

**BlueCare Plus (HMO 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. 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.

**BlueCare Plus (HMO SNP)**

**Medicaid Eligible**

Your level of extra help	Monthly Premium for BlueCare Plus (HMO SNP) Medicaid Eligible*
100%	\$0.00
75%	\$7.80
50%	\$15.70
25%	\$23.50

**Non-Medicaid Eligible**

Your level of extra help	Monthly Premium for BlueCare Plus (HMO SNP) Non-Medicaid Eligible*
100%	\$0.00
75%	\$7.80
50%	\$15.70
25%	\$23.50

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

BlueCare Plus (HMO SNP) 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 7 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 October 1 to February 14, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

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BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association.  
 BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid Program.  
 Enrollment in BlueCare Plus Tennessee depends on contract renewal.

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.

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