



## Central Midwest Regional Council of Carpenters' Welfare Fund

P.O. Box 1257, Troy, MI 48099  
(800) 700-6756

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### Important Notice from the Central Midwest Regional Council of Carpenters' Welfare Fund Regarding Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Central Midwest Regional Council of Carpenters' Welfare Fund and about your option 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. Central Midwest Regional Council of Carpenters' Welfare Fund has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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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 through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current CMRCC Welfare Fund coverage will be affected. Current benefits are provided by Express Scripts as follows:

#### Employer Group Waiver Plan

An Employer Group Waiver Plan ("EGWP") is available to all Medicare Eligible Participants except for Former Niles Fund Retirees (as defined in the Plan document).

More information about <u>prescription</u> drug coverage is available by calling Express Scripts at (800) 311-2757.	Members Participating in the EGWP		Limitations & Exceptions
	Generic drugs	\$10 copay	Dollar amounts shown are for prescriptions filled at a pharmacy for a 31-day supply. Certain over-the- counter medications and supplements covered with a prescription.
	Preferred brand drugs	\$30 copay	Immunizations are available at pharmacy.
	Non-preferred brand drugs	\$75 copay	Some drugs are available in a 90-day supply from pharmacies for a higher cost per prescription. Mail-order is also available for a 90-day supply of maintenance drugs. Mail-order copays are less than 90-day pharmacy copays.
	Specialty drugs	\$100 copay	

If you do decide to join a Medicare drug plan and drop your current Central Midwest Regional Council of Carpenters' Welfare Fund coverage, be aware that you and your dependents may only be able to get this coverage back if certain conditions are met. Please contact the Fund Office to review your options, prior to dropping your coverage.

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

You should also know that if you drop or lose your current coverage with Central Midwest Regional Council of Carpenters' Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, 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 (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage**

You may contact the Plan, toll-free at (800) 700-6756 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 Central Midwest Regional Council of Carpenters' Welfare Fund 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 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).**

October 2025

Name of Entity/Sender: Central Midwest Regional Council of Carpenters' Welfare Fund, P.O. Box 1257, Troy, MI 48099, Phone Number: (800) 700-6756.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**CENTRAL MIDWEST REGIONAL COUNCIL  
OF CARPENTERS' WELFARE FUND  
P.O. BOX 1257  
TROY, MI 48099-1257**

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