



**iCare Medicare Plan (HMO D-SNP)**

**iCare Family Care Partnership (HMO D-SNP)**

**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 iCare Medicare Plan*	Monthly Premium for iCare Family Care Partnership*
100%	\$0	\$0
75%	NA	NA
50%	NA	NA
25%	NA	NA

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

iCare Medicare Plan and iCare Family Care Partnership premium includes 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 Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m., Central Daylight Time.

Independent Care Health Plan (iCare), which insures iCare Medicare Plan (HMO D-SNP) and iCare Family Care Partnership (HMO D-SNP), is an HMO with a Medicare contract and a contract with the State Medicaid program. Enrollment in iCare Medicare Plan depends on iCare's contract renewal. Call 1-800-777-4376 (TTY: 711) for more information.

Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-777-4376 (TTY: 1-800-947-3529).