



# ROOFERS LOCAL 149 FRINGE BENEFIT FUNDS

P.O. BOX 396  
TROY, MICHIGAN 48099-0396  
(248) 641-4949 (888) 868-6411

---

## **Important Notice from Roofers Local 149 Security Benefit Trust Fund About Your Prescription Drug Coverage and Medicare**

### **Detroit Participants**

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 Roofers Local 149 Security Benefit Trust Fund (149 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 (other than the coverage offered by the 149 Fund). 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:

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. The 149 Fund has determined that the prescription drug coverage offered by the 149 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 (other than the coverage offered by the 149 Fund).
- 

### **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, 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 DO decide to join a Medicare drug plan, other than the coverage offered by the 149 Fund, you will no longer be eligible for coverage under the 149 Fund. If you DO NOT join a Medicare drug plan, you will remain covered under the 149 Fund for health expenses and prescription drugs.**

Current Prescription Benefits under the 149 Fund for Medicare participants are provided under a fully insured policy through the Humana Group Medicare program, **through December 31, 2021**, as follows:

- (1) Retail (30-day supply maximum): \$10.00 co-pay for Generic drugs, a co-pay of \$30.00 for Preferred Brand drugs and \$60.00 co-pay for Non-Preferred Brand & Specialty drugs.
- (2) Mail Order (90-day supply maximum): \$25.00 co-pay for Generic drugs, a co-pay of \$75.00 for Preferred Brand drugs and \$150.00 co-pay for Non-Preferred drugs when purchased at a Preferred Pharmacy. When purchased at a Non-Preferred Pharmacy, the co-pay for Generic drugs is \$30.00, the co-pay for Preferred Brand drugs is \$90.00 and the co-pay for Non-Preferred Brand drugs is \$180.00.

**If you do decide to join a Medicare drug plan (other than the coverage offered by the 149 Fund) and drop your 149 Fund coverage, be aware that you and your dependents may not be able to get this coverage back.**

## **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 the 149 Fund and don't join a Medicare drug plan within 63 continuous days after your coverage with the 149 Fund 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 by 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 coverage through the 149 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 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 15, 2021   |
| Name of Entity/Sender: | Roofers Local 149 Security Benefit Trust Fund  |
| Contact Department:    | Eligibility  |
| Mailing Address:       | Roofers Local 149 Security Benefit Trust Fund<br>P.O. Box 396<br>Troy, MI 48099-0396 |
| Phone Number:          | (248) 641-4949 or (888) 868-6411   |

**ROOFERS LOCAL 149  
FRINGE BENEFIT FUNDS  
P.O. BOX 396  
TROY, MI 48099-0396**



**Important Plan Information**

PRESORTED  
FIRST CLASS MAIL  
U.S. Postage  
**PAID**  
ABC Mailing, Inc.  
48083