

## 2012 Model LIS Rider

### Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs

**Please keep this notice - it is part of Community Health Partnership's (HMO SNP) 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 co-payments.

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 co-payment amount for generic/preferred multi-source drugs is no more than</b>	<b>Your co-payment amount for all other drugs is no more than</b>
<b>\$0*</b>	<b>\$0</b>	<b>\$0 (each prescription)</b>	<b>\$0 (each prescription)</b>

\* 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.

We offer coverage of some supplemental prescription drugs not normally covered in a Medicare Prescription Drug Plan. You will not get any extra help to pay for these drugs. Your co-payment/co-insurance amounts for these drugs are \$0.

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 call Customer Service to find out which drugs this applies to.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$4,700 in a year, your co-payment amount(s) will go down to \$0 per prescription.

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. You will receive a refund check from our Pharmacy Benefits Manager along with the detail of the claims adjusted. Before cashing the check, you should check with the pharmacy to determine if you have a balance due.

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 Community Health Partnership Customer Service at (800) 842-1814, 711 TTY/TDD, 7 days a week from 8:00 a.m. to 8:00 p.m.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Community Health Partnership is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Medicaid Program.  
(715) 838-2900 or (800) 842-1814