

CareAdvantage by



801 Gateway Blvd, Ste 100
South San Francisco, CA 94080

Effective January 1, 2026

**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 CareAdvantage by Health Plan of San Mateo Dual Eligible Special Needs Plan (DSNP)'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	\$0	\$0/\$1.60/\$5.10 (each prescription)	\$0/\$4.90/\$12.65 (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.

Once the amount both you **and** Medicare pay (as the extra help) reaches \$2,100 in a year, your copayment amount(s) will go down to \$0 per prescription for covered Part D drugs.

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 CareAdvantage Unit by email at CareAdvantageSupport@hpsm.org or call **1-866-880-0606 or 650-616-2174** (TTY **1-800-735-2929** or dial **7-1-1**). Call Center hours are Monday through Sunday, 8:00 a.m. to 8:00 p.m.