

Effective Date: *Insert date when the terms of this notice take effect for member being written.*

EVIDENCE OF COVERAGE RIDER
for People Who Get Extra Help Paying for Prescription Drugs
(also called a Low Income Subsidy Rider or LIS Rider)

For: University Health Care Advantage (HMO)
Rx Group: UHC01
Rx Bin: 015574
Rx PCN ASPROD1
Pharmacy Help Desk (Toll free): 800-243-2051

**Please keep this notice - it is part of
University Health Care Advantage'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 monthly premium 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 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 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
\$67* / \$75* / \$83* / \$91* / \$99*	\$0.00	<\$0/\$1.20/\$2.65> (each prescription)	<\$0 / \$3.60 / \$6.60 / 15%> (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.

INSERT 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.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$4,700 in a year, your co-payment amount(s) will go down to:

- \$2.65 for generic and preferred brand drugs which are multi-source, or \$6.60 for all others.

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. We will notify you in a letter delivered to your permanent home address on file.

We reserve the right to pursue collection of premiums you owe. In the future, if you want to enroll again in our plan (or another plan that we offer), you will need to pay the amount you owe before you can enroll.

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. We will issue payment of the amount owed to you by check which will be delivered to your permanent address on file.

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 University Health Care Advantage, Member Services at 1-855-996-8422, TTY 711, 8:00 a.m. to 8:00 p.m., Pacific Standard Time, 7 days a week.

University Health Care Advantage is an HMO plan with a Medicare contract. Enrollment in University Health Care Advantage depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Plan benefits, formulary, pharmacy network, provider network, premiums, copayments and/or co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our Member Services number at 1-855-996-8422, 8:00 a.m. to 8:00 p.m., Pacific Standard Time, 7 days a week. TTY users call 711.

Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro número de servicio al cliente 1-855-996-8422, 8:00 a.m. a 8:00 p.m., hora estándar del pacífico, siete días a la semana. Los usuarios de TTY deben llamar al 711.

Thông tin này có sẵn miễn phí bằng các ngôn ngữ khác. Xin vui lòng gọi Dịch Vụ Hội Viên của chúng tôi tại số 1-855-996-8422, 8:00 sáng đến 8:00 chiều, giờ Chuẩn Thái Bình Dương, 7 ngày một tuần. Người dùng TTY gọi số 711.

此資訊的其他語言版本可免費獲取。請在週一至週日上午8點至晚上8點之間致電我們的會員服務號碼1-855-996-8422，時間為太平洋標準時間。TTY 使用者請撥打711。