



Covered Services and Benefits – Pharmacy Coverage



Low Income Subsidy Program Group	MSP Category	LIS Category	Part D Premium, Coinsurance and Deductible	Generic Copay	Brand Copay
Full Dual with income > 100% FPL & QMB, SLMB, QI	QMB+, SLMB+, FBDE, QMB, SLMB, QI	1	\$0	\$3.60	\$8.95
Full Dual with income < 100% FPL	QMB+, SLMB+, FBDE	2	\$0	\$1.30	\$3.90
Full Dual Institutionalized and/or HCB Duals	QMB+, SLMB+, FBDE	3	\$0	\$0	\$0
Partial Dual	QDWI (if they qualify for the LIS Partial Subsidy)	4	Premium: \$0-\$18.80 Deductible: \$85 Coinsurance: 15% up to OOP threshold of \$435.00	Coinsurance: 15% up to OOP threshold of \$435.00 \$3.60 above OOP threshold	Coinsurance: 15% up to OOP threshold of \$435.00 \$8.95 above OOP threshold

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