



Effective Date: January 1, 2018

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 012312
RX PCN PARTD

Please keep this notice - it is part of Care Wisconsin’s Medical Dual Advantage 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, yearly deductible, 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:

Your monthly plan premium is	Your yearly deductible is	Your cost sharing amount for generic/preferred multi-source drugs is no more than	Your cost sharing amount for all other drugs is no more than
<Insert applicable amount>*	<\$0/\$83>	<\$0/\$1.25/\$3.35/\$15%> (each prescription)	<\$0/\$3.70/\$8.35/\$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.

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

In addition, the amount you pay when you fill a prescription for these non-Part D drugs (supplemental drugs) does not count towards your deductible, total drug costs or total out-of-pocket expenditures (that is, the amount you pay does not help move you through the benefit or reach catastrophic coverage). Please contact Care Wisconsin Customer

Service to find out to which drugs this applies. Our contact information appears at the end of this notice.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$5,000 in a year, your co-payment amount(s) will go down to \$0 per prescription.

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 Customer Service at 1-800-963-0035 (TTY: Call Wisconsin Relay System 711) from 8:00 a.m. to 8:00 p.m. CT / 7 days a week (office hours: Monday-Friday, 8:00 a.m. to 4:30 p.m. CT) or at www.carewisc.org.

Medicare Dual Advantage is a HMO SNP (Special Needs Plan with a Medicare Advantage contract and a contract with the Wisconsin Department of Health Services for the Medicaid Program. Enrollment in Medicare Dual Advantage depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.

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).

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Care 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.