*Instructions: The purpose of this document is for plans to inform potential enrollees of what their plan premium will be once they are eligible and receive the low-income subsidy. Plans that do not use the model must ensure that the following information is available for each PBP they offer:*

* *A statement indicating that their premiums will be lower once they receive Extra Help from Medicare,*
* *An explanation that the premiums listed do not include any Part B premium the member may have to pay, and*
* *A statement indicating that the premiums listed are for both medical services and prescription drug benefits (MA-PDs only).*

[*Insert***<Organization/Plan Name>**]

**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.

If you get extra help, your monthly plan premium will be $0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.) *[Plan sponsors should list all applicable $0 premium plans available for enrollees]*

* <Plan Name A>
* <Plan Name B>

*[Plan sponsors must ensure that the premiums displayed in the list above are accurate and therefore reflect the premiums for beneficiaries who receive extra help as displayed on HPMS. 100% premiums should be reduced by the de minimis amount for de minimis plans.]*

[*MA-PDs must insert the following sentence* <Plan Name’s> 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 [*Insert* <Customer/Member> Service] at [*Insert* <phone number>], (TTY/TDD users should call <TTY/TDD number) >) from [*Insert* <days/hours of operations, including time zone>].

[Pursuant to 42 CFR §423.2267, applicable disclaimers must be included in this document.]