

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%	\$129.30	\$129.30	\$119.30	\$61.30
75%	\$129.30	\$129.30	\$119.30	\$61.30
50%	\$129.30	\$129.30	\$119.30	\$61.30
25%	\$129.30	\$129.30	\$119.30	\$61.30

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%	\$61.30	\$79.30	\$64.30	\$18.30
75%	\$61.30	\$79.30	\$64.30	\$18.30
50%	\$61.30	\$79.30	\$64.30	\$18.30
25%	\$61.30	\$79.30	\$64.30	\$18.30

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 and Northwest Georgia*
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

Total Heart and Diabetes

Your level of Extra Help	Monthly Premium for Total Heart and Diabetes East*	Monthly Premium for Total Heart and Diabetes North Georgia*	Monthly Premium for Total Heart and Diabetes West*	Monthly Premium for Total Heart and Diabetes Middle*
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

Total Heart and Diabetes Plus

Your level of Extra Help	Monthly Premium for Total Heart and Diabetes Plus TN*
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 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Service at 1-800-831-2583, (TTY/TDD users should call 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 one (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.