



Low Income Subsidy

You may be able to get extra help from the government for your America's 1st Choice of South Carolina, Inc. plan with prescription drug coverage.

You may be eligible for help paying for some or all of your prescription drug costs, based on guidelines set by the federal government. You can apply for this help through the Social Security Administration or a state Medical Assistance Office. The amount of assistance you receive, if any, will depend on your income and resources, and is determined by the federal government.

If you think you could qualify for help, call the Social Security Administration at 1-800-772-1213 (TTY/TDD 1-800-325-0778), between 7 a.m. and 7 p.m., Monday through Friday, or visit [Social Security Website](#). The Social Security Administration's application process provides the quickest decision. (You can also go to a local Social Security Administration or Medicaid office and apply.)

For the Medicare program's policy on evidence of eligibility for low income subsidy, visit the [CMS website's Best Available Evidence](#) page.

If you know you qualify for or are already receiving help to pay for your Medicare prescription drug plan, learn how much you will pay for your Part D drugs as a member of an America's 1st Choice of South Carolina, Inc. plan. America's 1st Choice of South Carolina, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. America's 1st Choice of South Carolina, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. America's 1st Choice of South Carolina, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-563-3289 (TTY: 711). 繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-563-3289 (TTY : 711).

Copayments for your Part D covered drugs if you qualify for help

LIS Level	MBD Code (Category Code)	Plan Code	Income Category	Deductible	Initial Coverage Period	Coverage Gap	Catastrophic
I	2	902 (075)	< or = FPL	\$0	\$1.25/generic \$3.80/brand	\$1.25/generic \$3.80/brand	\$0
II	1	901 (050)	<135% or >100% FPL	\$0	\$3.40/generic \$8.50/brand	\$3.40/generic \$8.50/brand	\$0
III	4	904 (025)	<150% FPL	\$85	15%	15%	\$3.40/generic \$8.50/brand
Institutionalized full-benefit dual eligible (FBDE)	3	903 (100)	Institutional FBDE	\$0	\$0	\$0	\$0

075, 050, 025, 100 represent the subsidy level

Last Updated 9/6/2018