# Extra Help Program
## Income and Asset Limits 2018

### If you have Medicare only

<table>
<thead>
<tr>
<th>Income limit</th>
<th>Asset limit</th>
<th>Program</th>
<th>Copayments</th>
</tr>
</thead>
</table>
| **Below** $1,538 ($2,078 for couples) per month in 2018\(^1\)  
  • And your income and/or assets are above Full Extra Help limits | Up to $14,100 ($28,150 for couples) in 2018\(^2\)  
  • And your income and/or assets are above Full Extra Help limits | 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 |

| Up to $1,386 ($1,872 for couples) per month in 2018\(^1\) | Up to $9,060 ($14,340 for couples) in 2018\(^2\) | Full Extra Help  
 $0 premium and deductible\(^3\) | $3.35 generic copay  
 $8.35 brand-name copay  
 No copay after $5,000 in out-of-pocket drug costs |

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

<table>
<thead>
<tr>
<th>Enrolled in</th>
<th>Income limit</th>
<th>Program</th>
<th>Copayments</th>
</tr>
</thead>
</table>
| Medicaid and/or a Medicare Savings Program | **Above** $1,032 ($1,392 for couples) per month in 2018\(^1\) | Full Extra Help  
 $0 premium and deductible\(^3\) | $3.35 generic copay  
 $8.35 brand-name copay  
 No copay after $5,000 in out-of-pocket drug costs |

| Medicaid | Up to $1,032 ($1,392 for couples) per month in 2018\(^1\) | Full Extra Help  
 $0 premium and deductible\(^3\) | $1.25 generic copay  
 $3.70 brand-name copay  
 No copay after $5,000 in out-of-pocket drug costs |

**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.

\(^1\)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.

\(^2\)Asset limits include $1,500 per person for burial expenses.

\(^3\)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.