

**[Legend for Model LIS Rider:**

- Variable Placeholders are located within < >.
- Language that a sponsor may include or remove in its entirety, based on benefit design, is located within [].
- Language in italics is instructions to sponsors.
- SNPs that provide prescription drug benefits exclusively to Medicare/Medicaid duals and do not charge any cost sharing in excess of the LIS cost sharing levels must reflect their plan amounts in the LIS Rider.

*In all instances throughout this document in which dollar or percentage values appear (for instance, deductibles or co-pays), sponsors must provide the one (not multiple) value that applies to the enrollee who will receive this copy of the LIS Rider.]*

生效日期：<Insert Date as Month Day, Calendar Year or Date Range>

領取額外補助以支付處方藥費之人士的  
承保範圍說明書附則  
(也稱為「低收入補貼附則」或「LIS 附則」)

[OPTIONAL:Sponsors may insert member's Rx BIN/PCN]

請保留本通知 - 它是 <Plan Name> 的承保範圍說明書的一部分。

我們的記錄顯示，您有資格領取額外補助以支付您的處方藥保險費用。這表示，您將可領到補助，以支付您的月繳保費[、][年度自付扣除金]和處方藥分攤費用。

作為我們計劃的會員，您與未領取額外補助者享有相同的保險。您的計劃會員資格不受額外補助的影響。這也表示您必須遵守「承保範圍說明書」中的所有規定和程序。

請參閱下表，瞭解您的處方藥保險說明：

您的計劃月費為	您的年度自付扣除金為	您的副廠藥/首選多來源藥物分攤費用不超過	您所有其他藥物的分攤費用不超過
<Insert applicable amount>*	<\$0/\$83>	<\$0/\$1.25/ \$3.35 /15%> (每份處方)	<\$0/\$3.70/ \$8.35/15%> (每份處方)

*[Sponsors: Please fill out the chart to reflect the deductible and cost sharing amounts applicable to the beneficiary who will receive this form. If you were notified that one of your members qualifies for the subsidy and has an \$83 deductible but the plan is a zero deductible plan, please insert a \$0 in the chart above. In addition, if you were notified that one of your members qualifies for a co-payment amount that is more than the co-payment amounts listed in the Evidence of Coverage, insert the co-payment amount listed*

*in the Evidence of Coverage in the chart above. For example, if the member qualifies for a \$3.30 co-payment for generics, but your plan is a \$0 generic plan, insert a \$0 in the chart above. Sponsors must ensure that the premiums displayed in the table above are accurate and therefore reflect the premiums for beneficiaries who receive extra help as displayed on HPMS at Plan Bids/Bid Submission/Contract Year 2017 Manage Plans/Review Plan Data. The only exception is that sponsors have the option to modify the premium and copayment amounts to reflect any wraparound coverage provided by a State Pharmacy Assistance Program in which a member is enrolled. Premiums in this chart must reflect the total plan premium for Part C and Part D, including both the basic and supplemental premium for each if applicable]*

\* 月繳計劃保費不包含任何 Medicare B 部分保費，您仍需繳納這筆費用。您繳納的計劃保費是根據計劃的保費及您所領取的額外補助金額計算出來的。

欲知有關繳納計劃保費的詳情，請參閱「承保範圍說明書」。

*[Plans, insert this statement for LIS members who qualify for the 15% co-insurance amount and if you have tiered co-payment structure:*如果您的共同保險是 15% 或更低，則您每次配取處方藥所需支付的處方藥金額可能各不相同。

此外，如果「承保範圍說明書」中列舉的定額手續費少於以上所列的金額，您需支付「承保範圍說明書」中列舉的定額手續費金額。例如，若副廠藥的 15% 共同保險費是 \$7.50，而承保範圍說明書列舉的副廠藥定額手續費是 \$5，則您需支付的副廠藥費用是 \$5。]

*[Plan Benefit structure with \$0 generic co-payment that does not extend past the ICL should include the following statement:*您和/或您的其他代表人所支付的金額若達到 \$<ICL>，您將開始支付 [<\$1.25/ \$3.35/15%> 的副廠藥及首選多來源藥物費用。]

*[Sponsors: add the following if this EOC is for your enhanced prescription benefit and you cover non-Part D drugs as part of your benefit:* 我們承保 Medicare 處方藥計劃通常不承保的部分補充性處方藥。您不會獲得任何額外補助來支付這些藥物的費用。您為這些藥物支付的定額手續費/共同保險費如下所示：<*Sponsors should insert their cost-sharing structure for supplemental drugs covered under their enhanced alternative prescription benefit.*>]

此外，您在為這些非 D 部分藥物配藥（補充藥品）時所支付的金額，並不計入您的<自付扣除金、>總藥費或總自付費用（這表示，您所支付的金額無法讓您進入下一個福利階段，或達到災難承保階段）。請聯絡<insert 「我們」 or applicable title for 「會員/客戶服務部」的適用稱呼>，以瞭解此項要求適用哪些藥物。我們的聯絡資訊載於本通知末尾。]

在一年當中，您自行支付及 Medicare 以額外補助形式所支付的金額達到 \$5,000 時，您的定額手續費會降低至<每份處方 \$0/副廠藥及多來源首選原廠藥 \$3.35，其他所有藥物 \$8.35>。

*[Sponsors: insert this statement for LIS members who have an increase in their cost-sharing, premium, and/or deductible level: 您的處方藥費用變更自本信函最上方所列的生效日期開始。當您收到本函時，可能已超過此日期。如果您在此日期之後配取過處方藥，您所支付的費用可能低於計劃會員應付的費用。此外，如果您的保費提高了，您所支付的金額可能不夠。如果您確實欠付任何費用，我們會告知您金額。<Insert detailed explanation on how it will be collected>.]*

*[Sponsors: insert this statement for LIS members who have been LIS eligible and now have a decrease in their cost-sharing, premium, and/or deductible level, or for those newly LIS eligible with a retroactive effective date: 您的處方藥費用變更自本信函最上方所列的生效日期開始。當您收到本函時，可能已超過此日期。如果您在此日期之後配取過處方藥或支付保費，您所支付的費用可能高於計劃會員應付的費用。如果您多付了費用，我們會另外寄信告知您金額。<Insert detailed explanation of how plan will pay beneficiary back>.]*

Medicare 或社會保險局會定期審核您的資格，確定您仍然有資格領取 Medicare 處方藥計劃費用額外補助。如果您的收入或資源有所變動、如果您結婚或恢復單身，或者退保 Medicaid，您的額外補助領取資格可能會發生變化。

如果您對本通知有任何疑問，請聯絡[optional<我們> at]<Plan Name>，[optional <會員服務部>]，電話：<Toll-free Number>，聽障專線：<Toll-free TTY Number>，服務時間：<Days/Hours of Operation>，或瀏覽 <insert web address>。

*[Appropriate language, including disclaimers, is expected to appear in this document on topics including: benefits (MMG §50.2); Federal contracting (MMG §50.1); material ID Number (MMG §40.1); non-English translations (MMG §50.4); Part B premiums (MMG §50.3)].*