

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)

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|--------------------------------------|-------|----------|
| IS MY GROSS MONTHLY INCOME LESS THAN | 1,630 | YES / NO |
| Or (if married) | | |

| | | |
|---------------------------------|-------|----------|
| IS OUR MONTHLY INCOME LESS THAN | 2,198 | YES / NO |
|---------------------------------|-------|----------|

IF YOU CHECKED YES CONTINUE

| | | |
|--|--------|----------|
| ARE MY ASSETS (EXCLUDING HOME AND CAR) LESS THAN | 14,790 | YES / NO |
| OR (IF MARRIED) | | |

| | | |
|---|--------|----------|
| ARE OUR ASSETS (EXCLUDING HOME AND CAR) LESS THAN | 29,520 | 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)

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|--------------------------------------|-------|----------|
| IS MY GROSS MONTHLY INCOME LESS THAN | 1,469 | YES / NO |
| OR (IF MARRIED) | | |

| | | |
|---------------------------------|-------|----------|
| IS OUR MONTHLY INCOME LESS THAN | 1,980 | YES / NO |
|---------------------------------|-------|----------|

IF YOU CHECKED YES CONTINUE

| | | |
|--|-------|----------|
| ARE MY ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN | 7,970 | YES / NO |
| OR (IF MARRIED) | | |

| | | |
|---|--------|----------|
| ARE OUR ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN | 11,960 | YES / NO |
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IF YOU CHECKED YES, YOU MIGHT QUALIFY FOR THE MEDICARE SAVINGS PROGRAM!