

September 25, 2019

<Member Name>  
<Member Address 1>  
<Member Address 2>

**Evidence of Coverage Rider  
for People Who Get Extra Help Paying for Prescription Drugs  
(also called a Low Income Subsidy Rider or LIS Rider)**

Dear <Member Name>:

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:

<b>Your monthly plan premium is</b>	<b>Your yearly deductible is</b>	<b>Your cost sharing amount for generic/preferred multi-source drugs is no more than</b>	<b>Your cost sharing amount for all other drugs is no more than</b>
\$0.00*	\$0.00	\$1.30 (each prescription)	\$3.90 (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 amounts paid by you and/or others on your behalf reach \$4,020 you will start paying \$1.30 (for generic and preferred multi-source drugs).

In addition, the amount you pay when you fill a prescription for these non-Part D drugs (supplemental drugs) does not count towards your deductible, 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 contact us to find out to which drugs this applies. Our contact information appears at the end of this notice.

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P.O. Box 21509  
Eagan, MN 55121

Once the amount both you **and** Medicare pay (as the extra help) reaches \$6,350 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. 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.

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 us Clarion Health (HMO), at 1-844-824-8771, 711, 8:00 am to 8:00 pm Monday through Friday from April 1 – September 30 and 8:00 am to 8:00 pm seven days a week from October 1 – March 31.

Thank you.

A handwritten signature in black ink that reads "John Kennedy". The signature is written in a cursive style with a long horizontal stroke at the end.

John Kennedy  
Channel Leader

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