

This application is available on the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com). First, go to *Members* and click *Medicare Members*, then scroll down to *Forms and Applications*. You can also request an application by contacting HealthChoice Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

## Changes to the HealthChoice Medicare Supplement Plans' Monthly Premiums

The chart below compares 2012 monthly premiums with the new 2013 premiums:

Plan Name	2012 Premium	2013 Premium	+ Increase - Decrease
HealthChoice Employer PDP High Option <b>With</b> Part D	\$332.54	\$316.34	-\$16.20
HealthChoice Employer PDP Low Option <b>With</b> Part D	\$273.02	\$255.62	-\$17.40
HealthChoice High Option <b>Without</b> Part D	\$383.34	\$404.56	+\$21.22
HealthChoice Low Option <b>Without</b> Part D	\$323.82	\$333.86	+\$10.04

If you currently pay a premium for Medicare Part A, Part B, or Part D, you must continue to pay your premiums in order to keep your Medicare coverage.

## Extra Help Paying for Part D — Medicare Low-Income Subsidy Information

If you qualify for the *low-income subsidy* through Social Security, you pay a reduced monthly premium for the prescription drug portion of your coverage. This Extra Help also assists you in paying for your prescription drugs. If you qualify in 2013, the chart below shows the amount you will pay for your prescription drugs. For more information, contact Social Security. See *Health Plan Identification Information* for contact information.

LIS Groups	If you pay up to this much in 2012	You will pay up to this much in 2013
<b>Rx 1</b>	\$0 deductible	\$0 deductible
	\$0 copay	\$0 copay
<b>Rx 2</b>	\$0 deductible	\$0 deductible
	\$1.10 generic and Preferred-brand copay	<b>\$1.15</b> generic and Preferred-brand copay
	\$3.30 non-Preferred brand and other drug copays	<b>\$3.50</b> non-Preferred brand and other drug copays
<b>Rx 3</b>	\$0 deductible	\$0 deductible
	\$2.60 generic and Preferred-brand copay	<b>\$2.65</b> generic and Preferred-brand copay
	\$6.50 non-Preferred brand and other drug copays	<b>\$6.60</b> non-Preferred brand and other drug copays
<b>Rx 4-7</b>	\$65 deductible	<b>\$66</b> deductible
	15% copay	15% copay