



Effective Date: <Insert Date as Month, Day, Calendar Year>

**Evidence of Coverage Rider  
for People Who Get Extra Help Paying for Prescription Drugs  
(also called a Low Income Subsidy Rider or LIS Rider)**

Rx BIN: 018927 / PCN: 08080000

Please keep this notice. It is part of Hamaspik Medicare Select's Evidence of Coverage.

Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will get help paying your monthly premium and prescription drug cost sharing.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

<b>Your monthly plan premium is</b>	<b>Your yearly deductible is</b>	<b>Your cost sharing amount for generic or preferred multi-source drugs is no more than</b>	<b>Your cost sharing amount for all other drugs is no more than</b>
\$0	\$0/\$89	\$0/\$1.30/ \$3.60 /15% (each prescription)	\$0/\$3.90/\$8.95/15% (each prescription)

The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan's premium and the amount of extra help you get. For individuals with Medicaid benefits, your Part B premium may be covered by Medicaid.

Please refer to your Evidence of Coverage for more information on paying your plan premium.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$6,350 in a year, your co-payment amount(s) will go down to \$0 per prescription/\$3.60 for generic and preferred brand drugs that are multi-source, or \$8.95 for all others.

*NOTE: insert this statement ONLY for LIS members who have an increase in their cost-sharing, premium, and/or deductible level:* The changes to your prescription drug costs begin as of the effective date at the top of this letter. This date may have already passed when you get this letter. If you have filled prescriptions since this date, you may have been charged less than you should have paid as a member of our plan. In addition, if your premium has



increased, you may not have paid enough. If you do owe us money, we will let you know how much. If you do owe money, Hamaspik Medicare Select will send you a letter to let you know how much you owe and how you can make the necessary payment.

*NOTE: insert this statement ONLY for LIS members who have been LIS eligible and now have a decrease in their cost-sharing, premium, and/or deductible level, or for those newly LIS eligible with a retroactive effective date:*

The changes to your prescription drug costs begin as of the effective date at the top of this letter. This date may have already passed when you get this letter. If you have filled prescriptions or paid premiums since this date, you may have been charged more than you should have paid as a member of our plan. If we owe you money, we will send you a separate letter to let you know how much we owe you, with your reimbursement. If you believe that Hamaspik Medicare Select owes you money, please contact our Member Services Department.

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for extra help with your Medicare prescription drug plan costs. Your eligibility for extra help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

If you have any questions about this notice, please contact Hamaspik Medicare Select, Member Services at 1-833-426-2774. TTY users, call 711. Our hours are 7 days a week, from 8:00 a.m. to 8:00 p.m., October 1, 2019 thru March 31, 2020. (From April 2020 thru September 2020, our Member Service Department will be available Monday thru Friday, 8:00 a.m. to 8:00 p.m.).

---

Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-426-2774 (TTY: 711).

ATENCIÓN: si habla español, los servicios de asistencia lingüística están disponibles de forma gratuita. Llame al 1-833-426-2774 (TTY: 711).

This information is also available in alternate formats such as large print and Braille. Please call Member Service at the above numbers for more information.