



Effective date: January 2022

**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 your CCA Medicare Preferred 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/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
\$0*	<\$0/\$ 99>	<\$0/\$1.35/\$3.95/15%> (each prescription)	<\$0/\$4.00/\$9.85/15%> (each prescription)

[Insert the chart to reflect the deductible and cost-sharing amounts applicable to the beneficiary who will receive this form. If you were notified that one of your members qualifies for the subsidy and has a \$ 99 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 \$3.95 co-payment for generics, but your plan is a \$0 generic plan, insert a \$0 in the chart above. Sponsors must ensure that the premiums displayed in the table above are accurate and therefore reflect the premiums for beneficiaries who receive extra help as displayed on HPMS at Plan Bids/Bid Submission/Contract Year 2022Manage Plans/Review Plan Data. The only exception is that sponsors have the option to modify the premium and copayment amounts to reflect any wraparound coverage provided by a State Pharmacy Assistance Program in which a member is enrolled. Premiums in this chart must reflect the total plan premium for Part C and Part D, including both the basic and supplemental premium for each if applicable.]

* 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.

[Insert this statement for LIS members who 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.]

[Insert this statement for LIS members who have an increase in their cost sharing, premium, and/or deductible 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. 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.]

[Insert this statement for LIS members who have been LIS eligible and now have a decrease in their cost sharing, premium, and/or deductible level, or for those newly LIS eligible with a retroactive effective date: 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. *[Insert detailed explanation of how plan will pay beneficiary back.]*

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 **866-610-2273 (TTY 711)**, 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)

Commonwealth Care Alliance Massachusetts (CCA) Medicare Preferred (PPO) is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free.