TABLE 1: LIS Income Limits

Family Size	0 thru 135% FPL Full Subsidy	136 thru 140% FPL 75% Subsidy	141 thru 145% FPL 50% Subsidy	146 thru 149% FPL 25% Subsidy
1	0 - 1226	1226.01- 1271	1271.01 - 1316	1316.01 - 1361.99
2	0 - 1655	1655.01 - 1717	1717.01- 1778	1778.01 - 1838.99
3	0 - 2085	2085.01- 2162	2162.01 - 2240	2240.01 - 2316.99
4	0 - 2515	2515.01 - 2608	2608.01- 2701	2701.01 - 2793.99
5	0 - 2945	2945.01 - 3054	3054.01 - 3163	3163.01 - 3271.99
6	0 - 3374	3374.01 - 3499	3499.01 - 3624	3624.01 - 3748.99
7	0 - 3804	3804.01 - 3945	3945.01 - 4086	4086.01 - 4226.99
8	0 - 4234	4234.01 – 4391	4391.01 - 4547	4547.01 - 4703.99
For Each Additional Member	$430	$431 - $446	$447 - $462	$462 - $478

TABLE 2: LIS Eligibility Calculation

Subsidy Calculation for One Person

Countable Resources in $	≤135%FPL	136% thru 140% FPL	141% thru 145% FPL	146% thru 149% FPL	≥150%
< $8,180	A	C	D	E	F
> $8,180 to ≤ 12,640	B	C	D	E	F
> $12,640	F	F	F	F	F

Subsidy Calculation for a Couple

Countable Resources	≤ 135% FPL	136% thru 140% FPL	141% thru 145% FPL	146% thru 149%	≥ 150%
≤ $13,020	A	C	D	E	F
>$13,020 to ≤ 25,260	B	C	D	E	F
> $25,260	F	F	F	F	F

***These resource limits do not include $1,500 per person burial expense.**

TABLE 3: LIS Benefit Determination

Subsidy	Subsidized Monthly Premium	Yearly Deductible	Pre- Catastrophic Co-pay per Prescription	Coverage Gap? Y/N	Catastrophic Co-pay per Prescription
A	100%	$0	$2.40/$6.00	N	$0
B	100%	$60	15%	N	$2.40/$6.00
C	75%	$60	15%	N	$2.40/$6.00
D	50%	$60	15%	N	$2.40/$6.00
E	25%	$60	15%	N	$2.40/$6.00
F (No subsidy)	0%	$295	25%	Y	@5%