# IBEW LOCAL 234 HEALTH AND WELFARE PLAN

October 2026

***Important Notice from IBEW Local 234 Health and Welfare Plan***
***About Your Prescription Drug Coverage and Medicare***
**(No action is required on your part.)**

**If you or any of your eligible family members are now eligible for Medicare or will become eligible for Medicare in 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 the IBEW Local 234 Health and Welfare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan.

Medicare Part D plans are available to each person who is eligible for Medicare. Such plans provide at least a standard level of coverage set by Medicare and some plans may offer more coverage for a higher monthly premium. ***The Medicare Part D prescription drug program is NOT a benefit provided through the IBEW Local 234 Health and Welfare Plan.*** Medicare Prescription drug coverage became available in 2006 to everyone with Medicare. Such Plans are marketed by various Medicare-approved "Prescription Drug Providers" (PDPs). If you are eligible for Medicare, you will have a chance to enroll in a Medicare-approved Part D plan from October 15th through December 7th of each year. If you ever lose your current IBEW Local 234 Health and Welfare Plan prescription drug coverage, through no fault of your own, you will be eligible for a two-month special enrollment period to enroll in a Part D plan.

**This notice is to inform you that your current prescription drug benefit program through the IBEW Local 234 Health and Welfare Plan provides "creditable coverage," as defined below**. It also includes answers to questions you may have regarding your current prescription drug program and how it relates to Medicare Part D coverage.

***2026 CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE***

The IBEW Local 234 Health and Welfare Plan hereby certifies that the prescription drug coverage it provides to Medicare-eligibles is expected to pay out, on average for all such participants, at least as much as the standard Part D coverage would pay in calendar year 2026. It is therefore designated as providing 2026 "creditable coverage," meaning that any participant who later enrolls in a Part D plan will not be charged a late enrollment penalty for 2026.

***This is your notice of creditable coverage.*** Be sure to read it carefully and keep it in a safe place where you can find it. If you lose this notice and need another copy, please call the IBEW Local 234 Health and Welfare Plan's Administrator at (408) 588-3753, or request a copy in writing from BeneSys Administrators, 6293 San Ignacio Avenue, San Jose, CA 95119. Updated versions of this notice will be sent annually and you will be informed if the IBEW Local 234 Health and Welfare Plan ever loses its creditable coverage status.

If you ever drop or lose your IBEW Local 234 Health and Welfare Plan coverage, or in the unlikely event that IBEW Local 234 Health and Welfare Plan coverage becomes non-creditable, having this notice will allow you to immediately enroll in a Part D plan without having to pay a late enrollment

penalty. Specifically, if you try to enroll after your initial eligibility period, you will be charged a permanent Part D premium surcharge of 1% for every month since your initial Medicare eligibility for which you cannot show that you had creditable coverage (if such non-creditable period exceeds 62 days). Also note that you may have to wait for the next regular annual Part D enrollment period, which will be October 15th through December 7th for coverage in the following calendar year.

## ***FREQUENTLY ASKED QUESTIONS***

**1.** ***Do I need to do anything now?*** No, you can keep using the IBEW Local 234 Health and Welfare Plan's prescription drug program the same as you always have. **No action is required on your part.**

When you first become eligible for Medicare[1], you will have the option to independently enroll in a Medicare Part D prescription drug plan. **However,** ***by enrolling in a Part D plan you will permanently lose your current prescription drug coverage under the IBEW Local 234 Health and Welfare Plan and you will not be reimbursed for your Part D premiums***. As indicated above, the standard Part D benefit is not as good as the IBEW Local 234 Health and Welfare Plan's own prescription drug program (as described in your IBEW Local 234 Health and Welfare Plan booklet).

**2.** ***How can I get more information on Medicare Part D?*** More detail is in the handbook "Medicare & You" that is provided by Medicare in October of each year. You can visit http://www.medicare.gov/ or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Each state has a Health Insurance Assistance Program to help Medicare beneficiaries and their families with their health insurance choices and with problems that might arise. In California it is called the "Health Insurance Counseling and Advocacy Program" (HICAP) and can be reached (by non-cell phones only) at 1-800-434-0222. Further assistance is available from the California Senior Information line (also by non-cell phones only) at 1-800-510-2020. Contact information for similar programs in other states will be listed in your "Medicare & You" handbook. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For more information, you may visit the Social Security Administration website at http://www.socialsecurity.gov/ or call them at 1-800-772-1213. TTY users should call 1-800-325-0778.

***Be sure to keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium.***

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| ***Date:*** | October 1, 2026 |
| ***Plan Sponsor:*** | IBEW Local 234 Health and Welfare Plan |
| ***Administrator:*** | Abigail Strehle, BeneSys Administrators |
| ***Address:*** | 6293 San Ignacio Avenue |
| | San Jose, Ca 95119 |
| ***Telephone:*** | (408) 588-3753 |

[1] Your Medicare Initial Enrollment Period will be the month in which you become age 65, plus the preceding three months and the succeeding three months.