



## Massachusetts Medicare Part D Cost Sharing for 2018

### Maximum Resource Levels and Annual Income to Qualify for Low Income “Extra Help” Subsidies

Full Subsidy			Partial Subsidy
<b>Resources</b>			<b>Resources</b>
\$9,060 /single			\$14,100/single
\$14,340/ married			\$28,150/married
<b>Income</b>			<b>Income</b>
\$16,389/single			\$18,210/single
\$22,221/married			\$24,690/married

- Resource limit includes \$1,500/person burial allowance
- “Married” means married *and* living together
- For unearned income (such as Social Security) \$20 will be deducted when calculating eligibility for a subsidy

### Low Income Subsidy Out-of-Pocket Costs

#### Costs for Dual Eligible Beneficiaries

*Dual eligible beneficiary:* someone who receives both Medicare and MassHealth

The numbers listed below are Medicare Part D costs.

<b>Dual Eligible beneficiaries receiving home or community-based services, or who are in institutions</b>			
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit
<b>Non-Institutionalized Dual Eligible beneficiaries with incomes at or below the Federal Poverty Level (FPL)</b>			
<b>\$0</b>	<b>\$1.25</b>	<b>\$3.70</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit
<b>Non-Institutionalized Dual Eligible beneficiaries with incomes above FPL</b>			
<b>\$0</b>	<b>\$3.35</b>	<b>\$8.35</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit

MassHealth charges \$1 for certain covered drugs used for diabetes, high blood pressure, and high cholesterol. For all other covered drugs, MassHealth charges \$3.65. Those on MassHealth & Medicare will pay the least expensive.

## Costs for non-dual beneficiaries with “Extra Help” (Low Income Subsidy)

Non-dual eligible beneficiary: someone who receives *only* Medicare

Full Subsidy, Non-Dual Beneficiaries			
<b>\$0</b>	<b>\$3.35</b>	<b>\$8.35</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit
Partial Subsidy, Non-Dual Beneficiaries			
<b>\$83</b>	<b>15%</b>	<b>\$3.35</b>	<b>\$8.35</b>
Deductible	Co-Insurance to Initial Coverage Limit	Generics above Catastrophic Limit	Other drugs above Catastrophic Limit
<b>2018 Massachusetts Low Premium Subsidy Amount</b>			<b>\$35.58</b>

## Standard Part D Plan Benefit Design 2018

**Maximum Deductible \$405**

**Initial Coverage Limit \$3,750**

Below the \$3,750 limit:

- Plan pays 75%
- You pay 25%

### Coverage Gap

When you and your plan (combined) have paid **\$3,750**, you enter the *coverage gap* (“donut hole”)

Within the coverage gap, you must pay:

- 35% of *brand name* drug costs
- 44% of *generic* drug costs

### Catastrophic Coverage

You pay \$3.35 for generic drugs and \$8.35 for brand name drugs or 5%, whichever is greater

*Catastrophic coverage begins when you reach the out-of-pocket threshold. The out-of-pocket threshold is the sum of what you have paid, and the manufacturer’s discount credited to you during the coverage gap. In 2018 the out-of-pocket threshold is \$5,000.*

**Prescription Advantage** and the **Health Safety Net** may provide some help toward meeting the *coverage gap*

**Questions? Need help?** Call the **Medicare Advocacy Project**, located at:  
 Greater Boston Legal Services, 617-603-1700, 197 Friend St., Boston, MA 02114  
 Community Legal Aid, 855-252-5342, 405 Main St., 4th fl., Worcester, MA 01608  
 South Coastal County Legal Services, 800-244-8393, 231 Main St., St. 201, Brockton, MA 02301