



## HEAT & FROST INSULATORS AND ASBESTOS WORKERS HEALTH AND WELFARE TRUST FUND

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**DATE:** SEPTEMBER 2025

**TO:** ACTIVE PLAN PARTICIPANTS AND/OR DEPENDENTS

**FROM:** BOARD OF TRUSTEES

**RE:** IMPORTANT NOTICE  
MEDICARE PART D PRESCRIPTION DRUG COVERAGE

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Dear Participant and/or Dependents:

The enclosed Notice of Creditable Coverage is your proof that your current prescription drug benefit program through the Fund provides “creditable coverage,” as defined in the notice. This means that if you drop or lose prescription drug coverage through the Fund in 2026, you may not be charged a late enrollment fee if you present this certificate to your new plan (i.e., a Medicare Part D prescription drug plan or another plan providing “creditable coverage”) within 63 continuous days of losing prescription drug coverage through the Fund. ***Please retain this notice with your other important Fund information.***

If you need another copy of the Creditable Coverage Notice (or you need a personalized notice), please contact the Fund Administrative Office at 1-800-433-6692. You may request a copy of this notice at any time. Updated versions of this notice will be sent annually. You will also get this notice before the next period you can join a Medicare Part D plan, and you will be informed if the Fund ever loses creditable coverage status.

### **Important Notice from Heat and Frost Insulators and Asbestos Workers Health and Welfare Fund 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 Heat and Frost Insulators and Asbestos Workers Health and Welfare Fund 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:

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Mailing Address: P.O. Box 430 • West Covina, CA 91793  
Physical Address: 1050 Lakes Drive, Suite 120 • West Covina, CA 91790  
8311 West Sunset Road Suite 250 • Las Vegas, NV 89113  
3737 Camino Del Rio So., Suite 300 • San Diego, CA 92108  
Phone 626-646-1083 • Toll Free 800-433-6692 • [www.hfawbenefits.org](http://www.hfawbenefits.org)

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. Heat and Frost Insulators and Asbestos Workers' Health and Welfare Fund has determined that the prescription drug coverage offered by the Heat and Frost Insulators and Asbestos Workers' Health and Welfare Fund 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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**If I am enrolled in the Fund and have prescription drug coverage through the self-funded plan or one of the HMO plans, do I need to do anything now?**

No, you can keep using the Fund's prescription drug program the same as you always have you do not need to enroll in a Medicare Part D plan. Your copayments will not change, nor will any pharmacy network.

**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 15<sup>th</sup> to December 7<sup>th</sup>. However, because the prescription drug coverages offered under this Fund are expected to pay out as much as the standard Medicare Part D plan on average for all Fund participants, you do not need to enroll in a Medicare Part D plan at this time.

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 Heat and Frost Insulators and Asbestos Workers' Health and Welfare Fund prescription drug coverage will not be affected.

**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 Heat and Frost Insulators and Asbestos Workers' Health and 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 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...**

Contact the person listed below for further information. **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 Heat and Frost Insulators and Asbestos Workers' Health and 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 you 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).**

Date:	October 2025
Name of Entity/Sender:	Heat & Frost Insulators & Asbestos Workers Health & Welfare Fund
Contact:	Eligibility Department
Address:	PO Box 430 • West Covina, CA 91793
Phone:	(800) 433-6692 • FAX: (626)931-1368

This document has been uploaded and is available on the participant website at [www.hfawbenefits.org](http://www.hfawbenefits.org)