[**Legend for Model LIS Rider:**

* Variable Placeholders are located within < > and highlighted in grey
* Language that plans may include or remove in its entirety, based on their benefit design is located within [].
* Language in italics is instructions to the plans]

Effective Date: {Insert Date as Month Day, Calendar Year}

2009 Model LIS Rider

Evidence of Coverage Rider for those who Receive Extra Help Paying for their Prescription Drugs

Please keep this notice as it is part of <Plan Name>’s Evidence of Coverage.

Our records show that you qualify for extra help in paying for your prescription drug coverage. This means that you will receive help in paying for 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 because you are getting extra help in paying for your prescription drug coverage. 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 co-payment amount for generic/preferred multi-source drugs is no more than** | **Your co-payment amount for all other drugs is no more than** |
| <Insert applicable amount>\* | **<**$0/$60> | <$0/$1.10/ $2.40 /15%>(each prescription) | **<**$0/$3.20/ $6.00/15% > (each prescription) |

*{Plans: Please fill out the chart to reflect the deductible and co-payment amounts the beneficiary will see as a member of your plan. If you were notified that one of your members qualify for the subsidy and has a $60 deductible but the plan is a zero deductible plan, please insert a $0 in the chart above. In addition, if you were notified that one of your members qualifies for a co-payment amount that is more than the co-payment amounts listed in the Evidence of Coverage, insert the co-payment amount listed in the Evidence of Coverage in the chart above*. *For example, if the member qualifies for a $2.40 co-payment for generics, but your plan is a $0 generic plan, insert a $0 in the chart above.}*

\* This is the monthly plan premium and does not include any Medicare Part B premium or late enrollment penalty 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.

[*Plans, insert this statement for LIS members that qualify for the 15% co-insurance amount and if you have tiered co-payment structure*: If your co-insurance is 15% or less, the amount you pay per prescription may vary each time you fill a prescription.

In addition, if the co-payment amount listed in the Evidence of Coverage is less than the amount listed above, you will pay the co-payment amount listed in the Evidence of Coverage. For example, if the 15% co-insurance for a generic drug is $7.50 and the Evidence of Coverage states that the co-payment for a generic drug is $5, you will pay $5 for your generic drugs.]

[*Plan Benefit structure with $0 generic co-payment that does not extend past the ICL should include the following statement:* Once the amounts paid by you and/or others on your behalf reach $<ICL> you will start paying [<$1.10/ $2.40 /15%> for generic and preferred multi-source drugs.]

[*Plans: add the following if this EOC is for your enhanced prescription benefit and you cover non-Part D drugs as part of your benefit.*

We offer additional coverage on some 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 as follows: *<Plans should insert their cost-sharing structure for supplemental drugs covered under their enhanced alternative prescription benefit.>*

In addition, the amount you pay when you fill a prescription for these 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 <Member/Customer> Service to find out which drugs this applies to.]

Once the amount both you **and** Medicare pay (as the extra help) reach $4,350 in a year your co-payment amount(s) will go down to <$0 per prescription/ $2.40 for generic and preferred brand drugs that are multi-source, or $6.00 for all others>.

[Plans: insert this statement for LIS members who have an increase in their cost-sharing 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. If you do owe us money, we will let you know how much.]

[Plans: insert this statement for LIS members who have a decrease in their cost-sharing 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 more than you should have paid as a member of our plan. If we owe you money, we will let you know how much. You may ask us to mail you a check.]

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

If you have any questions about this notice, please contact <Plan Name> <Member/Customer> Service at <Toll-free Number, > <(Toll-free TTY/TDD Number), > <Days/Hours of Operation>.