

**Are you or someone
you know on Medicare?**

**Do you have a limited
monthly income?**

**Do you pay more than \$8
for your prescription drugs?**



**If you answered YES to these questions, you may qualify
to receive help with paying for your prescription drugs.**

A FREE information and enrollment session will review the qualifications for the program and be able to enroll you on site if you meet the requirements.

To register, call:

For additional information, contact:



**1-855-408-1212
www.ncshiip.com**