



SOLANO AND NAPA COUNTIES  
**ELECTRICAL WORKERS BENEFIT FUNDS**



October 2014

**Important Notice from Solano-Napa Counties Electrical Workers' Health  
and Welfare Trust Fund  
about Prescription Drug Coverage**

**This notice is for people who are eligible (or who may become eligible) for  
Medicare during the next 12 months.**

**Please read this notice carefully and keep it where you can find it.**

This Notice has information about your current prescription drug coverage with Solano-Napa Counties Electrical Workers' Health and Welfare Trust Fund and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

**Solano-Napa Counties Electrical Workers' Health and Welfare Trust Fund has  
determined that the prescription drug coverage under Kaiser for Active Employees,  
Non-Medicare Retirees and covered Dependents is "creditable."**

"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the plan option noted above is, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under Solano-Napa Counties Electrical Workers' Health and Welfare Trust Fund, and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

### **REMEMBER TO KEEP THIS 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).**

### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following 3 times:

when they first become eligible for Medicare; or  
during Medicare's annual election period (from October 15<sup>th</sup> through December 7<sup>th</sup>); or  
for beneficiaries leaving employer/union coverage, you may be eligible for a two month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

### **YOUR RIGHT TO RECEIVE A NOTICE**

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

### **WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)**

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's 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 either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next Medicare open enrollment period in order to enroll for Medicare prescription drug coverage.

## WHAT ARE MY CHOICES?

You can choose any **one** of the following options:

Your Choices:	What you can do:	What this option means to you:
<b>Active Employees, Non-Medicare Retirees and covered Dependents</b>	<p>You can select or keep your current medical and prescription drug coverage with Kaiser and <b>you do not have to enroll in a Medicare prescription drug plan.</b></p>	<p>You will continue to be able to use your prescription drug benefits through Kaiser.</p> <p>You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15<sup>th</sup> through December 7<sup>th</sup> of each year).</p> <p>As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.</p> <p>Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.</p> <p>Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare. For Medicare eligible Active Employees and their Medicare eligible Dependents, this group health plan pays primary and Medicare Part D coverage pays secondary.</p> <p>Note that you may not drop just the prescription drug coverage under Kaiser. That is because prescription drug coverage is part of the entire medical plan.</p> <p>Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as:</p> <ul style="list-style-type: none"> <li>PDPs may have different premium amounts;</li> <li>PDPs cover different brand name drugs at different costs to you;</li> <li>PDPs may have different prescription drug deductibles and different drug copayments;</li> <li>PDPs may have different networks for retail pharmacies and mail order services.</li> </ul>
<b>Retired Employees and covered Dependents who are covered under Kaiser Senior Advantage</b>	<p>Your current medical and prescription drug coverage with Kaiser Senior Advantage is a <b>Medicare Advantage Plan</b> so it is not necessary for you to enroll in an additional Medicare Part D Plan.</p>	<p>If you enroll in a Medicare prescription drug plan in addition to your Medicare Advantage Plan, you will automatically be dis-enrolled from the Medicare Advantage plan and automatically enrolled in original Medicare. This means that you will either have to pay an additional cost for your medical coverage with your HMO or file an appeal with Kaiser to be re-enrolled in their Medicare Advantage Plan and dis-enrolled from your Medicare Part D plan.</p> <p><b>Before enrolling in a Medicare prescription drug plan, please call the BeneSys (phone number is on the last page of this notice) so they can explain your options and consequences of any decisions that you make.</b></p>

## **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription 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 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.

### **Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.**

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite [www.medicare.gov](http://www.medicare.gov) por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en [www.socialsecurity.gov](http://www.socialsecurity.gov) por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

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

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

**Solano-Napa Counties Electrical Workers' Health and Welfare Trust Fund**

P.O. Box 1306

San Ramon, CA 94583

Phone Number: 1-866-544-9880 or 925-208-9980

As in all cases, Solano-Napa Counties Electrical Workers' Health and Welfare Trust Fund (and the Kaiser insurance company) reserves the right to modify benefits at any time, in accordance with applicable law. This document dated October 2013 is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

*This document has been uploaded and is available on the participant website at  
[www.ibew180benefitfunds.org](http://www.ibew180benefitfunds.org)*