



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 Blue Shield 65 Plus Blue Shield 65 Plus Choice Plan, Blue Shield 65 Plus Plan 2 Blue Shield Inspire Blue Shield Balance Blue Shield Vital, (HMO) 1* | Monthly Premium for Blue Shield Inspire (PPO) (Alameda County)* | Monthly Premium for Blue Shield Inspire (HMO) (Sacramento County)* |
|--------------------------|---|--|---|
| 100% | \$0 | \$65.80 | \$40.00 |
| 75% | \$0 | \$74.10 | \$40.00 |
| 50% | \$0 | \$82.40 | \$40.00 |
| 25% | \$0 | \$90.70 | \$40.00 |

1Los Angeles, Orange, San Diego, Kern, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Madera, Santa Clara, San Joaquin, Stanislaus, Merced, Fresno, San Mateo, Alameda and Ventura counties

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

| Your level of extra help | Monthly Premium for Blue Shield Advantage Optimum Plan, Blue Shield Advantage Optimum Plan 1, and Blue Shield Advantage Optimum Plan 2, (HMO) 1* | Monthly Premium for Blue Shield TotalDual Plan (HMO D-SNP)* | Monthly Premium for Blue Shield Coordinated Choice Plan (HMO D-SNP)* | Monthly Premium for Blue Shield Inspire (HMO D-SNP) (Fresno, San Joaquin, Stanislaus and Merced Counties)* |
|--------------------------|--|---|--|--|
| 100% | \$0 | \$ | \$0 | \$0 |
| 75% | \$0 | \$8.30 | \$8.30 | \$8.30 |
| 50% | \$0 | \$16.60 | \$16.60 | \$16.60 |
| 25% | \$0 | \$24.90 | \$24.90 | \$24.90 |

1 Los Angeles, Orange, San Diego, Fresno, Merced, Stanislaus, Santa Clara and San Joaquin.

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

Blue Shield of California 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/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 Care at **(800) 776-4466** [TTY: 711], 8 a.m. to 8 p.m., seven days a week. For Blue Shield Balance (HMO), please call Customer Care at **(888) 802-4423** [TTY: 711], 8 a.m. to 8 p.m., seven days a week.

Out-of-network/non-contracted providers are under no obligation to treat Blue Shield Medicare (PPO) members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Y0118_21_798A_C 10142021