

Do you qualify?

1. Do you have Medicare?

YES NO

2. If single, is your total monthly income less than \$1,903? If married, is your total monthly income less than \$2,575?

YES NO

3. If single, are your total resources \$15,720¹ or less? If married, are your total resources \$31,360¹ or less?

YES NO


¹Do not count home, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI. The cash value of a life insurance policy is excluded up to \$1,500.

If you answered "Yes" to all three questions above, you may be eligible! Check inside for more details.

Do you need assistance?

Contact:

For additional copies of this brochure, call:
573.526.4542



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

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For more information visit:
[Health.Mo.Gov/mippa](https://www.health.mo.gov/mippa)

Receive help with MEDICARE Costs



You may be eligible for programs that SAVE you MONEY!

May 2024

THE MEDICARE SAVINGS PROGRAMS PAY:

	Part A Premium	Part A Coinsurance	Part B Premium	Part B Coinsurance	Parts A&B Deductible	Eligible for LIS
QMB	✓	✓	✓	✓	✓	✓
SLMB			✓			✓
QI			✓			✓

Qualified Medicare Beneficiary (QMB) Program

Monthly Income	Single = up to \$1,275 Married = up to \$1,724
Resources*:	Single = \$9,430 [^] Married = \$14,130 [^]

Specified Low Income Medicare Beneficiary (SLMB) Program

Monthly Income:	Single = \$1,526 Married = \$2,064
Resources*:	Single = \$9,430 [^] Married = \$14,130 [^]

Qualified Individual (QI) Program

Monthly Income:	Single = \$1,715 Married = \$2,320
Resources*:	Single = \$9,430 [^] Married = \$14,130 [^]

*Resources exclude your home, vehicle and personal possessions. Other exclusions may apply. If you are within the income guidelines, please contact your area agency on aging to determine resource exclusions.

[^]Resources do not include a \$1,500 per person burial allowance.

IMPORTANT!

Complete an application to see if you qualify for savings - even if your income and resources may be higher than listed.

LOW INCOME SUBSIDY/EXTRA HELP PROGRAM PAYS:

	Part D Monthly Premium	Part D Deductible	Part D Copayment
Full Benefit	✓	✓	Copay: \$4.50 generic/ \$11.20 brand Catastrophic copay: \$0

Full Low Income Subsidy (LIS) /Extra Help

Monthly Income:	Single = up to \$1,903 Married = up to \$2,575
Resources*:	Single = \$15,720 [^] Married = \$31,360 [^]

Definitions:

Coinsurance

An amount you pay as your share of the cost for medical services after you meet your deductible.

Copayment

A set amount you may pay each time you get a medical service or supply.

Deductible

The amount you must pay for health care or prescriptions before your insurance begins to pay.

Premium

The monthly cost you pay for coverage.