**To:** All [Entity Name] Health Insurance Plan Participants

**From:** [Entity Name]

**Date:** [Before October 15]

**RE: Attached Certificate of Non-Creditable RX Coverage**

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 added prescription drug coverage to Medicare coverage. This is called “Medicare Part D.” Federal Law (70 Fed. Reg. 4193) requires employers who sponsor health insurance plans to disclose whether or not the RX coverage on their plan is creditable - meaning at least as good as or better than Medicare Part D. Employers have to mail the attached certificate to all plan participants (covered employees and dependents and COBRA beneficiaries) who are also eligible to receive Medicare coverage. We do not know who may also be on Medicare, so we are conducting this blanket mailing.

***If you and/or all of your covered dependents are not eligible\* for Medicare, please disregard the attached notice/certificate***.

Thank you.

Sincerely,

NAME

TITLE

COMPANY

\*Generally, individuals over age 65 and individuals deemed disabled by the Social Security Administration are considered eligible for Medicare.

**Important Notice from [Entity Name] About**

**Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Entity Name] and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. [Insert Entity Name] has determined that the prescription drug coverage offered by the [Plan Name] is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. **This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the [Insert Entity Name]** **Sponsored Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**

You can keep your current coverage from the [Insert Entity Name] Sponsored Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

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**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage with [Insert Entity Name], since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the [Insert Entity Name] Sponsored Health Plan.

If your prior coverage was creditable prescription drug coverage and you are losing creditable prescription drug coverage under the [Insert Entity Name] Sponsored Health Plan, you are eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

Since the coverage under the [Insert Entity Name] Sponsored Health Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn’t join, if you go 63 continuous days or longer without prescription drug coverage that’s creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan while you are covered under the [Insert Entity Name] Sponsored

Health Plan, your [Insert Entity Name] Sponsored Health Plan may be affected. Your employer sponsored coverage cannot be cancelled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer sponsored coverage will coordinate benefits so that you will not receive duplicate benefits. The Medicare, Who Pays First handbook available from your Medicare representative or on line <http://www.medicare.gov/Pubs/pdf/02179.pdf>, has detail on how Medicare coordinates benefits.

Typically, your employer sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer sponsored coverage is considered ‘primary’ and Medicare is ‘secondary’ coverage. Medicare will only pay after the primary employer sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer sponsored coverage cost sharing such as copayments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer sponsored coverage. The employer sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer sponsored coverage.

**These three instances are when:**

* your employer employs less than 20 employees
* your coverage is from a former employer, a retiree plan or COBRA coverage
* you are disabled and the employer sponsored coverage is due to another person working for the

employer (examples when allowed – the coverage is under your spouse, your domestic partner, your

dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

Notes:

1. If you have end stage renal disease then the employer sponsored coverage is primary for the

first 30 months and Medicare is primary after that 30 month period has expired.)

2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment

cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the

Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current [Insert Entity Name] plan, be aware that

you and your dependents will have to wait for the next Open Enrollment period, if any are offered by

your Employer, or HIPAA Special Enrollment Right be able to get this coverage back.

**For More Information about This Notice or Your Current Prescription Drug Coverage:**

Contact the person listed below for further information or call [Insert Entity Contact] at [Insert Entity Contact Number].

**NOTE**: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through [Insert Entity Name] changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

* Visit [www.medicare.gov](http://www.medicare.gov)
* Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
* Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Non-Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

 Date: [Insert MM/DD/YY]

 Name of Entity/Sender: [Entity Name]

 Contact--Position/Office: [Insert Position/Office]

 Address: [Insert Street Address, City, State & Zip Code of Entity]

 Phone Number: [Insert Entity Phone Number]

**Optional Box:**

[Optional Insert If a beneficiary has had creditable coverage under the entities plan for any period of time since May 15, 2006, entities can insert the following information box if they choose to provide a personalized disclosure notice.]

Medicare Eligible Individual’s Name: [Insert Full Name of Medicare Eligible Individual]

Individual’s DOB or unique Member ID: [Insert Individual’s Date of Birth], or [Member ID]

The individual stated above has been covered under creditable prescription drug coverage for the following date ranges that occurred after May 15, 2006:

 From: [Insert MM/DD/YY] To: [Insert MM/DD/YY]

 From: [Insert MM/DD/YY] To: [Insert MM/DD/YY]