

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 equal to or less than \$12,510 for a single individual, or \$25,010 for a married couple, you should apply. (Your first home and auto are not counted in the resources/assets total.)

Who should apply?

- Annual income less than \$15,600 (single), less than \$21,000 (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.

Your level of extra help	Monthly Premium for Regence MedAdvantage + Rx Core*	Monthly Premium for Regence MedAdvantage + Rx Classic*
100%	\$17.54	\$74.70
75%	\$25.18	\$82.52
50%	\$33.12	\$90.35
25%	\$41.06	\$98.17

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

Regence MedAdvantage + Rx premiums include coverage for both medical services and prescription drug coverage.

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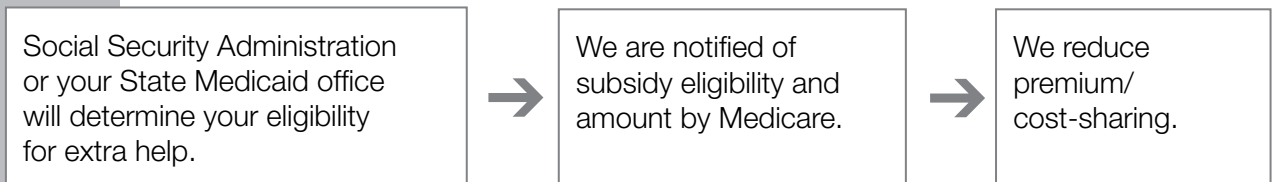


How do I confirm that I qualify?

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**.

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	\$1.10 generic and \$3.20 brand, up to out-of-pocket threshold	None
Less than 135% of the Federal Poverty Level (assets of \$8,100 single/ \$12,910 couple)	0	0	None	\$2.40 generic and \$6.00 brand, up to out-of-pocket threshold	None
Less than 135% to 150% of the Federal Poverty Level (assets of between \$8,100-\$12,510 single/ \$12,910-\$25,010 married couple asset test)	Sliding scale	\$60	15%	None	None



If you have any questions, please call Customer Service at 1 (800) 541-8981. TTY users should call 711, 8 a.m. to 8 p.m., seven days a week.

