



**ConnectiCare HMO and HMO-POS 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, as outlined in the table below. These premiums include coverage for both medical services and prescription drug coverage. They do not include any Medicare Part B premium. **In addition, the premium amounts may vary depending on which Connecticut county you live in.**

Your level of Extra Help	ConnectiCare Flex Plan 3 (HMO-POS)^I	ConnectiCare Flex Plan 3 (HMO-POS)^{II}	ConnectiCare Flex Plan 2 (HMO-POS)	ConnectiCare Flex Plan 1 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO)
100%	\$9.70	\$30.70	\$94.70	\$195.70	\$139.70
75%	\$18.80	\$39.80	\$103.80	\$204.80	\$148.80
50%	\$27.90	\$48.90	\$112.90	\$213.90	\$157.90
25%	\$36.90	\$57.90	\$121.90	\$222.90	\$166.90

^I Monthly premium if you live in Hartford, Litchfield, Middlesex, or Tolland County

^{II} Monthly premium if you live in Fairfield, New Haven, New London, or Windham County

ConnectiCare Medicare HMO and HMO-POS 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.** TTY users call **1-877-486-2048** (24 hours a day/seven days a week),
- Your State Medicaid Office, or
- The Social Security Administration at **800-772-1213**. TTY users should call **800-325-0778** between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at **800-224-2273** (TTY: **711**) between 8 a.m. and 8 p.m., seven days a week.

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