AM I ELIGIBLE FOR Medicare Discount PROGRAMS?

800-803-7174



DO I QUALIFY FOR EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN?

(Low Income Subsidy or Extra Help)

IS MY GROSS MONTHLY INCOME LESS THAN	1,719	YES / NO
Or (if married)		
IS OUR MONTHLY INCOME LESS THAN	2,309	YES / NO
IF YOU CHECKED YES CONTINUE		
ARE MY ASSETS (EXCLUDING HOME AND CAR) LESS THAN	16,660	YES / NO
OR (IF MARRIED)		
ARE OUR ASSETS (EXCLUDING HOME AND CAR) LESS THAN	33,240	YES / NO
IF YOU CHECKED YES, YOU MIGHT QUALIFY FOR EXTRA HELP!		

DO I QUALIFY FOR MI TO HELP PAY MY FEDERAL MEDICARE B PREMIUM?

(Medicare Savings Program/ MSP)

IS MY GRO	OSS MONTHLY INCOME LESS THAN	1,549	YES / NO
	OR (IF MARRIED)		
IS OUR M	ONTHLY INCOME LESS THAN	2,080	YES / NO
IF YOU C	CHECKED YES CONTINUE		
ARE MY A	ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN	8,400	YES / NO
(OR (IF MARRIED)		
ARE OUR	ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN	12,600	YES / NO

IF YOU CHECKED YES, YOU MIGHT QUALIFY FOR THE MEDICARE SAVINGS PROGRAM!