

MetroPlus Health Plan
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.

Your level of extra help	Monthly Premium for MetroPlus Advantage Plan (HMO-DSNP)*	Monthly Premium for MetroPlus Platinum Plan (HMO)*	Monthly Premium for MetroPlus UltraCare (HMO-DSNP)*
100%	\$0.00	\$106.60	\$0.00
75%	\$10.60	\$117.20	\$10.60
50%	\$21.20	\$127.80	\$21.20
25%	\$31.80	\$138.40	\$31.80

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

MetroPlus Advantage Plan (HMO-DSNP), MetroPlus Platinum Plan (HMO), and MetroPlus UltraCare (HMO-DSNP)'s premiums include 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 Services at 1-866-986-0356, (TTY users should call 711) 24 hours a day, 7 days a week.

MetroPlus Health Plan is an HMO, HMO SNP plan with a Medicare contract. MetroPlus Health Plan has a contract with New York State Medicaid for MetroPlus UltraCare (HMO-DSNP) and a Coordination of Benefits Agreement with the New York State Department of Health for the MetroPlus Advantage Plan (HMO-DSNP). Enrollment in MetroPlus Health Plan depends on contract renewal.

MetroPlus Health Plan 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 1.866.986.0356 (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 1.866.986.0356 (TTY: 711)。