

**2010 LOW INCOME PREMIUM SUBSIDY & COPAY**

<b>MBD LIS LEVEL</b>	<b>CMS PREMIUM SUBSIDY AMOUNT</b>	<b>COMBINED HCPP/PDP PREMIUM</b>	<b>YEARLY DEDUC IS</b>	<b>COPAYMENT FOR PART D DRUGS IS THE SAME DURING ICL AND OOP BENEFIT STAGE REGARDLES OF DAYS SUPPLY (1 COPAYMENT FOR 30, 60 OR 90)</b>	<b>COPAYMENT FOR PART D DRUGS DURING CATASTROPHIC REGARDLESS OF DAYS SUPPLY (1 COPAYMENT FOR 30, 60, OR 90)</b>	<b>COPAYMENT FOR UPREHS EXTENDED BENEFIT DRUGS THAT ARE NOT PART D DRUGS (ONE COPAY IS REQUIRED FOR EACH 30-DAY SUPPLY)</b>	<b>NON PART D DRUGS ANY BENEFIT STAGE (ONE COPAY IS REQUIRED FOR EACH 30-DAY SUPPLY)</b>
1	100% -	\$188.10	\$0.00	\$2.50 GENERIC \$6.30 BRAND	\$0.00	Regular tier copayment until annual enhanced benefit allowance has been met. 100% of the drug cost plus a \$5 dispensing fee thereafter.	OUR COST OF DRUG PLUS \$5 DISP FEE
2	100% -	\$188.10	\$0.00	\$1.10 GENERIC \$3.30 BRAND	\$0.00	Regular tier copayment until annual enhanced benefit allowance has been met. 100% of the drug cost plus a \$5 dispensing fee thereafter.	OUR COST OF DRUG PLUS \$5 DISP FEE
3	100% -	\$188.10	\$0.00	\$0.00	\$0.00	Regular tier copayment until annual enhanced benefit allowance has been met. 100% of the drug cost plus a \$5 dispensing fee thereafter.	OUR COST OF DRUG PLUS \$5 DISP FEE
4	VARIABLE CMS SUBSIDY: 25% -\$8.00 50% -\$16.00 75% -\$23.90 100% -\$31.90	VARIABLE CMS SUBSIDY: 25% -\$212.00 50% -\$204.00 75% -\$196.10 100% -\$188.10	\$0.00	<b>THE LOWER OF 15% OF DRUG COST OR THE NON-LICS DRUG TIER COPAY</b>	\$2.50 GENERIC \$6.30 BRAND	Regular tier copayment until annual enhanced benefit allowance has been met. 100% of the drug cost plus a \$5 dispensing fee thereafter.	OUR COST OF DRUG PLUS \$5 DISP FEE

NOTE: PER CMS IF YOU DO NOT KNOW THE LIS LEVEL, BAE DEFAULT TO \$2.50 AND \$6.30