

Effective Date: January 1, 2021

**Hamaspik Medicare Select
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: 018927
Rx PCN: 08080000

Please keep this notice. It is part of the Hamaspik Medicare Select 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 or preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
\$0 premium	\$0 or \$92 deductible	\$0 or \$1.30 or \$3.70 or 25% (for each prescription)	\$0 or \$4.00 or \$9.20 or 25% (for each prescription)

* NOTE: 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 25%, 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 25% 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.

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 Member Services 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 \$6,550 in a year, your co-payment amount(s) will go down to \$0 or \$3.70 per prescription for generic and preferred brand drugs that are multi-source, or \$9.20 per prescription for all others.

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.

Note: If your income increases during the year, your cost sharing and deductible may increase. In this situation, the following paragraph may apply to you.

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. In the case you owe Hamaspik Medicare Choice, we will let you know where you can send the payment.

Note: If your income decreases during the year, your cost sharing and deductible may also decrease. In this situation, the following paragraph may apply to you.

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. Hamaspik Medicare Choice will reimburse you for the money you are owed.

If you have any questions about this notice, please contact our Member Services staff at: 1-833-426-2774. TTY users, call 711. Member Services is available 7 days a week, from 8:00 am to 8:00 pm, October 1, 2020 through March 31, 2021. From April 1, 2021 through September 30, 2021, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm. You can also visit our web site at: www.hamaspik.com.

Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-426-2774 (TTY: 711).

ATENCIÓN: si habla español, los servicios de asistencia lingüística están disponibles de forma gratuita. Llame al 1-833-426-2774 (TTY: 711).

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.