aetna®

Aetna Better Health of Ohio Dual Preferred (HMO SNP)
7400 West Campus Rd.
New Albany, OH 43054

<Date>
[Member ID: <MemberID>]

Effective Date: <MM/DD/YYYY> [<MM/DD/YYYY>]

<Member Name>
<Address Line 1>
<Address Line 2>
<City, State, Zip Code>

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 <Plan Name>'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**
<$0/$32.10>*	**<**$0/$85/$220>	<$0/$1.25/$3.40 /15%>(each prescription)	**<**$0/$3.80/ $8.50/15%> (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 amounts paid by you and/or others on your behalf reach $<85/220> you will start paying [<$1.25/ $3.40/15%> (for generic and preferred multi-source drugs).

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 us 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 $5,100 in a year, your co-payment amount(s) will go down to [<$0> per prescription] [<$3.80> for generic and preferred brand drugs that are multi-source, or <$8.50> for all others].

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 <Plan Name> Member Services at 1-800-260-3166 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week, or at www.aetnabetterhealth.com/ohio-hmosnp.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Call 1-800-260-3166 (TTY: 711) for more information. You must continue to pay your Medicare Part B premium. The Part B premium is covered for full-dual members. The Part B premium is covered for full-dual members. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. See

Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。