

Effective date: 2025

**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 Champion Health Plan'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 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

* 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 \$2,000 in a year, your copayment amount(s) will go down to \$0 per prescription for covered Part D drugs.

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. If we owe you money, we will process a reimbursement for you and mail it to you within 14 calendar days.

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 Member Services at 1-800-885-8000 (TTY users should call 711) 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30 or at www.championhmo.com.

Sincerely,
Champion Health Plan

Champion Health Plan is an HMO-POS C-SNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal. This document is available in Spanish or other languages, as well as other formats such as braille, large print, or audio.

Important Message About What You Pay for Insulin - You won't pay more than \$24 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

The Part D deductible does not apply to insulins or vaccinations.

Your cost share may differ depending on when you enter another phase of the drug benefit.