

Freedom Health, Inc.
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 Freedom Platinum Plan Rx (HMO)* | Monthly Premium for Freedom Medicare Plan Rx (HMO)* | Monthly Premium for Freedom VIP Care (HMO SNP)* | Monthly Premium for Freedom VIP Savings (HMO SNP)* | Monthly Premium for Freedom VIP Savings COPD (HMO SNP)* | Monthly Premium for Freedom Medi-Medi Partial (HMO SNP)* | Monthly Premium for Freedom Medi-Medi Full (HMO SNP)* |
|--------------------------|---|---|---|--|---|--|---|
| 100% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 75% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$7.30 | \$7.30 |
| 50% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$14.60 | \$14.60 |
| 25% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$21.80 | \$21.80 |

*This does not include any Medicare Part B premium you may have to pay. You must continue to pay your Medicare Part B premium. The Part B premium is covered for full-dual enrollees.

Freedom Platinum Plan Rx (HMO), Freedom Medicare Plan Rx (HMO), Freedom VIP Care (HMO SNP), Freedom VIP Savings (HMO SNP), Freedom VIP Savings COPD (HMO SNP), Freedom Medi-Medi Partial (HMO SNP), and Freedom Medi-Medi Full (HMO SNP) premiums include 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 Member Service at 1-800-401-2740, (TTY: 711) from October 1 to February 14 from 8 a.m. to 8 p.m., 7 days a week and February 15 to September 30 from 8 a.m. to 8 p.m., Monday through Friday.

Freedom Health, Inc. is an HMO plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).