Effective Date: January 1, 2015

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 Mercy Maricopa Advantage’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 co-payments.

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:

<table>
<thead>
<tr>
<th>Your monthly plan premium is</th>
<th>Your yearly deductible is</th>
<th>Your co-payment amount for generic/preferred multi-source drugs is no more than</th>
<th>Your co-payment amount for all other drugs is no more than</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0*</td>
<td>$0</td>
<td>$0/$1.20/ $2.65 (each prescription)</td>
<td>$0/$3.60/ $6.60 (each prescription)</td>
</tr>
</tbody>
</table>

* 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 $4,700 in a year, your co-payment amount(s) will go down to $0 per prescription.

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 since this date, you may have been charged less than you should have paid as a member of our plan. In addition, if your premium has increased, you may not have paid enough. If you do owe us money, we will let you know how much you owe Mercy Maricopa Advantage and where to send your payment.
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 if you lose Medicaid.

If you have any questions about this notice, please contact Mercy Maricopa Advantage, Member Services at 602-586-1880 or 1-800-586-3879, TTY/TDD: 711, 24 hours a day, 7 days a week, or at www.MercyMaricopaAdvantage.com.

*The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayment, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1, of each year.*

*You must continue to pay your Medicare Part B premium. If you are a full-dual eligible your monthly Part B premium is paid by the State.*

*This information is available for free in other languages. Please contact our Member Services number at 602-586-1880 or 1-866-602-1979, (TTY/TDD 711) for additional information. Hours of operation: 24 hours a day, 7 days a week. Esta información está disponible gratis en otros idiomas. Por favor comuníquese a nuestro número de Servicios al Miembro al 602-586-1880 o 1-866-602-1979, (TTY/TDD 711) para información adicional. Horas de servicio: 24 horas al día, 7 días a la semana.*

*Mercy Maricopa Advantage (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a Medicaid contract with the Arizona Department of Health Services, Division of Behavioral Health Services. Enrollment in Mercy Maricopa Advantage depends on contract renewal.*