<u>MyTruAdvantage</u> <u>Monthly Plan Premium for People who get Extra Help from Medicare</u> <u>to Help Pay for their Prescription Drug Costs</u>

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.

If you get extra help, your monthly plan premium will be \$0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

- MyTruAdvantage Select (HMO)
- MyTruAdvantage Select Plus (HMO)
- MyTruAdvantage Choice Plus (PPO)

MyTruAdvantage Medicare Advantage plan premiums include coverage for both medical services and prescription drug coverage. All MyTruAdvantage plans have a combined medical and Part D premium of \$0. Since the Part D premium for MyTruAdvantage plans is \$0, members receiving Extra Help will not see additional cost savings to their overall premium.

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 MyTruAdvantage Member Services at 1.844.425.4280 (TTY: 711). From October 1, 2023, through March 31, 2024, a Member Services representative will be available to speak to you from 8:00 a.m. - 8:00 p.m., local time, seven (7) days a week. On Thanksgiving and Christmas days, as well as weekends and holidays from April 1 through September 30, alternate technologies (for example, voicemail) will be used and a Member Services representative will return your call within one (1) business day.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage 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 deasistencia lingüística. Llame al 1.844.425.4280 (TTY: 711) 注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711). Y0150_PBM096_C