



1617 Sherman Avenue | Madison, WI 53704

My Choice Wisconsin Partnership
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 My Choice Wisconsin Partnership*
100%	\$0.00
75%	Does not apply**
50%	Does not apply**
25%	Does not apply**

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

**All My Choice Wisconsin Partnership members have 100% extra help.

My Choice Wisconsin Partnership’s premium includes coverage for both medical services and prescription drug coverage.

If you are not 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 1-800-963-0035, (TTY: Wisconsin Relay System 711) 24 hours a day, 7 days a week.

My Choice Wisconsin Partnership is a Coordinated Care Plan with a Medicare contract and a contract with the Wisconsin Department of Health Services for the Medicaid program. Enrollment in My Choice Wisconsin Partnership depends on contract renewal.

To receive this information in an alternate format or language, contact Customer Service at 1-800-963-0035 from 8:00 a.m. to 8:00 p.m. CT / 7 days a week. TTY users should call Wisconsin Relay System 711.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-963-0035 (TTY users should call Wisconsin Relay System 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-963-0035 (TTY: 711).

Hmong:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-963-0035 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

My Choice Wisconsin Health Plan Inc. complies with applicable Federal Civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

My Choice Wisconsin Health Plan Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

My Choice Wisconsin Health Plan Inc. ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.