

LIS Determination Grid

LIS Category	PREMIUM		Max Cost BELOW OOP Threshold		Max Cost ABOVE OOP Threshold		*There may be additional eligibility requirements. Please go to www.ssa.gov/benefits/medicare/prescriptionhelp for details.
	PREMIUM	DEDUCTIBLE	GENERIC	BRAND	GENERIC	BRAND	
1	\$0	\$0	\$3.40	\$8.50	\$0	\$0	
2	\$0	\$0	\$1.25	\$3.80	\$0	\$0	
3	\$0	\$0	\$0	\$0	\$0	\$0	
4	\$0	\$85	15%	15%	\$3.40	\$8.50	Income up to 135% FPL*
4	\$7.60	\$85	15%	15%	\$3.40	\$8.50	Income above 135% FPL up to 140% FPL*
4	\$15.20	\$85	15%	15%	\$3.40	\$8.50	Income above 140% FPL up to 145% FPL*
4	\$22.70	\$85	15%	15%	\$3.40	\$8.50	Income above 145% FPL and below 150% FPL*

Note: costs above are maximum costs. Member will pay the cost above or the cost share defined in their plan, whichever is cheaper (see chart to the right).

Copays	Broward	Miami-Dade	Palm Beach	Greater Tampa**	Central Florida**
TIER 1	\$0	\$0	\$0	\$0	\$0
TIER 2	\$0	\$0	\$0	\$2 Retail \$0 Mail Order	\$4 Retail \$0 Mail Order

**Deductible applies to Tier 2, 3, 4, and 5 drugs only.

Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-338-6833 (TTY 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-6833 (TTY 711). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-338-6833 (TTY 711).

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