

# **Hagerstown Teamsters & Motor Carriers Health & Welfare Fund**

10312 Remington Drive  
Hagerstown, MD 21740

## **Important Notice 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 the Hagerstown Teamsters & Motor Carriers Health & Welfare Fund (the "Fund") and prescription drug coverage available for people eligible for Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice, you will find information about where you can get help to make decisions about your prescription drug coverage.

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

1. In 2006, Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage. Some plans may also offer more coverage for a higher monthly premium.
2. The Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. It is considered Creditable Coverage.

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Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare each year from October 15<sup>th</sup> through December 7<sup>th</sup>. 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.

If you choose to enroll in Medicare Part D at this time and keep your Fund prescription drug coverage, your coverage will be coordinated with Medicare Part D in accordance with the Medicare coordination of benefit rules. Generally, if you are an active employee or the dependent of an active employee, your coverage through the Fund will be primary and Medicare will be secondary. Your Fund coverage also pays for other health expenses, in addition to prescription drugs, and you will still be able to receive all of your health and prescription drug benefits if you choose to enroll in the Medicare Part D

prescription drug plan. Each individual case is different, but in most cases, it will not be cost-effective to enroll in Medicare Part D while you have coverage through the Fund. However, the decision is yours. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**If you do decide to enroll in a Medicare prescription drug plan and drop your Fund prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.**

**Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.**

You should also know that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay a penalty to enroll in Medicare prescription drug coverage later.

If you go 63 consecutive days or longer without creditable prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For more information about this notice or your current prescription drug coverage...**

Contact our office for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the Fund changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

Contact the person listed below for further information, NOTE: You will get this notice each year. You will also get this notice before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You may also request a copy of this notice at any time.

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 prescription drug plans. For more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount (a penalty).**

Date:	June 15, 2024
Name of Entity/Sender:	Hagerstown Teamsters & Motor Carriers Health & Welfare Fund
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