



# Extra Help Program Income and Asset Limits 2020

## If you have Medicare only

Income limit	Asset limit	Program	Copayments
<b>Below</b> \$1,615 (\$2,175 for couples) per month in 2020 <sup>1</sup> <ul style="list-style-type: none"> <li><b>And</b> your income and/or assets are above Full Extra Help limits</li> </ul>	<b>Up to</b> \$14,610 (\$29,160 for couples) in 2020 <sup>2</sup> <ul style="list-style-type: none"> <li><b>And</b> your income and/or assets are above Full Extra Help limits</li> </ul>	<b>Partial Extra Help</b> Premium depends on your income \$89 deductible or the plan's standard deductible, whichever is cheaper	15% coinsurance or the plan copay, whichever is less After \$6,350 in out-of-pocket drug costs, you pay \$3.60/generic and \$8.95/brand-name or 5% of the drug cost, whichever is greater
<b>Up to</b> \$1,456 (\$1,960 for couples) per month in 2020 <sup>1</sup>	<b>Up to</b> \$9,360 (\$14,800 for couples) in 2020 <sup>2</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>3</sup>	\$3.60 generic copay \$8.95 brand-name copay No copay after \$6,350 in out-of-pocket drug costs

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

Enrolled in	Income limit	Program	Copayments
Medicaid and/or a Medicare Savings Program	<b>Above</b> \$1,083 (\$1,457 for couples) per month in 2020 <sup>1</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>3</sup>	\$3.60 generic copay \$8.95 brand-name copay No copay after \$6,350 in out-of-pocket drug costs
Medicaid	<b>Up to</b> \$1,083 (\$1,457 for couples) per month in 2020 <sup>1</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>3</sup>	\$1.30 generic copay \$3.90 brand-name copay No copay after \$6,350 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.

<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>2</sup>Asset limits include \$1,500 per person for burial expenses.

<sup>3</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.