



IBEW LOCAL 595 TRUST FUNDS



April 2020

Important Notice from IBEW Local 595 Health & Welfare Fund

About Your Prescription Drug Coverage and Medicare

Medicare Part D plans are available to every person who is eligible for Medicare. All such plans will provide at least a standard level of coverage set by Medicare and some plans may offer more coverage for a higher monthly premium. ***Note that the Medicare Part D prescription drug program is NOT a benefit provided through the IBEW Local 595 Health & Welfare Fund.*** It is provided through Medicare and is 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.

This notice is to inform you that your current prescription drug benefit program through the IBEW Local 595 Health & Welfare Fund 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.

2020 CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

The IBEW Local 595 Health & Welfare Fund hereby certifies that the prescription drug coverage provided to Medicare-eligible Participants on average for all such participants, is expected to be at least as much as the coverage under the standard Medicare Part D in calendar year 2019. It is therefore designated as providing 2020 “creditable coverage,” meaning that any participant who later timely enrolls in a Part D plan will not be charged a late enrollment penalty for 2021.

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 Trust Fund Office at (888) 512-5863 or request a copy in writing from the Trust Fund Office. Updated versions of this notice will be sent annually and you will be informed if the Fund ever loses its creditable coverage status.

FREQUENTLY ASKED QUESTIONS

(1) If I am a retired Trust participant with Kaiser Senior Advantage or UnitedHealthcare Medicare Advantage, do I need to do anything now?

No, if you stay with Kaiser Senior Advantage or UnitedHealthcare Medicare Advantage then you have the Part D plan provided by that HMO. You cannot be enrolled in more than one Part D plan at a time, so if you attempt to sign up with another Part D provider you risk being disenrolled from your HMO medical and drug coverage. Call your HMO if you have any questions.

(2) If I am an active Trust participant, do I need to do anything now?

No, you can keep using the Fund's prescription drug program the same as you always have. Your copayments will not change, nor will any pharmacy network.

When you first become eligible for Medicare¹, 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 may permanently lose your current prescription drug coverage under the IBEW Local 595 Health & Welfare Fund and you will not be reimbursed for your Part D premiums.*** As mentioned above, the standard Part D benefit is not as good as the Fund's own prescription drug program (as described in your Fund plan booklet).

You should compare your current prescription drug program, including which drugs are covered, with the benefits and costs of the Medicare Part D plans available in your area. To view the official summary of approved Medicare Part D plans in any U.S. state, visit <https://www.medicare.gov/part-d/index.html>. Note that a Part D plan might not include your regular prescription drugs on its formulary. The Fund cannot provide you with a complete comparison of available Part D plans, but we urge you to carefully review any descriptions you may obtain.

(3) So why do I need to keep my notice of creditable coverage?

In case you ever drop or lose your Fund coverage, or in the unlikely event that Fund 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

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.

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.

(4) *How can I get more information on Medicare Part D?*

More detail will be in the handbook "Medicare & You" that will be mailed to you by Medicare in October of each year. You may also be contacted directly by Medicare-approved Part D providers. At any time you can visit <http://www.medicare.gov> or call 1-800-MEDICAR (1-800-633-4227). TTY users should call 1-877-486-2048.

Every 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. To see the Medicare information collected by the California program, visit <http://www.aging.ca.gov/> and click the button "Medicare & Other Insurance". 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 about this extra help, 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.

*This document has been uploaded and is available on the participant website at
www.ibew595benefits.org.*