# Aetna Med D - 2026 Low Income Subsidy (LIS/LICS) Levels / Copay

[2024 - 2025 Differences for LICS Coverage (Levels 1- 3)](#_Toc175130384)

[2025 - Low Income Subsidy Levels, Premium Subsides and Cost Shares](#_Toc175130385)

[Related Documents](#_Toc175130386)

**Description:** Covers the program levels for Extra Help (Part D Low Income Subsidy) which is a program for members who need financial assistance with their plan costs.

|  |
| --- |
| 2025 - 2026 Differences for LICS Coverage (Levels 1- 3) |

|  |  |
| --- | --- |
| ​**[1]** | During Initial Coverage, Extra Help beneficiaries will pay the lesser amount: **Either** the Extra Help cost share listed above (based on their LIS Level) **or** the plan's regular copay or coinsurance. During Initial Coverage, the regular cost share for some medications may be lower than the Extra Help cost share listed above (based on the beneficiary's LIS Level). [View example image here.](https://aetnao365.sharepoint.com/_api/v2.1/sites/aetnao365.sharepoint.com,754555a9-e11e-4d7c-a5e8-b3f3347b2507,a1df319a-a68c-4439-a69d-3676f7004535/lists/6999637f-89fc-4ea6-b141-1d3a2cf3a3ec/items/d6d1d706-bb97-43a0-aaa0-19891d85383f/driveItem/thumbnails/0/c1600x99999/content?prefer=noRedirect%2cextendCacheMaxAge&clientType=modernWebPart&format=webp) |
| ​​**[2]** | Once a LIS member's Rx OOP (out of pocket, also referred to as TrOOP, which includes what Medicare pays on the beneficiary's behalf as extra help), reaches $2,100 (reaching the Catastrophic benefit stage), the member's cost share will go down to $0 per prescription (generic or all others). ​ |
| ​​**[3]** | The cost share listed as a co-pay (set dollar amount instead of a percentage) is NOT based on the "days supply" filled. This is a cost-effective option for Extra Help members using medications that are eligible for 90-day fills. [View example image here.](https://aetnao365.sharepoint.com/_api/v2.1/sites/aetnao365.sharepoint.com,754555a9-e11e-4d7c-a5e8-b3f3347b2507,a1df319a-a68c-4439-a69d-3676f7004535/lists/6999637f-89fc-4ea6-b141-1d3a2cf3a3ec/items/cbd16866-2124-459a-acc3-7f384b844b43/driveItem/thumbnails/0/c1600x99999/content?prefer=noRedirect%2cextendCacheMaxAge&clientType=modernWebPart&format=webp) |

There are 3 categories (levels) of extra help. The level of extra help someone gets affects what they pay. Typically, your level of extra help depends on your income and resources.

 There will be no more partial LIS benefit of 25%, 50% or 75%. All qualified beneficiaries will be awarded the full 100% of the determined benefit amount.

**LIS eligible members will pay their LIS cost share, either the plan’s cost share or the negotiated price of the drug, whichever is LESS.**



|  |
| --- |
| **LIS Levels 1, 2, & 3:** |

* Qualifying: Includes those with Medicare & Medicaid.
* Premium: Members plan premium = $0 (if they are in a plan below benchmark).
  + Some members choose to enroll in plans where the plan premium is above what Medicare covers. If this happens, the member may have to pay for a portion of their premium.
  + Deductible: Members do not pay a deductible.

**Note**: Members are still responsible for their LIS/LICS cost-share.

**Level 1**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **2025** | **2026** |
| Deductible | $0 | $0 |
| Generic Copays | $4.90 | $5.10 |
| Brand Copays | $12.15 | $12.65 |
| Catastrophic Copay | $0 | $0 |

**Level 2**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **2025** | **2026** |
| Deductible | $0 | $0 |
| Generic Copays | $1.60 | $1.60 |
| Brand Copays | $4.80 | $4.90 |
| Catastrophic Copay | $0 | $0 |

**Level 3**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **2025** | **2026** |
| Deductible | $0 | $0 |
| Generic Copays | $0 | $0 |
| Brand Copays | $0 | $0 |
| Catastrophic Copay | $0 | $0 |

[Top of the Document](#_top)

|  |
| --- |
| 2026 - Low Income Subsidy Levels, Premium Subsides and Cost Shares |

* Beneficiaries applying and qualifying for LIS may enroll in a Part D plan on their own and would not be part of an auto-assignment or facilitated enrollment process.
* As with all Aetna pharmacy plans, Medicare Advantage plans with Rx (MAPD) members always pay the lowest cost share available to them.
* If the negotiated price of the medication is lower than the established plan cost share, the member is responsible for paying the negotiated price only.
* Similarly, for LIS eligible members, if the negotiated price is less than the member’s LIS cost share and the plan cost share, then the member is responsible for paying the negotiated price only.
* LICS does not apply to member cost sharing for Non-Part D medications that might be included as supplemental coverage under the plan.
* The plan copay applies to all Non-Part D medications (if the plan offers coverage for the medication).
* Member's Medicaid coverage may cover certain non-Part D drugs.
* Dual eligible members may want to consult their Medicaid caseworker regarding coverage for non-Part D drugs.
* Members must make sure their pharmacy knows that they have Medicaid. This allows the pharmacist to bill Medicaid for any drugs that Part D does not cover. **Example:** Some medications excluded from Part D law.

Reference Table:

* [Level 1](#lvl1)
* [Level 2](#lvl2)
* [Level 3](#lvl3)

|  |  |
| --- | --- |
| **LEVEL 1** | |
| **Definition** | Includes the following beneficiaries:   * Full Benefit Dual Eligible (Medicare & Medicaid) with income between 100% and 150% of Federal Poverty Level (FPL). * Medicare Savings Program participants (QMB-only, SLMB-only or QI). * Supplemental Security Income (SSI) recipients without Medicaid. |
| **Monthly Premium subsidy from CMS** | 100% of the basic portion of the Part D premium. |
| **Copay Amounts** | * No deductible. * $5.10 generic / $12.65 other drugs. * $5.10 generic / $12.65 copay applies for up to a 90-day supply. * Once catastrophic benefit level is reached, $0 copay for Pt D drugs.     **Notes:**   * For Part D drugs, LIS eligible members will pay either the LIS cost share or the plan cost share, whichever is less. * If the negotiated price of the drug is less than the LIS cost share and plan cost share, the member is responsible for the negotiated price of the drug only. * The generic pricing also applies to certain preferred drugs. |
| **Comments** | A member’s reduced copays apply even if the member buys up to an enhanced plan. However, the member must pay any difference in premium between his/her subsidy amount and the premium for that enhanced plan. |

|  |  |
| --- | --- |
| **LEVEL 2** | |
| **Definition** | Non-institutionalized Full benefit dual eligible (eligible for both Medicare and Medicaid). |
| **Monthly Premium subsidy from CMS** | 100% of the basic portion of the Part D premium. |
| **Copay Amounts** | * No deductible. * $ 1.60 generic/$4.90 brand name drugs copay applies for a 30-day supply. * $ 1.60 generic/$4.90 copay applies for up to a 90-day supply. * Once catastrophic benefit level is reached, $0 copay for Part D drugs.   **Notes:**   * For Part D drugs, LIS eligible members will pay either the LIS cost share or the plan cost share, whichever is less. * If the negotiated price of the drug is less than the LIS cost share and plan cost share, the member is responsible for the negotiated price of the drug only. * The generic pricing also applies to certain preferred drugs. |
| **Comments** | A member’s reduced copays apply even if the member buys up to an enhanced plan. However, the member must pay any difference in premium between his/her subsidy amount and the premium for that enhanced plan. |

|  |  |
| --- | --- |
| **LEVEL 3** | |
| **Definition** | Institutionalized Full benefit dual eligible (eligible for both Medicare and Medicaid) or Beneficiaries receiving Home and Community-Based Services (HCBS). |
| **Monthly Premium subsidy from CMS** | 100% of the basic portion of the Part D premium. |
| **Copay Amounts** | $0.00 |
| **Comments** | A member’s reduced copays apply even If the member buys up to an enhanced plan. However, the member must pay any difference in premium between his/her subsidy amount and the premium for that enhanced plan. |

**Note:**  The Center for Medicare and Medicaid Services (CMS) can automatically enroll Low Income Cost Sharing Subsidy (LICS) eligible beneficiaries who have not elected a Part D plan on their own into Prescription Drug Plans (PDPs).

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

**Parent SOP:** [CALL-0070](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0070)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions and Terms](file:///C:/Users/c506325/AppData/Local/Microsoft/Office/CMS-2-017428)

[Aetna Med D - Low Income Subsidy (LIS/LICS) FAQs](file:///C:/Users/c506325/AppData/Local/Microsoft/Office/CMS-PRD1-087838)

[Top of the Document](#_top)

Not To Be Reproduced Or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY – INFORMATIONAL ONLY**