



THE KAISER COMMISSION ON
Medicaid and the Uninsured

Low-Income Subsidy Program in Final Medicare Bill

Dual Eligibles with Full Medicaid Benefits

- No deductible and no premium (if select average or lower cost plan)
- Cost-sharing up to catastrophic limit:
 - For institutionalized dual eligibles: No cost-sharing requirements
 - For dual eligibles at or below 100% of poverty (non-institutionalized): \$1 per generic or preferred multiple source drug / \$3 per brand name (indexed to CPI)
 - For dual eligibles above 100% of poverty (non-institutionalized): \$2 per generic / \$5 per brand name (indexed to per capita growth in Part D expenditures)
- No cost-sharing above the catastrophic limit

Other Low-Income Individuals with Income Below 135% of Poverty and Assets Below \$6,000 Per Individual / \$9,000 Per Couple (indexed to CPI)

- No deductible and no premium (if select average or lower cost plan)
- Cost-sharing of \$2 per generic or preferred multiple source drug and \$5 per brand name drug (indexed to growth in per capita Part D spending) up to catastrophic limit
- Above catastrophic limit, no cost-sharing required

Other Low-Income Individuals with Income 135% to 150% of Poverty and Assets Below \$10,000 Per Individual / \$20,000 Per Couple (indexed to CPI) *

- Sliding scale premium assistance
- \$50 deductible
- 15% co-insurance up to catastrophic limit
- Above catastrophic limit, cost-sharing of \$2 per generic or preferred multiple source drug and \$5 per brand name drug (indexed to growth in per capita Part D spending)

*Also included in this group are individuals with income below 135% of poverty and assets in excess of \$6,000 per individual / \$9,000 per couple (indexed to CPI)

Prepared by the Kaiser Commission on Medicaid and the Uninsured based on "The Medicare Prescription Drug, Improvement, and Modernization Act of 2003."