



Effective date: Calendar Year 2023

**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 OneCare (HMO D-SNP)'s, a Medicare Medi-Cal Plan 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:

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
\$0*	\$0	\$0 (each prescription)	\$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.

We offer coverage of some supplemental prescription drugs not normally covered in a Medicare Prescription Drug Plan. You will not get any extra help to pay for these drugs. Your copayment/coinsurance amounts for these drugs are as follows: The copay for supplemental drugs are \$0.

In addition, the amount you pay when you fill a prescription for these non-Part D drugs (supplemental drugs) does not count towards your total drug costs or total out-of-pocket expenditures (that is, the amount you pay does not help move you through the benefit or reach catastrophic coverage). Please contact Customer Service to find out to which drugs this applies. Our contact information appears at the end of this notice.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$7,400 in a year, your copayment 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 OneCare Customer Service at **1-877-412-2734** (TTY users should call **711**), 24 hours a day, 7 days a week or at **www.caloptima.org/OneCare**.

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Contact OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.

Enclosures:

- Notice of Nondiscrimination Insert (Material ID: H5433_23MM003_C)
- Multi-Language Insert IR23_MM002_H5433_H7501