



# PLUMBERS & STEAMFITTERS LOCAL 166 BENEFIT FUNDS

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(248) 641-4966 or Toll Free (855) 641-4966

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October 2025

## Important Notice from the Plumbers & Steamfitters Local 166 Health & 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 the Plumbers & Steamfitters Local 166 Health & Welfare Fund (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 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 Fund has determined that the prescription drug coverage offered by the 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 Fund).

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### 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 Medicare Policy coverage offered by the Fund, you will no longer be eligible for coverage under the Fund. If you DO NOT join a Medicare drug plan, you will remain covered under the Medicare Policy provided by the Fund for health expenses and prescription drugs unless you fail to timely enroll. If you fail to timely enroll in the Medicare Policy provided under the Fund, you will be responsible for the costs incurred that otherwise would have been covered by a Medicare drug plan or the Medicare Policy under the Fund.**

Current Prescription Benefits under the Fund for Medicare participants are provided under fully insured plans through Humana Medicare Advantage Group programs. These benefits are:

### **Copayments for 30-Day Supply (Retail)**

	<u>Retail Pharmacy</u>
- Generic:	\$10.00
- Formulary:	\$30.00
- Non-Formulary:	\$60.00
- Specialty:	\$60.00

### **Copayments for 90-Day Supply (Mail Order)**

	<u>Mail-Order</u>
- Generic:	\$25.00
- Formulary:	\$75.00
- Non-Formulary:	\$150.00
- Specialty:	N/A

**If you do decide to join a Medicare drug plan and drop your Fund coverage, be aware that you and your dependents will only be able to get this coverage back if certain conditions are met. Please contact the Fund Office to discuss prior to dropping your coverage.**

## **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 Fund and don't join a Medicare drug plan within 63 continuous days after your coverage with the 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 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, 2025
Name of Entity/Sender:	Plumbers & Steamfitters Local 166 Health & Welfare Fund
Contact--Position/Office:	Customer Service Department
Mailing Address:	PO Box 99485, Troy MI 48099-9485
Phone Number:	(248) 641-4966 Toll-Free 1-855-641-4966

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**Important Plan Information**

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