MASSACHUSETTS

Blue MedicareRx℠ (PDP)

<Mail Date>

<First Name> <Last Name>
<Address1>
<Address2>
<City>, <ST> <ZIP>

Effective Date: <MM/DD/YYYY>

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 Blue MedicareRx℠ (PDP)'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 [*insert for MA 2-Tier Opt 19 & 5-Tier Opt 3:*, yearly deductible,] and prescription drug cost-sharing.

As a member of our Plan, you will receive the same coverage through your former employer or union 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:

The Low Income Subsidy contribution towards 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
<Insert applicable amount>*	<$0.00 / $83.00>	<$0.00 / $1.25 / $3.35 / 15%> (each prescription)	<$0.00 / $3.70 / $8.35 / 15%> (each prescription)

* The monthly Low Income Subsidy contribution reduces any Medicare Part D premium you may owe. It does not impact any premium you must pay for Medicare Part B coverage.

Please refer to the process set up through your former employer or union for payment of your monthly plan premium. If you do not pay any portion of the monthly plan premium, then your former employer or union is entitled to retain the Low Income Subsidy received from Medicare. However, if you do contribute towards the monthly plan premium, then your former employer or union must first apply the Low Income Subsidy by reducing your monthly premium contribution.

[*Insert for LIS members who qualify for the 15% co-insurance amount and if you have tiered co-payment structure*: If your coinsurance is 15% or less, the amount you pay per prescription may vary each time you fill a prescription. In addition, if the cost-sharing amount listed in the Evidence of Coverage is less than the amount listed above, you will pay the cost-sharing amount listed in the Evidence of Coverage. For example, if the 15% coinsurance for a generic drug is $7.50 and the Evidence of Coverage states that the cost-sharing 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 $5,000 in a year, your cost-sharing amount(s) will go down to <$0.00 per prescription / $3.35 for generic and preferred brand drugs that are multi-source, or $8.35 for all others>.

[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 money, your former employer or union will let you know how much.*{Logic: if event code=DLICS, and [f81] = I, populate this paragraph}*]

[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 money is owed to you, contact your former employer or union for information on their standard refund policy. *[Logic: if event code=DLICS, and [f81]=D, populate this paragraph}*]

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 Blue MedicareRx Customer Care at 1-888-543-4917, TTY/TDD: 711, 24 hours a day, 7 days a week, or at Groups.RxMedicarePlans.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Blue MedicareRx complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-543-4917 (TTY/TDD: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-543-4917 (TTY/TDD: 711).

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-543-4917 (TTY/TDD: 711).

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