

## **Extra Help Program Income and Asset Limits 2018**

## If you have Medicare and Medicaid and/or a Medicare Savings Program

You are enrolled in	And your income is	Then you get	Your 2018 copays are	
Medicaid		<del>-</del>	\$1.25 generic copay \$3.70 brand-name copay No copay after \$5,000 in out of pocket drug costs	
Medicaid and/or the Medicare Savings Program		<b>Full Extra Help</b> \$0 premium and deductible <sup>2</sup>	\$3.35 generic copay \$8.35 brand-name copay No copay after \$5,000 in out of pocket drug costs	

## If you have Medicare only

And your income is	And your assets are	Then you can get	Your 2018 copays are
<b>Up to</b> \$1,386 (\$1,872 for couples) per month in 2018 <sup>1</sup>	<b>Up to</b> \$9,060 (\$14,340 for couples) in 2018 <sup>3</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>2</sup>	\$3.35 generic copay \$8.35 brand-name copay No copay after \$5,000 in out of pocket drug costs
<ul> <li>Below \$1,538 (\$2,078 for couples) per month in 2018<sup>1</sup></li> <li>And your income and/or assets are above Full Extra Help limits</li> </ul>	<ul> <li>Up to \$14,100 (\$28,150 for couples) in 2018<sup>3</sup></li> <li>And your income and/ or assets are above Full Extra Help limits</li> </ul>	Partial Extra Help Premium depends on your income \$83 deductible or the plan's standard deductible, whichever is cheaper	15% coinsurance or the plan copay, whichever is less After \$5,000 in out of pocket drug costs, you pay \$3.35/generic and \$8.35/brand-name or 5% of the drug cost, whichever is greater

**Note:** Income and asset limits on this chart are rounded to the nearest whole dollar. There's also a \$20 income disregard (factored into the income limits above) that the Social Security Administration automatically subtracts from your monthly unearned income.

Helpline: 800-333-4114

<sup>&</sup>lt;sup>1</sup>Income limits are based on the Federal Poverty Level (FPL), which changes every year in February or March. Limits are higher for each additional relative living with you for whom you are responsible.

<sup>&</sup>lt;sup>2</sup>You pay no premium if you have Full Extra Help and a basic Part D drug plan with a premium at or below the Extra Help premium limit for your area.

<sup>&</sup>lt;sup>3</sup>Asset limits include \$1,500 per person for burial expenses.