

Effective Date: 01/01/2019

**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 American Health Advantage of Oklahoma (HMO SNP)'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>
100%: \$0.00* 75%: \$7.70* 50%: \$15.40* 25%: \$23.10*	\$85.00	15% (each prescription)	15% (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.

If your co-insurance is 15% or less, the amount you pay per prescription may vary each time you fill a prescription. In addition, if the co-payment amount listed in the Evidence of Coverage is less than the amount listed above, you will pay the co-payment amount listed in the Evidence of Coverage. For example, if the 15% co-insurance for a generic drug is \$7.50 and the Evidence of Coverage states that the co-payment 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 \$5,100 in a year, your co-payment amount(s) will go down to the greater of 5% or \$3.40 for generic and preferred brand drugs that are multi-source, or \$8.50 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 us money, we will send you a separate letter to let you know how much.

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 we owe you money, we will send you a separate letter to 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 American Health Advantage of Oklahoma (HMO SNP), Member Services at 1-866-583-4649, TTY/TDD: 711, 8:00 A.M. to 8:00 P.M. Central Time, seven days a week October 1 through March 31; Monday to Friday April 1 through September 30, seven days a week, or at [www.ok.amhealthplans.com](http://www.ok.amhealthplans.com).

### **Disclaimers**

American Health Advantage of Oklahoma (HMO-SNP), offered by Oklahoma Superior Select, Inc., is a Health Maintenance Organization Special Needs Plan (HMO-SNP) with a Medicare contract. Enrollment in American Health Advantage of Oklahoma depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat American Health Advantage of Oklahoma members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

### **English**

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

**Disclaimers (Cont)**

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-866-583-4649 (TTY/TDD: 711).

**Español (Spanish)**

American Health Advantage of Oklahoma cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-583-4649 (TTY/TDD: 711).

**Tiếng Việt (Vietnamese)**

American Health Advantage of Oklahoma tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-583-4649 (TTY/TDD: 711).