

## Massachusetts Medicare Part D Cost Sharing for 2019

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

Full Subsidy	Partial Subsidy
<b>Resources:</b> <ul style="list-style-type: none"> <li>• \$9,230/single</li> <li>• \$14,600/married</li> </ul>	<b>Resources:</b> <ul style="list-style-type: none"> <li>• \$14,390/single</li> <li>• \$28,720/married</li> </ul>
<b>Annual Income:</b> <ul style="list-style-type: none"> <li>• \$16,862/single</li> <li>• \$22,829/married</li> </ul>	<b>Annual Income:</b> <ul style="list-style-type: none"> <li>• \$18,735/single</li> <li>• \$25,365/married</li> </ul>

- 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 (“Extra Help”) Out-of-Pocket Costs Medicare Part D Costs for Dual Eligible Beneficiaries

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

Dual Eligible beneficiaries receiving home or community-based services, or who are in institutions			
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit

Non-Institutionalized Dual Eligible beneficiaries with incomes at or below the Federal Poverty Level (FPL)			
<b>\$0</b>	<b>\$1.25</b>	<b>\$3.80</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit

Non-Institutionalized Dual Eligible beneficiaries with incomes above FPL			
<b>\$0</b>	<b>\$3.40</b>	<b>\$8.50</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.

## Medicare Part D Costs for Non-Dual Eligible beneficiaries with “Extra Help”

*Non-Dual Eligible beneficiary: someone who receives only Medicare*

Full Subsidy, Non-Dual Eligible Beneficiaries			
<b>\$0</b>	<b>\$3.40</b>	<b>\$8.50</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit

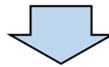
Partial Subsidy, Non-Dual Eligible Beneficiaries			
<b>\$85</b>	<b>15%</b>	<b>\$3.40</b>	<b>\$8.50</b>
Deductible	Co-Insurance to Initial Coverage Limit	Generics above Catastrophic Limit	Other drugs above Catastrophic Limit

<b>2019 Massachusetts Low Premium Subsidy Amount:</b>	<b>\$36.20</b>
---	----------------

### Standard Part D Plan Benefit Design 2019

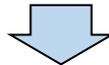
#### Annual Deductible

- \$415



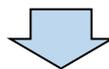
#### Initial Coverage Period

- Initial coverage limit: \$3,820
- Below the limit, the plan pays 75% and the member pays 25%



#### Coverage Gap

- When you and your plan (combined) have paid \$3,820, you enter the *coverage gap* ("donut hole").
- Within the coverage gap, you must pay:
  - 25% of brand name drug costs
  - 37% of generic drug costs



#### Catastrophic Coverage

- *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 2019, the out-of-pocket threshold is \$5,100.
- You pay \$3.40 for generic drugs and \$8.50 for brand name drugs or 5%, whichever is greater
- **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