

**Excellus BlueCross BlueShield  
Medicare Blue Dual (HMO D-SNP)  
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.

Monthly Premium for Medicare Blue Dual (HMO D-SNP)*
\$0

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

Medicare Blue Dual (HMO D-SNP)'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 between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

If you have any questions, please call 1-866-862-7087 (TTY: 1-800-662-1220), Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 to December 30, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.

Excellus BlueCross BlueShield contracts with the Federal Government and is a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Excellus BlueCross BlueShield members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Excellus BlueCross BlueShield 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 1-866-862-7087 (TTY: 1-800-662-1220).

注意：如果您使用繁體中文，您可以免K費獲得語言援助服務。請致電 1-866-862-7087 (TTY: 1-800-662-1220)。