



Molina Medicare Complete Care (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 Molina Medicare Complete Care (HMO D-SNP)*
100%	\$0.00
75%	\$0.00
50%	\$0.00
25%	\$0.00

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

Molina Medicare Complete Care'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 Member Services at (800) 424-4495, (TTY users should call 711) from 7 days a week, 8 a.m. to 8 p.m., local time.

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 424-4495 TTY 711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (800) 424-4495 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 424-4495 (TTY 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 424-4495 (TTY 711) 번으로 전화해 주십시오.