

SPAP State Pharmacy Assistance Program Information on Medicare.gov												
28-Sep-06												
ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
Region 1												
8	Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled Program (PACE)	You must meet the following requirements: You must be a Connecticut resident for 6 months prior to applying. You must be 65 years of age or older or be a disabled person over the age of 18. You must pay a \$30 annual enrollment fee per person. You must not be receiving Medicaid benefits. You must not have an insurance plan that pays for all or a portion of each prescription on a continuous basis or have a deductible insurance plan that includes prescriptions. You must have an adjusted gross income of less than \$22,300 if single or \$30,100 if married. You must sign up for Medicare Part D if Medicare eligible.	Enrolled persons pay will never pay more than a \$16.25 copayment for each prescription and ConnPACE pays the rest. An annual registration fee of \$30 must accompany all applications. Applications can be obtained from participating pharmacies, senior centers, Municipal Agents for the Elderly, other social service organizations, or through ConnPACE. Generic drugs must be substituted for brand-name drugs, unless otherwise indicated by the prescribing physician. Please Note: Persons residing in the Hartford area or out of state will need to call 1-860-832-9265 instead of the toll free number listed above. Members will continue to receive SPAP benefits regardless of whether they are enrolled in a PDP, until May 15th, 2006. ConnPACE will pay 100% of the Part D premium. Deductible coverage and copayment will vary by income, but will not exceed \$16.25 per prescription. State has authorized representative status, and will use this authority to do intelligent assignment with all plans in the state, to be completed by May 15th. SPAP will not issue new cards. Finished	(800) 423-5026	P.O. Box 5011	Hartford	CT	6102	0	1,858 mo.	0	2,508 mo.
13	Maine Low Cost Drugs for the Elderly or Disabled Program	Applies to Maine residents. Income limit is \$1,476 per month for individuals and \$1,978 per month for couples. Must be 62 years old or 19 years old or older and disabled, according to the Social Security Administration guidelines. If you spend 40% or more of household income on prescription drugs, the income limits are 25% higher.	This program will coordinate benefits with the PDPs it has contracted with. Pay premiums at or below the benchmark premium amount and provide wrap benefits at the point of sale covering 50% of drug costs during deductible period, 80% drug costs during coverage gap, and 50% of coinsurance up to \$10/prescription. State plans to enroll its SPAP members into PDPs that agree to its terms by 1/1/06. Finished exchanging test files, submitted production file to COBC 12/29/2005. Out of 80,747 records, 45,201 match Part D enrollment.	(866) 796-2463	Office of MaineCare Services, 442 Civic Center Drive	Augusta	ME	4333	0	1476	0	1978

ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
15	Prescription Advantage	Mass. residency required. Age 65 and over: with Medicare, income up to 500% FPL; without Medicare, no income limit. Under age 65: individuals with disabilities who work 40 hours or fewer per month and have incomes up to 188% FPL. No asset limits. Members/applicants with Medicare must be in Part D plan or have creditable coverage; low-income members/applicants must apply for LIS.	Up to 188% FPL (including partial subsidy): pays member's premium for basic plan up to benchmark; limits copays to \$7 generic/\$18 brand (program pays Part D plan-required copays above these amounts). Program will pay all member copays after actual out-of-pocket spending for the year (TrOOP - program payments) reaches \$1,300 for members with partial subsidy and \$1,440 for members with no subsidy. Full subsidy members get assistance only with benzodiazepines. 188-225% FPL: member pays up to \$20 of premium, program pays balance for basic plan up to benchmark; limits copays to \$12 generic/\$30 brand. Program will pay all member copays after actual out-of-pocket spending for the year (TrOOP - program payments) reaches \$1,800. 225-300% FPL: no premium subsidy; limits copays to \$12 generic/\$30 brand. Program will pay all member copays after actual out-of-pocket spending for the year (TrOOP - program payments) reaches \$2,150. 300-500%: \$200 annual enrollment fee; no premium subsidy; full payment of Part D copays after annual out-of-pocket spending reaches \$2,870.	(800) 243-4636	P.O. Box 15153	Worcester	MA	1615	0	49000	0	66000

ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
21	Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)	You must be a Rhode Island resident. You must be 65 years of age or older. You must not be eligible for Medicaid. If you have a prescription drug benefit, you must exhaust the benefit before utilizing RIPAE. Actual discounts, as of July 2006, are based on the following income limits (limits are updated every July): Individuals with an annual income below \$18,724 and married couples with a combined annual income below \$23,407 receive a 60% discount. Individuals with annual incomes below \$23,505 and married couples with annual incomes below \$29,383 receive a 30% discount. Individuals with annual incomes below \$41,136, and married couples with annual incomes below \$47,102 receive a 15% discount. Rhode Island residents between 55 and 64 who are receiving SSDI (Social Security Disability Income) payments, and who meet specified income limits, SSDI individuals with annual incomes below \$41,136, and married couples with annual incomes below \$47,102 receive a 15% discount.	Enrolled individuals show a eligibility card at participating pharmacies for discounts on medications for most chronic conditions and other selected conditions. Call 401-462-3000 for application and to find the closest location (local senior center, community action agency, or minority service center) to turn in application.	(401) 462-3000	Attention RIPAE, John O. Pastore Center, Benjamin Rush, Building 55, 35 Howard Avenue	Cranston	RI	02920	0	varies see requirements	0	varies see requirements
25	VPharm	You must meet the following requirements: You must be a Vermont state resident and U.S. citizen or resident alien who is lawfully admitted. Your annual income must not exceed \$22164 for one person or \$29820 for a couple. You must be 65 years of age or receiving disability benefits from Social Security. You can't have other prescription drug coverage with the exception of Medicare.	Beneficiaries must be eligible for Part A or enrolled in Part B; premiums to state will continue; Cost Sharing not covered by LIS - including premium, deductible, copayments, coinsurance, and coverage gap - will not pay copayments for FBDE; will cover Part D excluded drug classes benzodiazepines, barbiturates, OTCs, vitamins/minerals, weight loss/gain - current requirements/limits apply; VScript expanded coverage level (150-225% FPL), only maintenance drugs under the excluded drug category will be covered; Non-formulary drugs will not be covered. On 11/02/2005, CMS approved state's plan to "auto-enroll" individuals who were covered under an SPAP into a PDP plan - State will enroll participants in plans offering basic RX drug coverage at a premium at or below the benchmark using the same random methodology that CMS used to auto-enroll FBDE. Call 1-800-250-8427 for additional information. Premiums are \$15, 20, or 42; and the auto-enroll approval was a one-time only.	(800) 250-8427	312 Hurricane Lane, Suite 201	Williston	VT	5495	0	1847	0	2485

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23	Vermont Health Access Plan (VHAP-Pharmacy)	You must meet the following requirements: You must be a Vermont state resident and U.S. citizen or resident alien who is lawfully admitted. Your annual income must not exceed \$14,784 for one person or \$19,884 for a couple. You must be 65 years of age or receiving disability benefits from Social Security and not be eligible for Medicare. You can't have other prescription drug coverage.	Enrollees pay a monthly premium of \$15 a month to participate in the program; there are no further co-pays required. Call 1-800-250-8427 for additional information.	(800) 250-8427	3 North 103 South Main Street	Waterbury	VT	5676	0	1232	0	1657
24	VSCRIPT	You must meet the following requirements: You must be a Vermont state resident and U.S. citizen or resident alien who is lawfully admitted. Your annual income must not exceed \$17244 for one person or \$23196 for a couple. You must be 65 years of age or receiving disability benefits from Social Security and not be eligible for Medicare. You can't have other prescription drug coverage.	After participants pay a \$20 monthly premium, there are no further co-pays required for maintenance drugs.Call 1-800-250-8427 for additional information.	(800) 250-8427	3 North 103 South Main Street	Waterbury	VT	5676	0	1437	0	1933
	VSCRIPT Expanded	You must meet the following requirements: You must be a Vermont state resident and U.S. citizen or resident alien who is lawfully admitted. Your annual income must not exceed \$22164 for one person or \$29820 for a couple. You must be 65 years of age or receiving disability benefits from Social Security and not be eligible for Medicare. You can't have other prescription drug coverage.	After participants pay a \$42 monthly premium, there are no further co-pays required for maintenance drugs. Call 1-800-250-8427 for additional information.	(800) 250-8427	3 North 103 South Main Street	Waterbury	VT	5676	0	1847	0	2485
Region 2												
19	New York State Elderly Pharmaceutical Insurance Coverage (EPIC)	You must meet the following requirements: You must be a New York State resident, at least 65 years of age, and not receiving full Medicaid benefits. You must have an annual income of \$35,000 or less if single, or a combined annual income of \$50,000 or less if married. You do not have to be enrolled in Part D; however, low income seniors must apply for LIS or provide EPIC with data to apply on their behalf.	EPIC is "creditable coverage". Low-income seniors pay an annual premium (\$8 - \$300 based on income) and higher income seniors have a deductible instead (\$530 - \$1,715 based on income). Seniors pay copayments of \$3-\$20, based on drug cost (after any other coverage). Provides full wraparound benefits if senior has Part D or other coverage, including non-formulary or excluded drugs, co-payments, deductibles, and coverage gap. Not covering Part D premiums. EPIC premium waived for seniors approved for full LIS and enrolled in Part D.	(800) 332-3742	EPIC, P.O. Box 15018	Albany	NY	12212	0	2916.666667	0	4166.666667

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18	Pharmaceutical Assistance to the Aged and Disabled Program (PAAD)	You must meet the following requirements: You must be a N.J. resident. You must be 65 years of age or older or at least 18 years of age and receiving social security benefits. You must not be receiving Medicaid benefits or have any other prescription drug coverage that is better than PAAD. However, you are eligible if your insurance plan offers limited or partial coverage. You must have annual income of \$21,850 or less if single, or a combined annual income of \$26,791 or less if married.	The application for this program is available online. Husband and wife must file separate applications. The 800 number listed above is for in state residents only. The state will cover all premiums and deductibles, and will cover the coverage gap for its SPAP members. In addition, the state will cover all copayments that exceed the \$5 SPAP copayment. The state has authorized representative status and is using this authority to enroll their members in PDPs.	(800) 792-9745	PAAD-HAAAD P.O. Box 715	Trenton	NJ	8625	0	1821	0	2233
109	Senior Gold Prescription Discount Program	You must be a New Jersey resident, age 65 or older or receiving Social Security Title II disability benefits. You must have an annual income between \$21,850 - \$31,850, if single or \$26,791 - \$36,791 combined income, if married. Income limits will be adjusted upward annually, tied to the increase in the cost-of-living.	<p>The state will not cover premiums for SPAP members, but it will offer assistance with deductibles, copayments, and the coverage gap. The state is not auto-assigning the Senior Gold members into PDPs. Instead, the state applied their criteria for auto-assignment to these members and sent them a letter recommending the plans that best meet their needs, and encouraging them to enroll.</p> Senior Gold participants can receive their prescription drugs at the pharmacy of their choice. The total cost of the prescription to the Senior Gold Beneficiary will be a \$15 co-pay plus 50% of the remaining cost of the drug. Senior Gold participants with prescription costs exceeding \$2,000 a year (if single) or \$3,000 a year (if married) will have 100% of their prescription costs paid after paying the \$15 co-pay per prescription during the annual 12 month eligibility period. This period is based on the initial date of enrollment. Applications are available at local pharmacies, senior citizen centers, county Offices on Aging, visiting the Senior Gold Website, or by writing to the address	(800) 792-9745	New Jersey Department of Health and Senior Services, Senior Gold Prescription Discount Program, P.O. Box 724	Trenton	NJ	8625	1821	2654	2233	3066
Region 3												

ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
14	Maryland Pharmacy Assistance Program (MPAP)	Must be a legal permanent resident of Maryland. Income must be less than \$927 per month (\$1,070 for a couple) with assets below \$4,000 (\$6,000 for a couple). Applies to all ages.	Plans to auto-assign their members on 1/8/06 if the members are not already enrolled in a PDP. MPAP members will be randomly assigned among all the plans offering basic coverage. The Pharmacy Assistance Program recipient pays a \$2.50 co-payment for each original prescription and refill for all generic products and some brand name drugs. Certain brand name drugs will be \$7.50; if physician calls and says drug is medically necessary, the fee can be reduced. The state pays a reduced cost and not the regular retail price for most prescriptions. There is no monthly premium to enroll in this program. Applications will NOT be accepted via fax or email. They must be submitted by mail only to the address above.	(800) 226-2142	Maryland Pharmacy Program, P.O. Box 386	Baltimore	MD	21203	0	927	0	1070
101	Delaware Prescription Assistance Program	You must be a resident of Delaware. You can't be eligible for Medicaid or have other insurance that provides drug coverage, excluding Medicare Part D. If you are under age 65, you must be eligible for Social Security Disability (SSDI) benefits. If you are elderly or receive SSDI benefits and have income over 200% of the Federal Poverty Level, you may still be eligible if you have drug costs that are over 40% of your yearly income.	When calling the 1-800-996-9969 number, press 2 to access extension 17. The program will pay up to \$3,000 per person, per state fiscal year. There is a co-payment of \$5 or 25% of the cost of each prescription, whichever is greater. May cover some drugs excluded from Part D which have been prior authorized, includes OTC drugs, benzodiazepines and barbiturates.	(800) 996-9969	P.O. Box 950	New Castle	DE	19720	0	1595	0	99999
102	Pharmaceutical Assistance Contract for the Elderly (PACE)	You must be a Pennsylvania resident for at least 90 days prior to the date of application and over the age of 65 years. You cannot be enrolled in the Department of Public Welfare's Medicaid prescription benefit. You must not be eligible for pharmaceutical benefits under medical assistance. Your income for the year preceding your application must be less than \$14,500 a year for a single person and less than \$17,700 per year for a married person. Note that the income requirements for applying are based on your previous year's income.	If you are eligible for the PACE program, you must pay a \$6 co-payment for generic drugs and \$9 for each single-source brand name drug.	(800) 225-7223	PACE Program, 1st. Health Services 4000 Crums Mill Road Suite 301	Harrisburg	PA	17112	0	14,500/yr	0	17,700/yr
Region 4												
	Florida Comprehensive Health Association	Must be enrolled with the Florida Comprehensive Health Association (FCHA), the state health insurance high risk pool.	The Florida Comprehensive Health Association has been closed to new enrollees since 1991.	(850) 309-1200	820 E. Park Avenue, Suite D-200	Tallahassee	FL	32301	na	na	na	na

ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
22	Gap Assistance Pharmacy Program for Seniors (GAPS)[acronym is GAPS—only one 'P' in the acronym]	South Carolina residents age 65 and over with incomes between 100-200% FPL who are not eligible for the LIS. Beneficiaries must be enrolled in a GAPS participating PDP.	Individuals who were enrolled in the state's Pharmacy Plus program, SILVERxCARD, prior to 1-1-06 were automatically enrolled into GAPS. This includes individuals age 65 and over with incomes between 100-200% FPL who are not eligible for the LIS. New applicants, age 65 and older, may self-enroll in GAPS, however, the beneficiary must be enrolled in a GAPS-participating PDP to receive the GAPS benefit.	888-549-0820	P. O. Box 8206	Columbia	SC	29202	0	1633	0	2200
Region 5												
12	Circuit Breaker and Pharmaceutical Assistance	To qualify, you must meet all of the following requirements: You must have been 65 years of age or older before January 1, 2005; or You must become 65 years of age during 2005 (for a partial grant); or You must have been 16 years of age or older before January 1, 2005, and totally disabled; or you must be a widow or widower who turned 63 or 64 years of age before the deceased claimant's death; and You must have lived in an Illinois residence in 2003 that was subject to property or mobile home tax; and You must live in Illinois at the time you file the application; and Your total income in 2004 must be less than \$21,218 if filing an application for yourself only; 28,480 if filing an application for yourself and your spouse*, or yourself and one qualified additional resident, or \$35,740 if filing an application for yourself, your spouse and at least one qualified additional resident, or yourself and at least two qualified additional residents. * If your spouse lives with you, you must add your spouse's income to your income. ** Do not include any qualified additional	You can apply for the program by calling the toll free number listed above or by visiting the Circuit Breaker and Pharmaceutical Assistance Website. Toll free number can be accessed only within Illinois.The program covers approved medications used for the treatment of Alzheimer's disease, arthritis, cancer, cardiovascular disease, diabetes, glaucoma, lung disease and smoking-related illness, multiple sclerosis, osteoporosis, and Parkinson's disease.Coverage will cost \$5.00 and you will not have a copayment for your prescriptions if: your marital status is single and your total income is less than \$8,590; your marital status is married and living separately and your total income is less than \$8,590; or your marital status is married and living together, and your total income is less than \$11,610 Coverage will cost \$25.00 and you will have a \$3.00 copayment for each prescription if: your marital status is single and your total income is \$8,590 or more; your marital status is married	(800) 624-2459	P.O. Box 19022	Springfield	IL	62794	0	1768	0	2373

ID	Program Name	Eligibility Requirements	Important Note	Phone	Address	City	State	Zip	Single Income Lower	Single Income Upper	Married Income Lower	Married Income Upper
105	HoosierRx	Medicare Part D enrollment required. Premium assistance up to \$70 per month. State program will pay the premium directly to the eight participating Medicare Rx plans. Must be an Indiana resident, 65 or older, with annual income at or below \$14,940 (if single) or \$20,040 (if married). All members must be enrolled in Part D plan working with HoosierRx and have applied for Medicare extra help. State will provide assistance to those who are eligible for reduced Medicare extra help or are denied Medicare extra help due to higher assets. No HoosierRx membership cards required.	Premium assistance up to \$70 per month. State program will pay the premium directly to the eight participating Medicare Rx plans. Includes a \$20/per month/per family income disregard.	1-866-267-4679, or the SHIP at 1-800-452-4800, or the local Area Agency on Aging at 1-800-986-3505.	HoosierRx P.O. Box 6224	Indianapolis	IN	46206	0	14940	0	20040
192	Illinois SeniorCare	You can enroll in SeniorCare if you meet the following criteria: Group 1: Seniors age 65 or older. If single, income not to exceed \$19,140; if married, income not to exceed \$25,660. Must be a citizen or a qualified non-citizen. or, Group 2: Seniors or persons with disabilities with incomes less than \$21,219 if single; if married, income not to exceed \$28,480. No citizenship requirement.	If not eligible for Part D, copayments are \$2/\$5. Once the SPAP has paid \$1750 in benefits, the beneficiary will pay 20% coinsurance in addition to the copayments. Group 1: Covers all classes of drugs. Group 2: Covers drugs used to treat. Alzheimer's disease, arthritis, cancer, diabetes, glaucoma, cardiovascular disease, lung disease and smoking-related illnesses, osteoporosis, Parkinson's disease and multiple sclerosis." The Circuit Breaker SPAP and Senior Care Pharmacy Plus programs will merge to become Illinois Cares Rx. \$2/\$5 copayments. Once the SPAP has paid \$1750 in benefits, the beneficiary will pay 20% coinsurance in addition to the copayments. Two PDPs have agreed to accept the state's lump sum payment option. Group 1: After \$5,100 of Rx drug spending by state and Medicare, coinsurance for Medicare beneficiaries drops to 5%. State completed auto-assignment in November. Next phase to begin mid-January, for those who have signed up for the SPAP since November 1, 2005. Auto-assignment will continue twice a month by the 15th and clean up file by the 23rd. New cards were mailed in D	(800) 226-0768	SeniorCare Illinois Department on Aging P.O. Box 19021	Springfield	IL	62794	0	1595	0	2138

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164	Wisconsin SeniorCare	You must meet the following requirements: You must be a Wisconsin resident. You must be 65 years of age or older. You must pay a \$30 annual enrollment fee per person. Only income is measured. Assets, such as bank accounts, insurance policies, home property, etc., are not counted. If you are receiving prescription drug coverage from Medicaid you are not eligible.	Coverage is as follows: \$850 Deductible. Pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.	(800) 657-2038	P.O. Box 6710	Madison	WI	53716	1595	1914	2138	2566
Region 6												
55	Texas Kidney Health Care Program (KHC)	You must meet the following requirements: You must be a Texas Resident. You must have a diagnosis of end-stage renal disease and meet the Medicare criteria for end-stage renal disease. You must have an adjusted gross income less than \$60,000 per year. You must not be eligible for full Medicaid benefits. Must submit an application for benefits through a participating facility. Must be receiving a regular course of chronic renal dialysis treatments or have received a kidney transplant.	Program recipients must be enrolled in a Medicare Part D plan if Medicare eligible and apply for Low Income Subsidy assistance. Recipients must enroll in a plan of their choice. KHC will not coordinate drug benefits with Medicare Advantage Plans. Recipients may get limited standard program drug benefits prior to getting Medicare Part D drug coverage. KHC will pay up to \$35 per month for Part D premiums less any subsidized amount. KHC will provide secondary payment for four program formulary drugs per month during the recipient's deductible, co-insurance, and gap coverage phases. Secondary claims processing is managed at point of sale through participating pharmacies. KHC will cover Medicare excluded drugs. Recipients and providers should call KHC program Customer Service toll-free line at 1-800-222-3986 for specific program benefit limitations. As of 7/28/06 there were 11,500 enrolled program participants.	(800) 222-3986	1100 W.49th Street	Austin	TX	78756	0	60K Gross	0	60K Gross
Region 7												
127	Missouri Rx Plan	Must be Missouri resident; Must be enrolled in a PDP; Must be age 65 or older or disabled; Must have income below 200% FPL. No asset test. Dual eligibles are automatically enrolled into MoRx. No new enrollment in the SPAP at this time. Open enrollment planned for late 2006.	State will cover 50% of the out-of-pocket costs, including the deductible, copayments, and the coverage gap. Will not cover premiums. Will use the PDP formularies. For Dual Eligible members only, Missouri Medicaid will continue its coverage of Medicare Part D excluded drugs. Maximum 31 days supply per prescription fill.	(800) 375-1406	PO Box 6500	Jefferson City	MO	65102	0	200% FPL	0	200% FPL
Region 8												

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729	Big Sky Rx Program	You must have family income of 200 percent or less of the federal poverty level (\$19,600 if you are single and \$26,400 if you are married).	You should apply even if you think your income may be too high. Contact the program sponsor for additional information. No mail order service covered. BSRX will pay up to \$33.11 of monthly Medicare Part D premiums.	(866) 369-1233	P.O. Box 202915	Helena	MT	59620	0	200%FPL	0	200%FPL
Region 9												
92	Nevada Senior Rx	You must meet the following requirements: You must be a Nevada resident for at least one year. Your income must not exceed limits for yourself (one person \$24,118 annually) and your spouse (couple \$31,396 annually). You must be ineligible for Medicaid. You must be at least 62 years or older.	Enrollment is open until all program openings are filled. Married couples need to submit only one application for both spouses. Senior Rx provides up to \$5,100 in benefits per year. For non-Medicare members, many of the most commonly prescribed drugs are available through Senior Rx for a co-pay of \$10 for generics and \$25 for preferred brands. For Medicare members, the state will offer assistance with Part D premiums, not to exceed the federal low-income benchmark, and will cover 100% of costs in the coverage gap.	(866) 303-6323	Nevada Senior Rx Department of Human Resources 1761 E College Parkway, Bldg B, Ste 113	Carson City	NV	89706	0	2009	0	2616
	Nevada Disability Rx	You must meet the following requirements: You must be a Nevada resident for at least one year. Your income must not exceed limits for yourself (one person \$24,118 annually) and your spouse (couple \$31,396 annually). You must be ineligible for Medicaid. You must be between the ages of 18 through 61 and have a verifiable disability.	The program has limited funding and currently has a waiting list. Married couples need to submit only one application for both spouses. Disability Rx provides up to \$5,100 in benefits per year. For non-Medicare members, many of the most commonly prescribed drugs are available through Disability Rx for a co-pay of \$10 for generics and \$25 for preferred brands. For Medicare members, the state will offer assistance with Part D premiums, not to exceed the federal low-income benchmark, and will cover 100% of costs in the coverage gap.	(866) 303-6323	Nevada Disability Rx Department of Human Resources 1761 E College Parkway, Bldg B, Ste 113	Carson City	NV	89706	0	2009	0	2616
Region 10												
	Washington State Health Insurance State Pharmacy Assistance Program	You must be currently enrolled in the Washington State Health Insurance Pool's Basic Plus coverage.	Enrollment is closed.	(800) 877-5187	P.O. Box 1090	Great Bend	KA	67530				