



## **I have limited income. What should I do?**

You may be eligible for reduced premiums and copayments when you join a Prescription Drug Plan. If your resources are \$10,000 for a single individual, or \$20,000 for a couple, you should apply. (Your first home and auto are not counted in the resources/assets total.)

## **Who should apply?**

- Annual income less than \$15,315 (single), less than \$20,535 (married)
- Limited resources/assets

## **What kind of help is available?**

Depending upon your level of need, you may receive:

- Reduced or eliminated premiums
- Reduced or eliminated deductibles
- Reduced or eliminated coinsurance and copay amounts
- Elimination of the coverage gap

## **Monthly plan premium for people who get extra help from Medicare to 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 the 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 receive additional assistance from Medicare.

<b>Your level of extra help</b>	<b>Monthly Premium for Asuris TruAdvantage + Rx</b>
100%	\$125.81
75%	\$133.36
50%	\$140.90
25%	\$148.45

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

Asuris TruAdvantage + Rx premiums include coverage for both medical services and prescription drug coverage.

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## How do I confirm that I qualify?

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare, TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week, or
- 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. There is also an on-line application at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Income levels that qualify for extra help					
Income/Assets	Premium	Deductible	Coinsurance	Copays	Coverage Gap
Less than 100% of the Federal Poverty Level (Medicaid asset test)	0	0	None	\$1.05 generic and \$3.10 brand, up to out-of-pocket threshold	None
Less than 135% of the Federal Poverty Level (assets of \$6,000 single/ \$10,000 couple)	0	0	None	\$2.25 generic and \$5.60 brand, up to out-of-pocket threshold	None
Less than 135% to 150% of the Federal Poverty Level (assets of \$10,000 single/\$20,000 couple asset test)	Sliding scale	\$56	None	\$2.25 generic and \$5.60 brand, up to out-of-pocket threshold	None

Social Security Administration or your State Medicaid office will determine your eligibility for extra help.



We are notified of subsidy eligibility and amount by Medicare.



We reduce premium/ cost-sharing.

If you have any questions, please call Customer Service at 1 (800) 541-8981. TTY users should call 1 (800) 382-1003. 8 a.m. to 8 p.m., seven days a week.