

PrimeWest Health
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.

| Your level of extra help | Monthly Premium for PrimeWest Senior Health Complete (HMO SNP)* | Monthly Premium for Prime Health Complete (HMO SNP)* |
|--------------------------|---|--|
| 100% | \$0 | \$0 |

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

PrimeWest Senior Health Complete and Prime Health Complete 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** or TTY/TDD 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/TDD 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 Member Services at **1-800-366-2906** (TTY **1-800-627-3529** or **711**), 7 days a week, 8 a.m. – 8 p.m. CST. Calls to these numbers are free.

Coordinated Care plans with Medicare Advantage contracts and contracts with the Minnesota Medicaid program

This information is available in other forms to people with disabilities by calling:

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. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປ ຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງ ໂທອຕາມເລກໂທອທີ່ຢູ່ຂ້າງເທິງນີ້.

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 enroll all eligible people who select or are assigned to PrimeWest Health without regard to physical or mental condition, health status, need for health care services, claims experience, medical history, genetic information, disability, marital status, age, gender, sexual orientation, national origin, race, ethnicity, color, religion, political beliefs, or geographic location. PrimeWest Health will not use any policy or practice that discriminates based on such.

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. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.