



BlueCross BlueShield of Western New York

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 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 what your monthly plan premium will be if you get extra help.

| Your level of extra help | Monthly Premium for BlueSaver (HMO)* | Monthly Premium for Senior Blue Select (HMO)* | Monthly Premium for Senior Blue 651 (HMO)* | Monthly Premium for Freedom Nation (PPO)* | Monthly Premium for Forever Blue Value (PPO)* | Monthly Premium for Forever Blue 751 (PPO)* |
|--------------------------|--------------------------------------|---|--|---|---|---|
| 100% | \$0 | \$16.70 | \$95.90 | \$11.00 | \$121.30 | \$173.00 |
| 75% | \$0 | \$27.00 | \$101.90 | \$14.50 | \$127.20 | \$180.70 |
| 50% | \$0 | \$37.30 | \$107.90 | \$18.00 | \$133.10 | \$188.50 |
| 25% | \$0 | \$47.70 | \$114.00 | \$21.50 | \$139.10 | \$196.20 |

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

BlueCross BlueShield of Western New York'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 our Customer Service at 1-800-329-2792 (TTY 711).
 October 1 – March 31, 8 a.m. – 8 p.m. EST, 7 days a week
 April 1 – September 30, 8 a.m. – 8 p.m. EST, Monday – Friday

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BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-735-4515 (TTY 711)