

Group	Plans	Description*	Eligible Services Under Plan							
			Uninsured Drug Costs	Health Premiums	Health Copays and Deductibles	Drug Copays and Deductibles	Dental Premiums	Dental Copays and Deductibles	Vision Premiums	Vision Copays and Deductibles
18005	LA NI	Uninsured (no HIP services)	X							
	LA DV	No health/drug insurance but has dental and/or vision coverage; receives uninsured medication assistance and insured dental/vision assistance	X				X	X	X	X
	LA CH	Insurance in flux - considered uninsured for medication assistance, but eligible for premium payments	X	X			X		X	
	LA MPB	Insured under Medicare Part B, but no Part D plan to provide medication coverage; receives uninsured medication coverage	X	X	X		X	X	X	X
	LA MEU	Have applied for Medicaid but are not yet active; currently uninsured (temporary coverage)	X							
18002	LA PI	Insured drug cost-shares only				X				
	LA PIPR	Insured drug cost shares and premium payments only (no non-drug cost shares)		X		X	X		X	
	LA HPML	Insured with medical and drug cost-shares (no premiums)			X	X		X		X
	LA HFI	Insured with full HIP (premiums, all cost-shares)		X	X	X	X	X	X	X
	LA MEI	Have applied for Medicaid but are not yet active; currently insured (temporary coverage)		X	X	X	X	X	X	X
18400	LA HPR	Insured with premium payments ONLY (no cost-shares or uninsured drug coverage)		X			X		X	
	LA HML	Insured with non-drug cost-shares ONLY (no premiums or any drug coverage)			X			X		X
	LA HF	Insured with non-drug cost-shares and premiums ONLY (no drug coverage)		X	X		X	X	X	X
18902	LA 01	Medicare Part D drug coverage and eligible for all other insured services		X	X	X	X	X	X	X
18600	LA MC	Full Medicaid; No services approved								
	LA MCHCV	Full Medicaid; approved for HCV medications only	X							

\*\*"Cost-shares" means copayments, deductibles, and any other form of co-insurance