

Effective January 1, 2010

2010 Model LIS Rider

Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs

Please keep this notice - it is part of Maricopa Care Advantage's (HMO) 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 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
*\$	\$0	\$0 / \$1.10 / \$2.50 (each prescription)	\$0 / \$3.30/ \$6.30 (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 \$4,550 in a year, your co-payment amount(s) will go down to \$0 per prescription/ \$2.50 for generic and preferred brand drugs that are multi-source, or \$6.30 for all others.

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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 Maricopa Care Advantage's (HMO) Member Service department toll-free at 1-877-874-3935 or 520-874-3935 from 8:00 am to 8:00 pm 7 days a week from November 1st through March 1st and 8:00 am to 5:00 pm Monday through Friday (except holidays) outside of November 1st through March 1st. TTY users should call 1-800-367-8939, 24 hours a day, 7 days a week.