



1617 Sherman Avenue | Madison, WI 53704 | 1-800-963-0035

Effective Date: January 1, 2023

**My Choice Wisconsin Medicare Dual Advantage  
Monthly Plan Premium for People who get Extra Help from Medicare  
to Help Pay for their Prescription Drug Costs  
(also called a Low-Income Subsidy Rider or LIS Rider)**

RX BIN 012312  
RX PCN PARTD

Please keep this notice. It is part of My Choice Wisconsin Medicare Dual 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, 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*	\$0	< \$0 / \$1.45 / \$4.15 > (each prescription)	< \$0 / \$4.30 / \$10.35 > (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 \$7,400 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 Customer Service 1-800-963-0035 (TTY: Wisconsin Relay System 711), 8 a.m. – 8 p.m. CT, 7 days a week (office hours: Monday – Friday, 8 a.m. – 4:30 p.m. CT), or on our website at [www.mychoicewi.org/medicare-dual-advantage](http://www.mychoicewi.org/medicare-dual-advantage).

My Choice Wisconsin Medicare Dual Advantage is a Special Needs Plan with a Medicare contract and a contract with the Wisconsin Department of Health Services for the Medicaid program. Enrollment in Medicare Dual Advantage depends on contract renewal.

To receive this information in an alternate format or language, contact Customer Service at 1-800-963-0035 from 8:00 a.m. to 8:00 p.m. CT / 7 days a week. TTY users should call Wisconsin Relay System 711.

**ATTENTION:** Language assistance services, free of charge, are available to you. Call 1-800-963-0035 (TTY users should call Wisconsin Relay System 711).

**Spanish:**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-963-0035 (TTY: 711).

**Hmong:**

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-963-0035 (TTY: 711).

**Russian**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

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My Choice Wisconsin Health Plan Inc. ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.