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

 

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

**(Low Income Subsidy [LIS] or Extra Help)**

 If Single , IS MY GROSS MONTHLY INCOME LESS THAN 1,699 YES /NO

 Or (if married)

 IS OUR MONTHLY INCOME LESS THAN 2,289 YES / NO

 **IF YOU CHECKED YES CONTINUE**

 ARE MY ASSETS (EXCLUDING HOME AND CAR) LESS THAN 15,510 YES / NO

 OR (IF MARRIED)

 ARE OUR ASSETS (EXCLUDING HOME AND CAR) LESS THAN 30,950 YES / NO

***IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, YOU MIGHT QUALIFY FOR EXTRA HELP!***

***Contact Region 2 Area Agency on Aging for more information at (517) 592-1974 or info@r2aaa.net.***

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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 1,469 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

***IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, YOU MIGHT QUALIFY FOR THE MEDICARE SAVINGS PROGRAM! Contact Region 2 Area Agency on Aging for more information at (517) 592-1974 or info@r2aaa.net.***