



Prima mensual del plan 2018 para personas que reciben la Ayuda Extra de Medicare para ayudar a pagar los costos de sus medicamentos recetados

Si recibe la Ayuda Extra de Medicare para ayudar a pagar los costos del plan de medicamentos recetados de Medicare, su prima mensual del plan será menos de lo que sería si no recibiera la Ayuda Extra de Medicare. El monto de la Ayuda Extra que usted recibe determinará su prima mensual total del plan como miembro de nuestro plan.

Esta tabla le muestra cuál será su prima mensual del plan si recibe la Ayuda Extra.

| Región | Estado | Su nivel de la Ayuda Extra | Prima mensual para el plan Value* | Prima mensual para el plan Saver* | Prima mensual para el plan Choice* |
|--------|---|----------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| 1 | Maine y New Hampshire | 100 % | \$12.30 | \$4.00 | \$59.30 |
| | | 75 % | \$20.90 | \$8.60 | \$67.90 |
| | | 50 % | \$29.50 | \$13.30 | \$76.50 |
| | | 25 % | \$38.00 | \$17.90 | \$85.00 |
| 2 | Connecticut, Massachusetts, Rhode Island, Vermont | 100 % | \$0.00 | \$3.90 | \$57.50 |
| | | 75 % | \$8.30 | \$8.60 | \$66.40 |
| | | 50 % | \$16.70 | \$13.20 | \$75.30 |
| | | 25 % | \$25.00 | \$17.90 | \$84.20 |
| 3 | New York | 100 % | \$0.00 | \$4.80 | \$52.20 |
| | | 75 % | \$8.70 | \$9.20 | \$62.00 |
| | | 50 % | \$17.50 | \$13.70 | \$71.70 |
| | | 25 % | \$26.20 | \$18.10 | \$81.50 |
| 4 | New Jersey | 100 % | \$0.00 | \$4.70 | \$55.70 |
| | | 75 % | \$8.50 | \$9.20 | \$64.70 |
| | | 50 % | \$17.00 | \$13.60 | \$73.70 |
| | | 25 % | \$25.50 | \$18.10 | \$82.70 |
| 5 | Delaware, District of Columbia, Maryland | 100 % | \$0.00 | \$4.80 | \$61.90 |
| | | 75 % | \$6.50 | \$9.20 | \$69.60 |
| | | 50 % | \$13.00 | \$13.70 | \$77.20 |
| | | 25 % | \$19.50 | \$18.10 | \$84.90 |
| 6 | Pennsylvania y West Virginia | 100 % | \$0.00 | \$4.50 | \$58.30 |
| | | 75 % | \$8.70 | \$9.40 | \$67.60 |
| | | 50 % | \$17.50 | \$14.20 | \$76.90 |
| | | 25 % | \$26.20 | \$19.10 | \$86.20 |
| 7 | Virginia | 100 % | \$17.00 | \$4.00 | \$61.70 |
| | | 75 % | \$24.60 | \$9.00 | \$69.30 |
| | | 50 % | \$32.10 | \$14.00 | \$76.80 |
| | | 25 % | \$39.60 | \$19.00 | \$84.30 |
| 8 | North Carolina | 100 % | \$6.70 | \$5.80 | \$63.30 |
| | | 75 % | \$14.30 | \$10.00 | \$70.90 |
| | | 50 % | \$21.80 | \$14.10 | \$78.40 |
| | | 25 % | \$29.40 | \$18.30 | \$86.00 |
| 9 | South Carolina | 100 % | \$17.50 | \$4.60 | \$68.60 |
| | | 75 % | \$23.20 | \$9.40 | \$74.30 |
| | | 50 % | \$29.00 | \$14.30 | \$80.10 |
| | | 25 % | \$34.70 | \$19.10 | \$85.80 |

* Esto no incluye ninguna prima de la Parte B de Medicare que tenga que pagar.

Usted debe continuar pagando su prima de la Parte B de Medicare.

| Región | Estado | Su nivel de la Ayuda Extra | Prima mensual para el plan Value* | Prima mensual para el plan Saver* | Prima mensual para el plan Choice* |
|--------|---------------------|----------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| 10 | Georgia | 100 % | \$11.20 | \$4.80 | \$71.00 |
| | | 75 % | \$17.30 | \$9.20 | \$77.10 |
| | | 50 % | \$23.40 | \$13.70 | \$83.20 |
| | | 25 % | \$29.60 | \$18.10 | \$89.40 |
| 11 | Florida | 100 % | \$32.20 | \$4.90 | \$68.10 |
| | | 75 % | \$39.50 | \$9.30 | \$75.40 |
| | | 50 % | \$46.80 | \$13.70 | \$82.70 |
| | | 25 % | \$54.00 | \$18.20 | \$89.90 |
| 12 | Alabama y Tennessee | 100 % | \$0.00 | \$5.70 | \$54.80 |
| | | 75 % | \$6.70 | \$9.90 | \$62.40 |
| | | 50 % | \$13.50 | \$14.10 | \$70.10 |
| | | 25 % | \$20.20 | \$18.40 | \$77.70 |
| 13 | Michigan | 100 % | \$0.00 | \$5.00 | \$53.20 |
| | | 75 % | \$7.50 | \$9.40 | \$61.50 |
| | | 50 % | \$15.00 | \$13.80 | \$69.90 |
| | | 25 % | \$22.50 | \$18.20 | \$78.20 |
| 14 | Ohio | 100 % | \$15.70 | \$4.30 | \$49.20 |
| | | 75 % | \$23.70 | \$8.90 | \$57.20 |
| | | 50 % | \$31.70 | \$13.40 | \$65.20 |
| | | 25 % | \$39.70 | \$18.00 | \$73.20 |
| 15 | Indiana y Kentucky | 100 % | \$0.00 | \$5.80 | \$54.40 |
| | | 75 % | \$6.70 | \$10.00 | \$62.20 |
| | | 50 % | \$13.50 | \$14.20 | \$70.00 |
| | | 25 % | \$20.20 | \$18.40 | \$77.80 |
| 16 | Wisconsin | 100 % | \$0.00 | \$5.30 | \$55.50 |
| | | 75 % | \$10.00 | \$9.60 | \$65.50 |
| | | 50 % | \$20.00 | \$13.90 | \$75.50 |
| | | 25 % | \$30.00 | \$18.30 | \$85.50 |
| 17 | Illinois | 100 % | \$15.60 | \$5.70 | \$67.30 |
| | | 75 % | \$22.50 | \$9.90 | \$74.20 |
| | | 50 % | \$29.30 | \$14.10 | \$81.00 |
| | | 25 % | \$36.20 | \$18.40 | \$87.90 |
| 18 | Missouri | 100 % | \$17.10 | \$5.30 | \$60.70 |
| | | 75 % | \$24.60 | \$9.60 | \$68.20 |
| | | 50 % | \$32.10 | \$13.90 | \$75.70 |
| | | 25 % | \$39.60 | \$18.30 | \$83.20 |
| 19 | Arkansas | 100 % | \$6.20 | \$6.60 | \$69.50 |
| | | 75 % | \$11.90 | \$10.60 | \$75.20 |
| | | 50 % | \$17.50 | \$14.50 | \$80.80 |
| | | 25 % | \$23.20 | \$18.50 | \$86.50 |
| 20 | Mississippi | 100 % | \$7.50 | \$6.40 | \$69.70 |
| | | 75 % | \$13.90 | \$10.40 | \$76.10 |
| | | 50 % | \$20.40 | \$14.50 | \$82.60 |
| | | 25 % | \$26.80 | \$18.50 | \$89.00 |

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| Región | Estado | Su nivel de la Ayuda Extra | Prima mensual para el plan Value* | Prima mensual para el plan Saver* | Prima mensual para el plan Choice* |
|--------|---|----------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| 21 | Louisiana | 100 % | \$0.00 | \$5.30 | \$52.70 |
| | | 75 % | \$6.70 | \$9.60 | \$60.40 |
| | | 50 % | \$13.50 | \$13.90 | \$68.10 |
| | | 25 % | \$20.20 | \$18.30 | \$75.90 |
| 22 | Texas | 100 % | \$21.40 | \$4.70 | \$81.10 |
| | | 75 % | \$27.60 | \$9.20 | \$87.30 |
| | | 50 % | \$33.70 | \$13.60 | \$93.40 |
| | | 25 % | \$39.90 | \$18.10 | \$99.60 |
| 23 | Oklahoma | 100 % | \$1.20 | \$5.60 | \$62.80 |
| | | 75 % | \$8.70 | \$9.80 | \$70.30 |
| | | 50 % | \$16.10 | \$14.10 | \$77.70 |
| | | 25 % | \$23.50 | \$18.30 | \$85.10 |
| 24 | Kansas | 100 % | \$15.10 | \$5.70 | \$63.10 |
| | | 75 % | \$22.90 | \$9.90 | \$70.90 |
| | | 50 % | \$30.80 | \$14.10 | \$78.80 |
| | | 25 % | \$38.60 | \$18.40 | \$86.60 |
| 25 | Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming | 100 % | \$14.50 | \$5.10 | \$58.40 |
| | | 75 % | \$23.00 | \$9.50 | \$66.90 |
| | | 50 % | \$31.50 | \$13.80 | \$75.40 |
| | | 25 % | \$40.00 | \$18.20 | \$83.90 |
| 26 | New Mexico | 100 % | \$21.90 | \$5.00 | \$55.50 |
| | | 75 % | \$28.00 | \$9.40 | \$61.60 |
| | | 50 % | \$34.20 | \$13.80 | \$67.80 |
| | | 25 % | \$40.30 | \$18.20 | \$73.90 |
| 27 | Colorado | 100 % | \$21.60 | \$4.50 | \$58.60 |
| | | 75 % | \$30.20 | \$9.00 | \$67.20 |
| | | 50 % | \$38.70 | \$13.50 | \$75.70 |
| | | 25 % | \$47.30 | \$18.10 | \$84.30 |
| 28 | Arizona | 100 % | \$0.00 | \$4.80 | \$63.60 |
| | | 75 % | \$7.50 | \$9.20 | \$71.80 |
| | | 50 % | \$15.00 | \$13.70 | \$80.10 |
| | | 25 % | \$22.50 | \$18.10 | \$88.30 |
| 29 | Nevada | 100 % | \$18.40 | \$4.70 | \$68.40 |
| | | 75 % | \$25.20 | \$9.20 | \$75.20 |
| | | 50 % | \$32.00 | \$13.60 | \$82.00 |
| | | 25 % | \$38.70 | \$18.10 | \$88.70 |
| 30 | Oregon y Washington | 100 % | \$15.00 | \$4.50 | \$54.00 |
| | | 75 % | \$23.70 | \$9.00 | \$62.70 |
| | | 50 % | \$32.30 | \$13.50 | \$71.30 |
| | | 25 % | \$41.00 | \$18.10 | \$80.00 |
| 31 | Idaho y Utah | 100 % | \$0.00 | \$5.40 | \$49.30 |
| | | 75 % | \$8.70 | \$9.70 | \$59.30 |
| | | 50 % | \$17.50 | \$14.00 | \$69.40 |
| | | 25 % | \$26.20 | \$18.30 | \$79.40 |

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| Región | Estado | Su nivel de la Ayuda Extra | Prima mensual para el plan Value* | Prima mensual para el plan Saver* | Prima mensual para el plan Choice* |
|--------|-------------|----------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| 32 | California | 100 % | \$16.70 | \$4.00 | \$66.90 |
| | | 75 % | \$25.60 | \$8.60 | \$75.80 |
| | | 50 % | \$34.40 | \$13.20 | \$84.60 |
| | | 25 % | \$43.30 | \$17.90 | \$93.50 |
| 33 | Hawaii | 100 % | \$0.00 | \$5.30 | \$50.20 |
| | | 75 % | \$5.70 | \$9.60 | \$56.60 |
| | | 50 % | \$11.50 | \$13.90 | \$62.90 |
| | | 25 % | \$17.20 | \$18.20 | \$69.30 |
| 34 | Alaska | 100 % | \$14.30 | \$4.40 | \$62.70 |
| | | 75 % | \$22.50 | \$8.90 | \$70.90 |
| | | 50 % | \$30.70 | \$13.50 | \$79.10 |
| | | 25 % | \$39.00 | \$18.00 | \$87.40 |
| 38 | Puerto Rico | 100 % | \$44.80 | \$22.50 | NA |
| | | 75 % | \$44.80 | \$22.50 | NA |
| | | 50 % | \$44.80 | \$22.50 | NA |
| | | 25 % | \$44.80 | \$22.50 | NA |

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Si no obtiene la Ayuda Extra, puede ver si califica llamando a:

- 1.800.MEDICARE (1.800.633.4227). Los usuarios de TTY deben llamar al 1.877.486.2048, las 24 horas del día, los 7 días de la semana;
- la oficina de Medicaid de su estado; o
- la oficina del Seguro Social, al 1.800.772.1213, de 7 a. m. a 7 p. m., de lunes a viernes. Los usuarios de TTY deben llamar al 1.800.325.0778.

Si tiene alguna pregunta, llame al Servicio al cliente al **1.866.477.5703**, las 24 horas del día, los 7 días de la semana, excepto durante Acción de Gracias y Navidad. Los usuarios de TTY deben llamar al **1.800.716.3231**.

Esta información no es una descripción de beneficios completa. Para obtener más información, comuníquese con el plan. Se pueden aplicar limitaciones, copagos y restricciones. Los beneficios, las primas y/o los copagos o coseguro pueden cambiar el 1 de enero de cada año.

Express Scripts Medicare (PDP) es un plan de medicamentos recetados que tiene un contrato con Medicare. La inscripción en Express Scripts Medicare depende de la renovación del contrato.