

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

Please keep this notice - it is part of Community Care Family Care Partnership Program's (HMO) 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
\$0	\$0	\$2.50 (each prescription)	\$6.30 (each prescription)

* 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.

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 amounts for these drugs are as follows: no more than \$1.10/ \$2.50 for generic and \$3.30/\$6.30 for all other drugs. In addition, the amount you pay when you fill a prescription for these drugs does not count towards your 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) reach \$4,550 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. If you do owe us money, we will let you know how much. We will charge you for the amount you owe on your next monthly copay bill.

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. We will credit your account, and the credit will show on your next monthly copay bill.

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 Community Care Customer Service at 1-866-992-6600 (Toll-free TTY/TDD 1-866-288-9909) 7 DAYS a week from 8:00 AM until 8:00 PM.