

Stanford Health Care Advantage (HMO)
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 Stanford Health Care Advantage Platinum (HMO)* Santa Clara County	Monthly Premium for Stanford Health Care Advantage Gold (HMO)* Santa Clara County
100%	\$68.50*	\$19.50*
75%	\$77.40*	\$28.40*
50%	\$86.20*	\$37.20*
25%	\$95.10*	\$46.10*

Your level of extra help	Monthly Premium for Stanford Health Care Advantage Platinum (HMO)* Alameda County	Monthly Premium for Stanford Health Care Advantage Gold (HMO)* Alameda County
100%	\$73.50*	\$43.50*
75%	\$82.40*	\$52.40*
50%	\$91.20*	\$61.20*
25%	\$100.10*	\$70.10*

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

Stanford Health Care Advantage (HMO) 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 Service at 1-855-996-8422 (TTY: 711) from 8 a.m. to 8 p.m., Pacific Standard Time, seven days a week (except Thanksgiving and Christmas) from October 1 to February 14, and Monday through Friday (except holidays) from February 15 to September 30. TTY users call 711.

Stanford Health Care Advantage is an HMO plan with a Medicare contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Plan benefits, formulary, pharmacy network, provider network, premiums, copayments and/or co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Stanford Health Care Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Stanford Health Care Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Stanford Health Care Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY 711)