

Elderplan
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.)

The table shows you what your monthly plan premium will be if you get extra help:

Health Plans	100% extra help – Premium Subsidy	Your level of extra help – LIS 1 Copayments	Your level of extra help – LIS 2 Copayments	Your level of extra help – LIS 3 Copayments
Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Monthly Premium* for H3347-002	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00
Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP) Monthly Premium* for H3347-003	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00

Health Plans	100% extra help – Premium	Your level of extra help – LIS 1 Copayments	Your level of extra help – LIS 2 Copayments	Your level of extra help – LIS 3 Copayments
Elderplan Plus Long Term Care (HMO-POS D-SNP) Monthly Premium* for H3347-007	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00
Elderplan Extra Help (HMO-POS) Monthly Premium* for H3347-009	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00
Elderplan Assist (HMO-POS IE-SNP) Monthly Premium* for H3347-015	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00
Elderplan Flex (HMO-POS) Monthly Premium* for H3347-016	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00
Elderplan Select (HMO-POS I-SNP/ IE-SNP) Monthly Premium* for H3347-018	\$0.00	Deductible \$0 Generic \$4.50 Brand \$11.20	Deductible \$0 Generic \$1.55 Brand \$4.60	Deductible \$0 Generic \$0.00 Brand \$0.00

Elderplan'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 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Elderplan Member Services at 1-800-353-3765, TTY/TDD users should call 711 from 8 am to 8 pm EST, 7 days a week or www.elderplan.org.