Extra Help with Medicare Prescription Drug Plan Costs

What help can I receive?

Medicare beneficiaries can qualify for Extra Help with their Medicare prescription drug plan costs. The Extra Help is estimated to be worth about $5,000 per year. To qualify for the Extra Help, a person must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia.

- Information on the Extra Help program
- See if you qualify for Extra Help and apply
- Extra Help forms and publications
- Extra Help information for caregivers and organizations
- Extra Help information in other languages

Related Information

- State Health Insurance Counseling and Assistance Program (SHIP)
- Getting help with your Medicare costs
- Medicare Savings Programs (MSP) Model Application for Medicare Premium Assistance
- National Center for Benefits Outreach and Enrollment
Welcome!

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

What Is This Application?

This is an application for Extra Help and does not enroll you in a Medicare prescription drug plan. You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call 1-800-MEDICARE (TTY 1-877-486-2048) or visit www.medicare.gov.

Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?

You should complete this application for Extra Help on the Internet if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- You live in one of the 50 States or the District of Columbia; and
- Your combined savings, investments, and real estate are not worth more than $29,160, if you are married and living with your spouse, or $14,610 if you are not currently married or not living with your spouse. (Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.) If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

**EXCEPTION:** Even if you meet these conditions, DO NOT complete this application if you have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid because you automatically will get the extra help.

How Can You Get The Extra Help?

To get extra help with Medicare Prescription Drug plan costs, you must complete and submit this application. We will review your application and send you a letter to let you know if you qualify for extra help.

**NOTE:** To apply, you must live in one of the 50 States or the District of Columbia.
If you need help completing this application, call Social Security toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).

You also may be able to get help from your State with other Medicare costs under the **Medicare Savings Programs**. By completing this form, you will start your application process for a Medicare Savings Program. We will send information to your State who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Counseling and Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

**What Do You Want To Do?**

- [Apply Now](#)
- [Return to an Existing Application](#)

**Preparing To Use This Application**

**Do not use your browser’s Back button.**

To go back, select Previous at the bottom of the page.

**What information will you need?**

To determine if you could be eligible for extra help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs.
This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

**What if you need to stop and come back later?**

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Save & Exit this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

**Can you edit your information?**

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

**How long can you work on each page?**

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

If you are unsure about how to use this application, you can find more details on the following pages:

- [How the Online Application Works](#)

**Should You Use This Application?**

Not everyone will be able to use the online Application For Extra Help With Medicare Prescription Drug Plan Costs. You must answer a few questions to help determine if you should use this Internet form. Any time there is a link at the end of a question that says "More Info," you can follow that link to get help with that question.

**Are you assisting someone (other than your spouse who lives with you) with this application? [More Info](#)**

1. No
2. Yes
If you are helping another person fill out this application, answer the following questions as if you were the person.

Did you (or your spouse, if married and living together) get an application in the mail from us? More Info

1. No
2. Yes

Do you (or your spouse, if married and living together) have Medicare? More Info

1. No
2. Yes

Are you (or your spouse, if married and living together) 64 years and 9 months old or older? More Info

1. No
2. Yes

Have you (or your spouse, if married and living together) received Social Security disability benefits for 24 months; disability benefits based on Lou Gehrig’s disease (ALS); or Renal dialysis treatments or a kidney transplant? More Info

1. No
2. Yes

In which State do you (and your spouse, if married and living together) live? More Info

What is your marital status? More Info

Do you have combined savings, investments and real estate worth more than $29,160 if you are married and living with your spouse; or $14,610 if you are not married or not living with your spouse? More Info

Include the things you own by yourself, with your spouse or with someone else. Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.

1. No or Not Sure
2. Yes
Go Ahead

To complete the application, select Apply Now at the bottom of this page.

We will ask about your income, your spouse's income, and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

1. Complete Application
2. Review
3. Submit
4. Print Receipt

About You And Your Spouse

We need some basic information about how to contact you and your spouse in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

About You

Your Name: More Info

Enter your name as it appears on your most recent Social Security card.
Your Social Security Number (SSN): More Info

What is your date of birth? More Info
- Month
- Day
- Year

Have you worked in 2019 or 2020? More Info
1. ☐ No
2. ☐ Yes

About Your Spouse
Spouse's Name: More Info
Enter your spouse's name as it appears on his or her most recent Social Security card.

First
M.I.
Last
Suffix

Spouse's Social Security Number (SSN): More Info

What is your spouse's date of birth? More Info
- Month
- Day
- Year

Has your spouse worked in 2019 or 2020? More Info
1. ☐ No
2. ☐ Yes

Contact Information
☐ We have changed our address within the last three months.

Your Mailing Address: More Info
Street Line 1:
Street Line 2:
Add Line
Other Information
If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply? More Info

1. ☐ No
2. ☐ Yes

Do you have combined savings, investments and real estate worth more than $29,160? More Info
Include the things you own by yourself, with your spouse, or with another person. Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.

1. ☐ No or Not Sure
2. ☐ Yes

If you selected YES, you are not eligible for the Extra Help. But, your State may be able to help you with your Medicare costs through the Medicare Savings Programs. To start your application process for Medicare Savings Programs, please see the information below.

Information about Medicare Savings Programs: You may be able to get help from your State with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information from this form to your State unless you tell us not to. If you want help from the Medicare Savings Programs, do not complete the question below. Just complete and submit your application and your State will contact you.

If you are not interested in filing for the Medicare Savings Programs, please select below.

☐ No, do not send the information to the State.

OPTIONAL: If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. More Info

Contact Person's Name:
Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to continue the application later, you will need this number. It will let you come back to the application and continue where you left off without losing any information you already entered.

Applicant's Social Security Number: ***-**

Re-entry Number: [redacted]

Print or save this page so you will have a copy of your Reentry Number.

Reentry Instructions

To Come Back To This Application:
1. Go to this website: http://www.socialsecurity.gov/i1020; and
2. Type in the Social Security and Reentry Numbers shown above.

If you lose or forget your Reentry Number, you will have to begin this application again, and you will lose all the information already entered. You can start a new application up to three times. Social Security can help you start the process again, but we cannot look up the Reentry Number for you.

Last Date To Complete This Application
You need to complete an application by March 4, 2020; otherwise you may lose benefits.

Important Information
You might have received a notice from us advising you of an earlier time period for filing the application. If you did, it was because you or someone on your behalf contacted us about filing before you started the Internet application. Generally, it is to your advantage to file within that earlier period to receive the earliest filing date.
About Your Living Situation
For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? Please do not include yourself in the number you enter. If your household consists only of you, enter "0". More Info

We ask this because your household size may affect the amount of help you can get.

Resources
Please enter the money amounts of all bank accounts, investments or cash that you own. Also include items that you own with another person.

If you need help adding your bank accounts, select Add Accounts. If you need help adding your investments, select Add Investments. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

Do you have bank accounts (checking, savings and certificates of deposit)? More Info

1.  No
2.  Yes

Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? More Info

1.  No
2.  Yes

Do you have any other cash at home or anywhere else? More Info

1.  No
2.  Yes

Will some money from any of the sources listed above be used to pay for your funeral or burial expenses? More Info
This includes any bank accounts, investments, and cash that you listed.

If Yes, skip to the next question. If no, select No and then go to the next question.

1.  No
Other than your home and the property on which it is located, do you own any real estate? More Info
Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.

1.  ○ No
2.  ○ Yes

Income Other Than Wages And Earnings
If you receive income from any of the sources listed below, please enter the total amount you receive each month. If the amount changes from month to month or you do not receive it every month, enter the average monthly income for the past year for each type in the appropriate fields.
Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select No for that source.
If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

1.  ○ No
2.  ○ Yes

Do you receive Railroad Retirement benefits? More Info

1.  ○ No
2.  ○ Yes

Do you receive Veterans benefits? More Info

1.  ○ No
2.  ○ Yes

Do you receive income from other pensions or annuities? More Info
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs) or any other investments.)

1.  ○ No
2.  ○ Yes
Do you receive other income not listed above, including alimony, net rental income, workers’ compensation, unemployment, private or State disability payments, etc.? More Info
(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)

1.  ☐ No
2.  ☑ Yes

Has any of the income from these sources decreased in the last two years? More Info

1.  ☐ No
2.  ☑ Yes

Review Your Information
Review the items you completed below before you submit this application. If you need to make changes, select the Edit button in the margin just left of the page where the changes are necessary. Changes on one page may require additional information to be entered or changed on subsequent pages. You can print this summary before you submit it. Once you submit it, you will be able to print a receipt that shows exactly what is on your application.

About You

My Information
Name:
Social Security Number: ***-**
Date of Birth:

Work Status:
I did not work in 2019 or 2020.
I do not have combined savings, investments, and real estate worth more than $14,610.

Medicare Savings Programs:
• You are not interested in the Medicare Savings Programs. If this is not correct, select Edit to go back and change your answer.

I am not interested in the Medicare Savings Programs.

Mailing Address / Phone
Address:
Phone:

I have not changed my address within the last three months.

Contact Person: None given

About Your Living Situation
Number of Dependents: 0

Resources
Bank accounts, investments, cash:
I have a combined total of $5,000.00 in all my bank accounts.
I have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs), or similar investments.
I have no cash at home or anywhere else.

Burial expenses:

• If you did not respond to this question, our assumption is that some money from the sources mentioned will be used to pay for your funeral or burial expenses. If this is not correct, select Edit to go back and change your answer.

Some money from the sources mentioned will be used to pay for my funeral or burial expenses.

Real estate:
I do not own any real estate other than my home and the property on which it is located.

Income Other Than Wages And Earnings
Income from pensions, annuities, and other sources:
I receive per month from Social Security benefits.
I do not receive Railroad Retirement benefits.
I do not receive Veterans benefits.
I receive per month from other pensions or annuities.
I do not receive other income.

Decrease in income other than wages and earnings:
My income from these sources has not decreased in the last two years.
If you need help completing this application, call Social Security toll-free at:
1-800-772-1213 or
TTY 1-800-325-0778,
Monday-Friday 7am-7pm

Need Help?

Next  Save & Exit

Important:
After you submit this application, you will not be able to come back to it. Check the box next to your name to indicate that you have read and are signing the statement below.

Ready To Submit?
If you are ready to submit your Application for Extra Help With Medicare Prescription Drug Plan Costs, read the statement below. Checking the box next to your name means that you agree with the statement and have signed your application.

Terms of Agreement
I, [redacted], understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.

By submitting this application, I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security Number, etc., to the State to start the application process for Medicare Savings Programs.

I am declaring under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.

☐ *I, [redacted] agree with the terms of agreement above.

Submit Now  Previous  Save & Exit