800-803-7174

**AM I ELIGIBLE FOR Medicare Discount PROGRAMS?**

 

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

**(Low Income Subsidy or Extra Help)**

 IS MY GROSS MONTHLY INCOME LESS THAN 1,902 YES / NO

 Or (if married)

 IS OUR MONTHLY INCOME LESS THAN 2,575 YES / NO

 **IF YOU CHECKED YES CONTINUE**

 ARE MY ASSETS (EXCLUDING HOME AND CAR) LESS THAN 17,220 YES / NO

 OR (IF MARRIED)

 ARE OUR ASSETS (EXCLUDING HOME AND CAR) LESS THAN 34,360 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 GROSS MONTHLY INCOME LESS THAN 1,714 YES / NO

 OR (IF MARRIED)

IS OUR MONTHLY INCOME LESS THAN 2,319 YES / NO

**IF YOU CHECKED YES CONTINUE**

ARE MY ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN 9,430 YES / NO

 OR (IF MARRIED)

 ARE OUR ASSETS (EXCLUDING HOME AND 1 CAR) LESS THAN 14,130 YES / NO

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