

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 Medicare Plan Rx (HMO)* | Freedom Platinum Plan Rx (HMO)* | Freedom Platinum Rewards Plan Rx (HMO)* | Freedom VIP Care (HMO C-SNP)* | Freedom VIP Rewards (HMO C-SNP)* | Freedom VIP Savings (HMO C-SNP)* | Freedom VIP Savings COPD (HMO C-SNP)* | Freedom Medi-Medi Partial (HMO D-SNP)* | Freedom Medi-Medi Full (HMO D-SNP)* | Freedom Platinum Plus Plan Rx (HMO)* |
| 100% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$9.70 |
| 75% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$8.60 | \$8.60 | \$18.30 |
| 50% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17.10 | \$17.10 | \$26.80 |
| 25% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$25.70 | \$25.70 | \$35.40 |

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

Freedom Medicare Plan Rx (HMO), Freedom Platinum Plan Rx (HMO), Freedom Platinum Rewards Plan Rx (HMO), Freedom VIP Care (HMO C-SNP), Freedom VIP Rewards (HMO C-SNP), Freedom VIP Savings (HMO C-SNP), Freedom VIP Savings COPD (HMO C-SNP), Freedom Medi-Medi Partial (HMO D-SNP), Freedom Platinum Plus Plan Rx (HMO), and Freedom Medi-Medi Full (HMO D-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 March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. 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. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. 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).