



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

Effective Date: January 1, 2024

**Evidence of Coverage Rider  
for People Who Get Extra Help Paying for Prescription Drugs  
(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, 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 / \$1.55 / \$4.50 > (each prescription)	< \$0 / \$4.60 / \$11.20 > (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 \$8,000 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 an HMO SNP with a Medicare contract. Enrollment in My Choice Wisconsin 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.

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-963-0035. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-963-0035. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-963-0035. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Hmong:** Peb muaj tib neeg los pab ntxhais lus dawb rau koj yog koj muaj kev nug txog ntawm peb cov ntaub ntawv ua yog kev los pab kho mob los yog kev muab tshuaj noj. Yog xav tau kev pab txhais lus, hu tau rau peb tus xov tooj 1-800-963-0035. Muaj ib tus neeg ua paub hais lus Hmoob yuav los pab koj. Qhov no yog kev pab dawb xwb.

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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.