Effective Date: January 1, 2012

2012 Model LIS Rider

Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs

Please keep this notice - it is part of Senior Whole Health of New York (HMO SNP)'s Evidence of Coverage.

Because you are eligible for both Medicare and Medicaid coverage, 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 co-payments. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

MEMBERS with MEDICAID ADVANTAGE: Please see the chart below for a description of your ***Medicare Advantage*** prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your co-payment amount for generic/preferred multi-source drugs is no more than	Your co-payment amount for all other drugs is no more than
$0*	$0	$0/$1.10/$2.60(each prescription)	$3.30/ $6.50 (each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay if it is not being paid on your behalf. Once the amount both you **and** Medicare pay (as the extra help) reaches $4,700 in a year, your co-payment amount(s) will go down to $0 per prescription.

MEMBERS with MEDICAID ADVANTAGE PLUS: Please see the chart below for a description of your ***Medicare Advantage Plus*** prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your co-payment amount for generic/preferred multi-source drugs is no more than	Your co-payment amount for all other drugs is no more than
$0*	$0	$0 (each prescription)	$0 (each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay if it is not being paid on your behalf.

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. If you owe us money, we will let you know how much. We will send a bill to your mailing address.

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 Senior Whole Health of New York's Member Service at 1-866-211-1777 (TTY/TDD 711), Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 14th.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Senior Whole Health of New York HMO-SNP is a Coordinated Care plan with a Medicare Advantage Contract and a Medicaid contract with New York State. Enrollment is voluntary.

This information is available for free in other languages and in alternate formats. Please contact our customer service number at 1-866-211-1777 (TTY/TDD 711) for additional information. Esta información está disponible gratuitamente en otros idiomas y en formatos alternativos. Por favor comuníquese con el numero del servicio al cliente al 1-866-211-1777 (TTY/TDD 711) para más información.

H5992_2012_404 r2 CMS Approved 1/3/2012