

**BlueMedicare Premier Rx (PDP), BlueMedicare Value Rx (PDP), BlueMedicare Complete Rx (PDP), BlueMedicare Classic (HMO), BlueMedicare Classic Plus (HMO), BlueMedicare Premier (HMO), BlueMedicare Complete (HMO SNP), BlueMedicare Preferred (HMO), BlueMedicare Preferred POS (HMO POS), BlueMedicare Choice (Regional PPO), BlueMedicare Value (PPO) and BlueMedicare Select (PPO) Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs**

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

2019									
Your level of extra help	Monthly Premium for BlueMedicare Value Rx (PDP)*	Monthly Premium for BlueMedicare Premier Rx (PDP)*	Monthly Premium for BlueMedicare Complete Rx (PDP)*	Monthly Premium for BlueMedicare HMO, BlueMedicare Preferred HMO	BlueMedicare Complete HMO SNP*	BlueMedicare Preferred HMO POS*	Monthly Premium for BlueMedicare Choice PPO *	Monthly Premium for BlueMedicare Select PPO *	Monthly Premium for BlueMedicare Value PPO *
100%	\$10.40	\$36.00	\$125.70	\$0.00	\$0.10	\$39.00	\$11.80	\$117.60	\$0.00
75%	\$17.90	\$43.50	\$133.20	\$0.00	\$7.60	\$39.00	\$19.30	\$125.10	\$0.00
50%	\$25.50	\$51.10	\$140.80	\$0.00	\$15.20	\$39.00	\$26.90	\$132.70	\$0.00
25%	\$33.00	\$58.60	\$148.30	\$0.00	\$22.70	\$39.00	\$34.40	\$140.20	\$0.00

\*This does not include any Medicare Part B premium you may have to pay.

BlueMedicare Classic (HMO), BlueMedicare Classic Plus (HMO), BlueMedicare Premier (HMO), BlueMedicare Complete (HMO SNP), BlueMedicare Preferred (HMO), BlueMedicare Preferred POS (HMO POS), BlueMedicare Choice (Regional PPO), BlueMedicare Value (PPO), and BlueMedicare Select (PPO) premiums include coverage for both medical services and prescription drug coverage. If you aren't getting Extra Help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-800-926-6565, (TTY: 1-800-955-8770) from 8 a.m. - 8 p.m. local time, seven days a week from October 1 to March 31, except for Thanksgiving and Christmas. From April 1 to September 30th, we are open Monday - Friday, 8 a.m. - 8 p.m., local time.

Florida Blue is a PPO, RPPO and Rx (PDP) Plan with a Medicare contract. Florida Blue HMO and Florida Blue Preferred HMO are HMO Plans with a Medicare contract. Enrollment in Florida Blue, Florida Blue HMO, or Florida Blue Preferred HMO depends on contract renewal.

Health Coverage is offered Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO Coverage is offered by Health Options, Inc., DBA Florida Blue HMO, and BeHealthy Florida, Inc., DBA Florida Preferred HMO, which are affiliates of the Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. BlueMedicare Complete (HMO SNP) Plans are sponsored by Health Options, Inc., DBA Florida Blue HMO, and the state of Florida, Agency for Health Care Administration.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

Premiums may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.