

Medicare Part D: Extra Help for Low-Income Beneficiaries in Iowa (2006)*

ELIGIBILITY FOR THE EXTRA HELP			MEDICARE PART D: LOW-INCOME BENEFICIARY COST-SHARING		
Maximum Monthly Income to Qualify for the Extra Help	Maximum Resources to Qualify for the Extra Help	Annual Deductible	Monthly Premium	Co-Pays Until Out-of-Pocket Costs (including the Extra Help) Total \$3,600 ²	Catastrophic Benefit After Out-of-Pocket Costs (including the Extra Help) Total \$3,600
Full Dual-Eligibles: Entitled to Medicare and Full Medical Assistance Benefits					
<ul style="list-style-type: none"> • Single: ≤ \$675 • Married: ≤ \$1,330 	<ul style="list-style-type: none"> • Single: ≤ \$2,000 • Married: ≤ \$4,000 	\$0	\$0 ¹	\$1 per generic or preferred brand drug or \$3 per prescription for all other drugs until total drug costs reach \$3,600	Free prescriptions
Medicare Savings Program Enrollees** and SSI Recipients Not Automatically Given Medical Assistance					
<ul style="list-style-type: none"> • Single: \$675.01-\$1,076.99 • Married: \$1,330.01-\$1,443.99 	<ul style="list-style-type: none"> • Single: ≤ \$4,000 • Married: ≤ \$6,000 	\$0	\$0 ¹	\$2 per generic or preferred brand drug or \$5 per prescription for all other drugs until total drug costs reach \$3,600	Free prescriptions
Other Low-Income Beneficiaries					
<ul style="list-style-type: none"> • Single: \$675.01-\$1,076.99 • Married: \$1,070.01-\$1,443.99 	<ul style="list-style-type: none"> • Single: < \$6,000 • Married: < \$9,000 	\$0	\$0 ¹	\$2 per generic or preferred brand drug or \$5 per prescription for all other drugs until total drug costs reach \$3,600	Free prescriptions
<ul style="list-style-type: none"> • Single: \$675.01-\$1,076.99 • Married: \$1,330.01-\$1,443.99 	<ul style="list-style-type: none"> • Single: \$6,000 - \$10,000 • Married: \$9,000 - \$20,000 	\$50	\$0 ¹	15% co-insurance for each prescription drug until total drug costs reach \$3,600	\$2 per generic or preferred brand prescription drug or \$5 per prescription for all other drugs
<ul style="list-style-type: none"> • Single: \$1,077-\$1,196.99 • Married: \$1,444-\$1,603.99 	<ul style="list-style-type: none"> • Single: ≤ \$10,000 • Married: ≤ \$20,000 	\$50	Based on beneficiary's income: <ul style="list-style-type: none"> • > 135% of FPL but ≤ 140% of FPL, get 75% of the premium subsidy amount³ • > 140% of FPL but ≤ 145% of FPL, get 50% of the premium subsidy amount³ • > 145% of FPL but < 150% of FPL, get 25% of the premium subsidy amount³ 	15% co-pay for each prescription drug until total drug costs reach \$3,600	\$2 per generic or preferred brand prescription drug or \$5 per prescription for all other drugs

(See Table Notes on back)

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Table Notes

FPL = Federal Poverty Level. In 2005, 100% of the FPL is \$9,570 for an individual (or \$798 per month) and \$12,830 for a married couple (or \$1,070 per month) in Iowa.

* Extra financial help paying the costs charged by Medicare Part plans, such as a monthly premium, an annual deductible, and co-pays, is available to beneficiaries with limited income and resources.

**Includes Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Beneficiaries (SLMBs), and Qualifying Individuals (QIs).

¹ Beneficiaries in this group receive the maximum premium subsidy amount. This is equal to the average premium charged by most plans in their region. Beneficiaries enrolled in a plan that charges a higher monthly premium than the maximum subsidy amount must pay the difference themselves without any help from Medicare.

² Total out-of-pocket drug costs include amounts paid by the extra help (or low-income subsidy) and true out-of-pocket (TrOOP) costs paid by the beneficiary. TrOOP costs include amounts paid by the beneficiary, friends, relatives, and certain charities toward the annual plan deductible, co-payments or co-insurance amounts. Catastrophic coverage begins once the extra help and the beneficiaries TrOOP costs reach \$3,600 and the Part D plan has spent \$1,500 for a total of \$5,100 on drugs covered by the Part D plan.

³ The premium subsidy amount will be equal to the average premium charged by most plans in the region in which the beneficiary resides.