



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, as outlined in the table below. These premiums include coverage for both medical services and Prescription Drug Coverage. They do not include any Medicare Part B premium, or any premium you will have to pay, if you choose the optional dental plan. **In addition, the premium amounts vary depending on which Connecticut county you live in.**

If you live in Hartford, Litchfield, Middlesex or Tolland County

Your level of extra help	Monthly Premium for Flex Plan 3 (HMO-POS)*	Monthly Premium for Flex Plan 2 (HMO-POS)*	Monthly Premium for Flex Plan 1 (HMO-POS)*	Monthly Premium for Choice Plan 1 (HMO)*
100%	\$9.80	\$83.80	\$200.80	\$149.80
75%	\$18.80	\$92.80	\$209.80	\$158.80
50%	\$27.90	\$101.90	\$218.90	\$167.90
25%	\$36.90	\$110.90	\$227.90	\$176.90

If you live in New Haven, New London or Windham County

Your level of extra help	Monthly Premium for Flex Plan 3 (HMO-POS)*	Monthly Premium for Flex Plan 2 (HMO-POS)*	Monthly Premium for Flex Plan 1 (HMO-POS)*	Monthly Premium for Choice Plan 1 (HMO)*
100%	\$29.80	\$103.80	\$200.80	\$135.80
75%	\$38.80	\$112.80	\$209.80	\$144.80
50%	\$47.90	\$121.90	\$218.90	\$153.90
25%	\$56.90	\$130.90	\$227.90	\$162.90

If you live in Fairfield County

Your level of extra help	Monthly Premium for Flex Plan 3 (HMO-POS)*	Monthly Premium for Flex Plan 2 (HMO-POS)*	Monthly Premium for Flex Plan 1 (HMO-POS)*	Monthly Premium for Choice Plan 1 (HMO)*
100%	\$29.80	THIS PLAN IS NOT OFFERED IN FAIRFIELD COUNTY	\$200.80	THIS PLAN IS NOT OFFERED IN FAIRFIELD COUNTY
75%	\$38.80		\$209.80	
50%	\$47.90		\$218.90	
25%	\$56.90		\$227.90	

*This does not include any Medicare Part B premium you may have to pay, or any premium if you purchase the optional dental plan. If you have questions, call us at the phone number listed below. ConnectiCare’s premium includes coverage for both medical services and prescription drug coverage.

Many people are eligible for these savings and don’t even know it.

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 Member Services at 1-800-224-2273, (TTY 1-800-842-9710) seven days a week from 8 a.m. – 8 p.m. ET.

The Plans described herein are offered by ConnectiCare, Inc. ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. Limitations, copayments, and restrictions may apply. Benefits and premiums may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The premiums reflected above do not include any premium you may have to pay for our Optional Dental Plan. ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710). ©2018 ConnectiCare, Inc. and Affiliates.