

*Ohio Conference of Plasterers and Cement Masons  
Health and Welfare Fund*

**3660 Stutz Drive, Suite 101, Canfield, OH 44406  
Telephone: (330) 779-8860 • Toll Free 1-800-435-2388**

October 2024

Dear Participant:

Included in this mailing are the following plan notifications:

- Creditable Coverage Notice for Prescription Drug Coverage
- Annual Notices:
  - ❖ Women's Health and Cancer Rights (WHCRA)
  - ❖ Newborn's and Mothers Health Protection Act of 1996
  - ❖ Privacy Practices Notice
  - ❖ Notice of Nondiscrimination

Please contact us with any questions once you have reviewed the information.

Sincerely,  
Board of Trustees



# *Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund*

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## **Important Notice from Ohio Conference of Plasterers and Cement Masons Health & Welfare Fund (OCPCM) About Your Prescription Drug Coverage and Medicare**

### **Who Does This Notice Apply To:**

**Any Active Members, Early Retirees, and/or Dependents covered under the Ohio Conference of Plasterers and Cement Masons Health & Welfare Fund (OCPCM) who are eligible for Medicare.** These persons will need this notice to consider enrolling in Medicare Part D prescription drug coverage.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with OCPCM 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. 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. OCPCM has determined that the prescription drug coverage offered to Active Employees and Early Retirees by the OCPCM 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.

### **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> through 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 decide to join a Medicare drug plan, your current OCPCM coverage may be affected. See the following for more information about what happens to your current coverage if you join a Medicare prescription drug plan.

### **Options Available to Active and Early Retiree Members and/or their Dependents with Medicare:**

- You can keep your current medical and prescription drug coverage with OCPCM, and you do not have to enroll in a Medicare prescription drug plan. You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment (October 15<sup>th</sup> – December 7<sup>th</sup> of each year).
- You can enroll in a Medicare prescription drug plan and keep your current medical and prescription drug coverage with OCPCM. If you do this, OCPCM will pay primary to the Medicare prescription drug plan.
- If you are an Early Retiree and decide to join a Medicare drug plan and drop your current OCPCM coverage, you will not be able to get this coverage back unless you reinstate eligibility.

**For all Active Members, Early Retirees and/or their Dependents with Medicare:**

You can keep your current coverage with OCPCM and not enroll in a Medicare prescription drug plan. It is important that you compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area before making any decision to enroll in a Medicare prescription drug plan.

The OCPCM currently provides prescription drug benefits through a retail pharmacy and mail order program. Under the Fund's retail program, Mid and High Plan members pay 20% coinsurance for generic drugs and 20% coinsurance for brand name drugs with no generic drug available; Low Plan members pay 30% coinsurance for generic drugs and 30% coinsurance for brand name drugs with no generic drug available. If the prescription is written as "Dispense as Written" and a generic is available Mid and High Plan members pay 20% coinsurance plus the ancillary fee; Low Plan members pay 30% coinsurance plus the ancillary fee. In addition, your current medical coverage under the Fund pays for other health expenses, in addition to prescription drugs.

**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 OCPCM and don't join a Medicare drug plan within 63 continuous days after your current coverage 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 Fund Office for further information at (800) 435-2388. NOTE: You'll get this notice each year. You will also get it if this coverage through OCPCM 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 2024
Name:	Ohio Conference of Plasterers and Cement Masons Health & Welfare Fund
Contact:	Fund Administrator
Address:	3660 Stutz Drive, Suite 101, Canfield, Ohio 44406
Phone Number:	(330) 799-8860

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**WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

As a reminder, the plan has been amended as a result of the Women's Health and Cancer Rights Act. This federal legislation requires that, as a result of consultation with a physician, the plan cover reconstruction of the breast on which the mastectomy was performed, surgery on the other breast to produce a symmetrical appearance and prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and co-insurance provisions and was effective January 1, 1999.

**NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996**

The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge earlier. In any case, group health plans may not, under Federal law, require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours)

**PRIVACY PRACTICES NOTICE**

The Notice of Privacy Practices of the Fund described how medical information about you may be used and disclosed and how you can get access to this information. The Notice is available upon request, at no charge, at the Fund Office, 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406. If you would like more information on benefits, call the Fund Office at **330-779-8860**.

*This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan mean that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.*

*Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator, 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.*



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**NOTICE OF NONDISCRIMINATION**

Discrimination is Against the Law

**Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund** (“the Health Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). The Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Health Plan:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Health Plan at **330-779-8860**.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the Health Plan’s website:

<https://www.ourbenefitoffice.com/ohcementmasons/Benefits/>