



Effective Date: January 1, 2022

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

Please keep this notice - it is part of Hamaspik Medicare Choice’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 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 and 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	\$0

\* 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.

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.

Once the amounts paid by you and/or others on your behalf reach \$4,430 you will start paying \$0 or \$1.35 (for generic and preferred multi-source drugs).

Once the amount both you **and** Medicare pay (as the extra help) reaches \$7,050 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 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. Hamaspik Medicare Choice will reimburse you for the money you are owed.

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 Member Services at 1-888-426-2774. Our hours are 7 days a week, from 8:00 am to 8:00 pm, October 1, 2021 through March 31, 2022. From April 1, 2022, through September 30, 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. (TTY users, please call 711.) You can also find information about Hamaspik Medicare Choice at [www.hamaspik.com](http://www.hamaspik.com).

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.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2023.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.