



**2018 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.

Region	State	Your level of Extra Help	Monthly premium for Value plan*	Monthly premium for Saver plan *	Monthly premium for Choice plan*
1	Maine and 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 and 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

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

Region	State	Your level of Extra Help	Monthly premium for Value plan*	Monthly premium for Saver plan *	Monthly premium for Choice plan *
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 and 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 and 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

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

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Region	State	Your level of Extra Help	Monthly premium for Value plan *	Monthly premium for Saver plan *	Monthly premium for Choice plan *
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 and 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 and 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

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

Region	State	Your level of Extra Help	Monthly premium for Value plan *	Monthly premium for Saver plan *	Monthly premium for Choice plan *
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
35	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

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

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1.800.MEDICARE (1.800.633.4227). 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 Customer Service at **1.866.477.5703**, 24 hours a day, 7 days a week, except Thanksgiving and Christmas. TTY users should call **1.800.716.3231**.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

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