

Clarion Health
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 Clarion Health HMO*
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.

Clarion Health'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 844-824-8771 (TTY: <711).

Hours of Operation

- October 1 – March 31: Monday – Sunday 8AM – 8PM Eastern
- April 1 – September 30: Monday – Friday 8AM – 8PM Eastern

Clarion Health Nondiscrimination Policy for Medicare

Clarion Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Clarion Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-844-824-8771 (Dial 711 for TTY/TDD services),

If you believe that Clarion Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Clarion Health Grievance and Appeals Department, 6630 Orion Dr. STE 201 Fort Myers, FL 33912-4440, or email Compliance@ClarionHealth.org. If you need help filing a grievance, Clarion Health's Grievance and Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in a Language Other than English

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call **1-844-824-8771** (TTY/TDD: 711).

Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-844-824-8771** (TTY/TDD: 711).

中文 (Chinese)

注意：如果您講中文，我們免費提供相關的語言協助服務。請致電 **1-844-824-8771** (TTY/TDD : 711) 。

Русский (Russian)

ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-844-824-8771** (служба текстового телефона, TTY/TDD: 711).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-844-824-8771** (TTY/TDD: 711).

Italiano (Italian)

ATTENZIONE: Sono disponibili servizi gratuiti di assistenza linguistica in italiano. Chiamare il numero **1-844-824-8771** (TTY/TDD: 711).

Français (French)

ATTENTION : si vous parlez français, une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-844-824-8771** (Sourds et malentendants : 711).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε **1-844-824-8771** (για άτομα με προβλήματα ακοής/TTY/TDD: 711).

Shqip (Albanian)

VINI RE: Nëse flisni Shqip, shërbimi i asistencës për gjuhën do të jetë në dispozicionin tuaj, pa pagesë. Telefononi **1-844-824-8771** (Shërbimi i teletekstit TTY/TDD: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-844-824-8771** (TTY/TDD: 711)

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-844-824-8771** (TTY/TDD: 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-824-8771** (TTY/TDD: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-844-824-8771** (رقم واليكم الصم ه: 1-844-824-8771).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-844-824-8771** (TTY/TDD: 711)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-824-8771** (TTY/TDD: 711)번으로 전화해 주십시오

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-824-8771** (TTY/TDD: 711)

ગુજરાતી (Gujarati)

યુ ના: જો તમેજરાતી બોલતા હો, તો િન:કુ ભાષા સહાય સેવાઓ તમારા માટઉપલબ્ધ છ. ફોન કરો **1-844-824-8771** (TTY/TDD: 711).

ภาษาไทย (Thai)

ึ้น: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-844-824-8771** (TTY/TDD: 711)