

## AM I ELIGIBLE FOR Medicare Discount PROGRAMS?

800-803-7174



**MMAP**

MICHIGAN MEDICARE/MEDICAID  
ASSISTANCE PROGRAM

*Navigating Medicare*

### 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!***

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

#### **(Medicare Savings Program/ MSP)**

IS MY GROSS MONTHLY INCOME LESS THAN 1,660.25 YES / NO

OR (IF MARRIED)

IS OUR MONTHLY INCOME LESS THAN 2,238.50 YES / NO

#### **IF YOU CHECKED YES CONTINUE**

ARE MY ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN 9,090 YES / NO

OR (IF MARRIED)

ARE OUR ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN 13,630 YES / NO

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