



## Low Income Subsidy

You may be able to get extra help from the government for your Freedom Health, 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 [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 Freedom Health plan. Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711). From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. Del 1 de octubre hasta el 31 de marzo, estamos abiertos los 7 días de la semana de 8 a.m. a 8 p.m. EST. Del 1 de abril hasta el 30 de septiembre, estamos abiertos de lunes a viernes, de 8 a.m. a 8 p.m. EST.

**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 (100)	< or = FPL	\$0	\$1.30 generic/\$4.00 brand	\$1.30 generic/\$4.00 brand	\$0
II	1	901 (100)	<135% or >100% FPL	\$0	\$3.70 generic/\$9.20 brand	\$3.70 generic/\$9.20 brand	\$0
III	4	904 (025, 050, 075, 100)	<150% FPL	\$92	15%	15%	\$3.70 generic/\$9.20 brand
Institutionalized full-benefit dual eligible (FBDE)	3	903 (100)	Institutional FBDE	\$0	\$0	\$0	\$0

025, 050, 075, 100 represent the subsidy level