

PrimeWest Health Monthly Plan Premium for People Who Get Extra Help from Medicare to Help Pay for Their Prescription Drug Costs

Because you have Medical Assistance and 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 because you get extra help.

Your level of extra help	Monthly premium for PrimeWest Senior Health Complete/MSHO*	Monthly premium for Prime Health Complete/SNBC*
100%	\$0	\$0

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

PrimeWest Health’s premium includes coverage for both medical services and prescription drug coverage.

If you have questions about extra help, you can call one of the following:

- **1-800-MEDICARE (1-800-633-4227)**, toll free). TTY users should call **1-877-486-2048** (toll free) 24 hours a day, 7 days a week.
- Your State Medicaid Office
- The Social Security Administration at **1-800-772-1213** (toll free), 7 a.m. – 7 p.m., Monday – Friday. TTY users should call **1-800-325-0778** (toll free).

If you have any questions, call Member Services at **1-800-366-2906** (toll free) or **1-800-627-3529** or **711** (toll free TTY), 7 days a week, 8 a.m. – 8 p.m. CST.

This plan is offered and administered by PrimeWest Health
A Special Needs Plan HMO with a Medicare contract

This information is available in other forms to people with disabilities by calling PrimeWest Health at the numbers below.

TOLL FREE

Member Services: 1-800-366-2906

TOLL FREE MINNESOTA RELAY

TTY, Voice, ASCII, or Hearing Carry Over: 1-800-627-3529 or 711

TOLL FREE SPEECH-TO-SPEECH RELAY SERVICE

1-877-627-3848

Member Services

1-800-366-2906

Attention. If you want free help translating this information, call the above number.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການເປີດຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທຕາມເລກໂທທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

PrimeWest Health will accept all eligible people who choose or are assigned to PrimeWest Health. PrimeWest Health will not discriminate in regard to your physical or mental condition, health status, need for health services, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs.

American Indians can continue or begin to use tribal and Indian Health Service (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. If a health care provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your Plan network primary care provider prior to the referral.