

**BlueAdvantage 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.

**BlueAdvantage (PPO)**

**Diamond**

Your level of Extra Help	Monthly Premium for Diamond West*	Monthly Premium for Diamond Middle*	Monthly Premium for Diamond Southeast*	Monthly Premium for Diamond Northeast*
100%	\$118.10	\$118.10	\$119.90	\$48.40
75%	\$118.10	\$118.10	\$119.90	\$48.40
50%	\$118.10	\$118.10	\$119.90	\$48.40
25%	\$118.10	\$118.10	\$119.90	\$48.40

**Ruby**

Your level of Extra Help	Monthly Premium for Ruby West*	Monthly Premium for Ruby Middle*	Monthly Premium for Ruby Southeast*	Monthly Premium for Ruby Northeast*
100%	\$57.30	\$68.50	\$50.60	\$5.60
75%	\$57.30	\$68.50	\$50.60	\$5.60
50%	\$57.30	\$68.50	\$50.60	\$5.60
25%	\$57.30	\$68.50	\$50.60	\$5.60

**Emerald**

Your level of Extra Help	Monthly Premium for Emerald West*	Monthly Premium for Emerald Middle*	Monthly Premium for Emerald Southeast*	Monthly Premium for Emerald Northeast*
100%	\$17.60	\$36.20	\$12.70	\$0.00
75%	\$17.60	\$36.20	\$12.70	\$0.00
50%	\$17.60	\$36.20	\$12.70	\$0.00
25%	\$17.60	\$36.20	\$12.70	\$0.00

**Sapphire**

Your level of Extra Help	Monthly Premium for Sapphire Southeast*	Monthly Premium for Sapphire Northeast*	Monthly Premium for Sapphire East*	Monthly Premium for Sapphire Northwest Georgia*
100%	\$0.00	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00	\$0.00

**Garnet**

Your level of Extra Help	Monthly Premium for Garnet Middle*	Monthly Premium for Garnet West*
100%	\$0.00	\$0.00
75%	\$0.00	\$0.00
50%	\$0.00	\$0.00
25%	\$0.00	\$0.00

**Freedom**

Your level of Extra Help	Monthly Premium for MA Only Freedom Statewide*
100%	\$0.00
75%	\$0.00
50%	\$0.00
25%	\$0.00

**Extra**

Your level of Extra Help	Monthly Premium for TN Statewide and Northwest Georgia*
100%	\$0.00
75%	\$0.00
50%	\$0.00
25%	\$0.00

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

BlueAdvantage (PPO)'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 Member Service at **1-800-831-2583**, (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.