



Signature Advantage
 12201 Bluegrass Parkway
 Louisville, KY 40299
 www.signatureadvantageplan.com

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 <Signature Advantage (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:

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
[Level 1] <\$0.00>* [Level 2] <\$0.00>* [Level 3] <\$0.00>* [Level 4] <\$8.00/\$15.90/\$23.90/\$31.80>*	[Level 1] <\$0.00> [Level 2] <\$0.00> [Level 3] <\$0.00> [Level 4] <\$85.00>	<i>[Insert appropriate amount per member's LIS level]</i> [Level 1] <\$3.40> [Level 2] <\$1.25> [Level 3] <\$0.00> [Level 4] <15%> (each prescription)	<i>[Insert appropriate amount per member's LIS level]</i> [Level 1] <\$8.50> [Level 2] <\$3.80> [Level 3] <\$0.00> [Level 4] <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.

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 [Level 1, Level 2, Level 3] <\$0 per prescription> [Level 4] <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 Signature Advantage, Member Services at 1-844-214-8633, TTY/TDD: 711, 8:00 A.M. to 8:00 P.M. Eastern Time, seven days a week, or at www.signatureadvantageplan.com.

Disclaimers

Signature Advantage (HMO SNP), offered by Signature Advantage, LLC, is a Health Maintenance Organization Special Needs Plan (HMO SNP) with a Medicare contract. Enrollment in Signature Advantage depends on contract renewal.

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 co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out of network/non-contracted providers are under no obligation to treat Signature Advantage 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

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

ATTENTION: if you speak limited English, language assistance services, free of charge, are available to you. Call 1-844-214-8633 (TTY/TDD: 711).

Español (Spanish)

Signature Advantage 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 1-844-214-8633 (TTY/TDD: 711).

繁體中文 (Chinese)

Signature Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-214-8633 (TTY/TDD: 711)。