

BlueCare Plus Choice (HMO D-SNP)
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.

If you get Extra Help, your monthly plan premium will be \$0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

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

BlueCare Plus Choice (HMO D-SNP)

Non-Medicaid Eligible Choices 1

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 1*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 1*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 1*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 2

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 2*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 2*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 2*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 3

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 3*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 3*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 3*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 4

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 4*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 4*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 4*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 5

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 5*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 5*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 5*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 6

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 6*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 6*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 6*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association.

Non-Medicaid Eligible Choices 7

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 7*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 7*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 7*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

Non-Medicaid Eligible Choices 8

Your level of Extra Help	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible East Choices 8*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible Middle Choices 8*	Monthly Premium for BlueCare Plus Choice (HMO D-SNP) Non-Medicaid Eligible West Choices 8*
100%	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00

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

BlueCare Plus Choice (HMO D-SNP)'s premium includes 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 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Service at **1-800-332-5762**, (TTY: 711) from **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back within (1) business day.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments and restrictions may apply. Benefits, premium, copayments and coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.