

# Blue Shield of California Promise Health Plan Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs



Promise Health Plan

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 Blue Shield Promise Advantage Optimum Plan (HMO)*, (Fresno, Los Angeles, Orange, Merced, Stanislaus, San Joaquin and San Diego Counties)	Monthly Premium for Blue Shield Promise Advantage Optimum Plan (HMO)* (Santa Clara County)	Monthly Premium for Blue Shield Promise Coordinated Choice Plan (HMO)* (Fresno, Los Angeles, Merced, Orange, Riverside, San Bernardino, San Diego, San Joaquin, Santa Clara, and Stanislaus Counties)	Monthly Premium for Blue Shield Promise TotalDual Plan (HMO D-SNP)* (Los Angeles, Orange, San Bernardino, Fresno, San Joaquin, Stanislaus and San Diego Counties)
100%	\$0.00	\$49.00	\$0.00	\$0.00
75%	\$0.00	\$49.00	\$8.00	\$8.00
50%	\$0.00	\$49.00	\$16.00	\$16.00
25%	\$0.00	\$49.00	\$24.00	\$24.00

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

Blue Shield of California Promise Health Plan's premium includes 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 users call 1-877-486-2048 (24 hours a day/seven 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 Care Operations at 1-800-544-0088, (TTY: 711) from 8 a.m. to 8 p.m. Pacific Time, seven days a week from Oct. 1st – Mar. 31st and 8 a.m. – 8 p.m. weekdays, from Apr. 1st – Sept. 30th or go to <https://www.BlueShieldofCaliforniaPromise.com/affordable-care-act.asp>.

Premiums, co-pays, co-insurance and deductibles may vary based on your Medicaid eligibility category and/or the level of "Extra Help" you receive.

Blue Shield of California Promise Health Plan complies with applicable State and Federal civil rights laws and does not discriminate on the basis of ancestry, religion, marital status, race, color, national origin, age, disability, or sex/gender, gender identity or sexual orientation. Blue Shield of California Promise Health Plan cumple con las leyes federales y estatales de derechos civiles aplicables y no discrimina por motivos de ascendencia, religión, estado civil, raza, color, nacionalidad, edad, discapacidad, sexo/género, identidad de género u orientación sexual. 第一健保(Blue Shield of California Promise Health Plan) 遵守相關的州和聯邦民權法律規定，不會因為族裔、宗教、婚姻狀態、種族、膚色、原始國籍、年齡、殘疾、性別、性別認同或性傾向而歧視任何人。 Blue Shield of California Promise Health Plan tuân thủ các luật hiện hành về dân quyền của Liên bang và Tiểu bang và không phân biệt đối xử dựa trên dòng dõi, tôn giáo, tình trạng hôn nhân, chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, tình trạng khuyết tật, giới tính, nhận dạng giới tính hoặc khuynh hướng tính dục.

IMPORTANT NOTE: To view important information on Non-Discrimination requirements, you can go to our website at <https://www.blueshieldca.com/promise/affordable-care-act.asp>.

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.