneficiaries Receiving Home and Community Based Services \$ 0.00

Non-Institutionalized Full-Benefit Dual Eligible Beneficiaries with Incomes ≤100% FPL³

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Deductible	\$ 0.00
Generic/Preferred Drugs	\$ 1.15
Other Drugs	\$ 3.50
Above Catastrophic Limit	\$ 0.00

Non-Institutionalized Full-Benefit Dual Eligible Beneficiaries with incomes >100% FPL and Non-Dual Full Subsidy Eligible Beneficiaries with Incomes \leq 135% FPL and Resources \leq \$8,580 (individuals) or \leq \$13,620 (if married)

Deductible	\$ 0.00
Generic/Preferred Drugs	\$ 2.65
Other Drugs	\$ 6.60
Above Catastrophic Limit	\$ 0.00

Non-Dual Subsidy Eligible Beneficiaries with Incomes ≤150% FPL and Resources

≤\$13,300 (individuals) or \$26,580 (if married)

Deductible Deductible	\$ 66.00
Co-Insurance to Initial Coverage Limit	15%
Generics above Catastrophic Limit	\$ 2.65
Others above Catastrophic Limit	\$ 6.60

Massachusetts Low Income Premium Subsidy Amount \$ 31.35

United Way

October 2012

¹ In 2013 there is a 52.5% discount on covered brand-name, and 21% subsidy on covered generic, drugs purchased while in the coverage gap. The 52.5% discount counts, but the 21% subsidy does NOT count, toward getting out of the coverage gap.

² Low income subsidy resource amounts include \$1,500/person for burial expenses.

³ Federal Poverty Level