



1617 Sherman Avenue | Madison, WI 53704

Effective Date: January 1, 2019

**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 Partnership’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, 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:

<b>Your monthly plan premium is</b>	<b>Your yearly deductible is</b>	<b>Your cost sharing amount for generic/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	\$0 (each prescription)	\$0 (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.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$5,100 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 a.m. to 8 p.m. CT / 7 days a week (office hours: Monday-Friday, 8 a.m. to 4:30 p.m. CT), or at [www.carewisc.org](http://www.carewisc.org).



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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 Partnership depends on contract renewal.

## **INTERPRETER SERVICES**

### **English**

**ATTENTION:** If you speak English, language assistance services are available to you free of charge. Call 1-855-463-0026 (TTY: Wisconsin Relay System at 711).

### **Spanish**

**ATENCIÓN:** Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-855-463-0026 (TTY: Wisconsin Relay System at 711).

### **Hmong**

**CEEB TOOM:** Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-855-463-0026 (TTY: Wisconsin Relay System at 711).

### **Chinese Mandarin**

**注意:** 如果您说中文, 您可获得免费的语言协助服务。请致电 1-855-463-0026 (TTY 文字电话: Wisconsin Relay System at 711).



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## Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-463-0026 (TTY: Wisconsin Relay System at 711).

## Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-855-463-0026 (TTY: Wisconsin Relay System at 711).

## Care Wisconsin:

- 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 the Member Care Line at 1-855-463-0026.



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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. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

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.