

## 2007 LIS Reference Sheet

### LIS Category 1

**Who:**

- Individuals with Medicare and Medicaid whose income is above 100% of Federal Poverty Level. The UCMS screen for the client's Program Codes of OSP and FS2 case descriptor; **or**,
- Individuals you are enrolled in a Medicare Savings Program. These clients may have an QMB, SMB, or SMF in the UCMS screen for the Medical Program, with any of the following case descriptors: FS2, FS1, SMB, SMF, QMB. These clients do not have OSP or MAA program code.
- Individuals with Medicare whose income is below 135% of Federal Poverty Level, and who have limited resources who have applied with SSA

**Benefit:** No premium and no deductible  
Copayments limited to \$2.15 and \$5.35 in 2007.

### LIS Category 2

**Who:** Individuals with both Medicare and Full Medicaid coverage (Full-Benefit Dual Eligibles) whose income is below 100% of FPL, who do not reside in an institution. These clients should have OSP or MAA Program Coding on the UCMS screen, with QMB and FS1 case descriptors

**Benefit:** No monthly premium and no deductible  
Copayments limited to \$1 and \$3.10 in 2007.

### LIS Category 3

**Who:** Individuals with both Medicare and full Medicaid coverage (Full Benefit Dual-Eligibles) who are expected to be institutionalized in a Nursing facility or other medical facility for a full calendar month. These clients should have an OSP or MAA Program Coding on the UCMS screen, with a case descriptor of ISI.

**Benefit:** No monthly premium, no deductible, and no copayments on Medicare Part D covered drugs.

#### **LIS Category 4**

**Who:** People with Medicare whose income is between 135% of FPL and 150% of FPL and who have limited resources. These individuals must apply for the LIS with SSA.

**Benefit:** A subsidy covering up to 75% of the monthly premium (Refer to the [subsidy chart](#) on page 21), and:

Out of pocket expenses in 2007 are limited to:

\$53 annual deductible.

15% of the prescription costs up to \$3,850 out-of pocket.

Copayments limited to \$2.15 for each generic drug and \$5.35 for each name brand drug after the annual prescription costs exceed \$3,850 out-of-pocket spending.

Any Partial or Full dual eligible who has been deemed by the Department with any of the above eligibility from July through December of a given year, will retain their copayment levels for the following calendar year. SSA will review eligibility at the end of each calendar year for those that apply through their system. If an individual loses his or her eligibility during the calendar year, he or she will not lose the benefit until the end of the calendar year.