

Effective Date: January 1, 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 Community Care Family Care Partnership Program's (HMO SNP)(Community Care) 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 | \$0 (each prescription) | \$0 (each prescription) |

* 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.

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.

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 Community Care Customer Service Toll-free at 1-866-992-6600 (Toll-free TTY Call the Wisconsin Relay System at 711) from 24 hours a day, 7 days a week or at www.communitycareinc.org.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS). This plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits. Enrollment in Community Care depends on contract renewal. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.

You must continue to pay your Medicare part B premium. For most Community Care members, Medicaid pays for your Part B premium.

English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-866-992-6600 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-866-992-6600 (TTY: 711).

Hmong

CEEBOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-866-992-6600 (TTY: 711).

Chinese

注：如果您说中文，您可获得免费的语言协助服务。请致电1-866-992-6600 (TTY 文字电话: 711)。

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-866-992-6600 (telefon za gluhe: 711).

Arabic

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-866-992-6600. (هاتف نصي: 711

Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-6600.