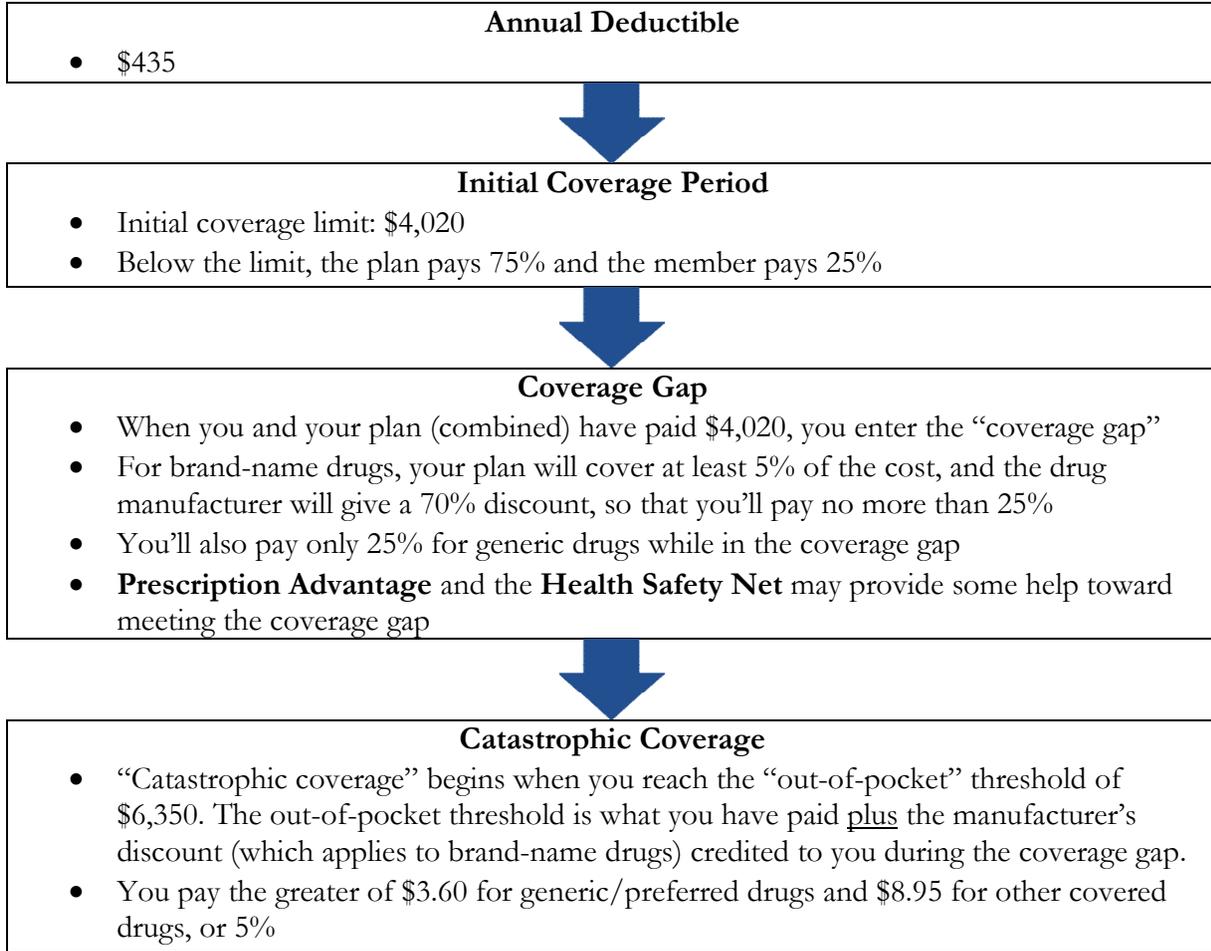


# Massachusetts Medicare Part D Cost Sharing for 2020

## Standard Part D Plan Benefit Design 2020



### Maximum Resources and Income to Qualify for Low Income “Extra Help” Subsidies\*

Full Premium Subsidy	Partial Premium Subsidy
<p><b>Resources:</b> \$9,360/individual; \$14,800/couple</p>	<p><b>Resources:</b> \$14,610/individual; \$29,160/couple</p>

- 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

100% Federal Poverty Level	150% Federal Poverty Level
\$12,760/individual; \$17,240/couple	\$19,140/individual; \$25,860/couple

<p><b>2020 Massachusetts Low Income Premium Subsidy Amount: \$34.77</b></p>
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\*Resource and income limits may not apply if you are a member of a MassHealth program

## What Can Extra Help Do for You?

### **Full Premium Subsidy, No Deductible, Limited Copayments:**

- People who are on MassHealth Buy-In or MassHealth Senior Buy-In
- People on Supplemental Security Income (SSI)
- “Dual Eligible” beneficiaries: people that are enrolled in both Medicare and MassHealth

<b>\$0</b>	<b>\$1.30</b>	<b>\$3.90</b>	<b>\$0 Copay</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 are charged either the MassHealth or Medicare copayment, whichever is less expensive.

### **Full Premium Subsidy, No Deductibles, Reduced Copayments:**

- Individuals or couple with incomes less than or equal to 135% of the Federal Poverty Level (FPL)
- Non-institutionalized individuals “deemed eligible” for Extra Help with incomes over 100% FPL

<b>\$0</b>	<b>\$3.60</b>	<b>\$8.95</b>	<b>\$0</b>
Deductible	Generic/Preferred Drugs	Other Drugs	Above Catastrophic Limit

### **Full Premium Subsidy, Reduced Deductibles, Reduced Copayments:**

- Individuals or couples with incomes less than or equal to 135% of FPL

<b>\$89</b>	<b>15%</b>	<b>\$3.60</b>	<b>\$8.95</b>
Deductible	Co-Insurance to \$6,350 out-of-pocket threshold	Generics/Preferred Drugs above Catastrophic Limit	Other Drugs above Catastrophic Limit

### **Partial Premium Subsidy, Reduced Deductibles, Reduced Copayments:**

- Individuals or couples with income between 136% FPL and 149% FPL
  - Those with incomes from 146-149% FPL will receive a 25% premium subsidy
  - Those with incomes from 141-145% FPL will receive a 50% premium subsidy
  - Those with incomes from 136-140% FPL will receive a 75% premium subsidy

<b>\$89</b>	<b>15%</b>	<b>\$3.60</b>	<b>\$8.95</b>
Deductible	Co-Insurance to \$6,350 out-of-pocket threshold	Generics/Preferred Drugs above Catastrophic Limit	Other Drugs above Catastrophic Limit

## **Questions? Need Legal Help?**

### **Call the Medicare Advocacy Project to Apply for Free Legal Assistance:**

<b>Greater Boston Legal Services</b> 617-603-1700 Serving Essex, Middlesex, Norfolk, and Suffolk Counties	<b>Community Legal Aid</b> 855-252-5342 Serving Berkshire, Franklin, Hampden, Hampshire, and Worcester Counties	<b>South Coastal Counties Legal Services</b> 800-244-8393 Serving Barnstable, Bristol, Dukes, Nantucket, and Plymouth Counties
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