Individuals with Medicare Part A and/or Part B, who have limited income, may get help paying for their out-of-pocket Medicare expenses from the Medicaid Program.

The Medicare Cost-Sharing groups include:

1. Qualified Medicare Beneficiaries (QMB):
   - In the QMB Program, Medicaid will pay your Medicare Part A and Part B premiums, deductibles, and coinsurance.
   - You must be eligible for Medicare, Part A (Hospital Insurance).
   - Your total monthly income must be less than $1,183 for an individual or $1,576 for a couple.
   - It does not matter what your resources are in this group. There is no resource test. Eligibility begins the month after the month you are approved. There is no retroactive QMB coverage.
   - You will receive a Medicaid card.

2. Specified Low-Income Medicare Beneficiary (SLMB)
   - You must have Medicare, Part A (Hospital Insurance).
   - Your total monthly Income must be less than $1,409 for an individual or $1,881 for a couple.
   - It does not matter what your resources are in this group. There is no resource test.
   - Eligibility begins with the month a person is qualified, which may be up to three months before the month of application.
   - In the SLMB Program, Medicaid will pay only your Medicare Part B premium as of the date that the Division of Medicaid starts your eligibility. A SLMB does not qualify for any additional Medicaid benefits. You will not receive a Medicaid card.
3. Qualifying Individual (QI)

- **You must have** Medicare, Part A (Hospital Insurance.)
- Your total monthly income must be less than **$1,579 for an individual or $2,110 for a couple.**
- It does not matter what your resources are in this group. There is no resource test.
- Eligibility begins with the month a person is qualified, which may be up to three months before the month of application.
- In the QI Program, Medicaid will pay only your Medicare Part B premium as of the date that the Division of Medicaid starts your eligibility. A QI does not qualify for any additional Medicaid benefits.
- You will not receive a Medicaid card. This group is funded by a limited federal allotment. If at any time these funds run out, this group could be affected.

**After you are approved for one of the 3 Medicare cost-sharing programs:**

- Allow 4 to 6 weeks before the Medicare premium is added back to your Social Security check. You will be refunded any premiums withheld from your check beginning with the effective date of your eligibility.
- Choose a Medicare prescription drug plan under Medicare Part D that has a $0 premium. These plans are referred to as “benchmark” plans. If you choose a benchmark plan, you will have $0 premium, $0 deductible, $0 co-insurance charges and low co-pay charges. If you choose any other type of plan, you can be charged a monthly premium. If you do not pick a Part D plan, you will be assigned to a plan by Medicare. For assistance, call 1-800-MEDICARE (1-800-633-4227).

To apply for Medicare cost-sharing coverage, visit or call a Medicaid Regional Office (RO) to request an application form or apply on-line at [www.medicaid.ms.gov](http://www.medicaid.ms.gov). You can also apply at your local Social Security office or on-line at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp).