

Important Notice from [Insert Name of Entity] 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 [Insert Name of Entity] and prescription drug coverage available for people with Medicare.

[Insert Name of Entity] has determined that the prescription drug coverage offered by the [Insert Name of Plan] is *[is not]*, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable *[Non-Creditable]* Coverage.

Because your existing coverage is *[is not]* on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and you will not *[will]* pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you do decide to enroll in a Medicare prescription drug plan and drop your [Insert Name of Entity] prescription drug coverage, be aware that you and your dependents may not be able to [Medigap issuers must replace “*may not be able to*” with “*cannot* “] get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

RECOMMENDED INSERT: *CMS recommends that the entity providing this disclosure notice insert the recommended language contained in the Content of Creditable Coverage Disclosures on pages 7 - 11 of the Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance, which explains the prescription drug plan provisions/options under the entity’s plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect Part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity’s plan will end for the individual and all covered dependents, etc.).*

Individual’s can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiary’s leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with [Insert Name of Entity] and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You’ll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

MODEL BENEFICIARY **PERSONALIZED** DISCLOSURE NOTICE LANGUAGE

OMB 0938-0990

FOR USE ON OR AFTER MAY 15, 2006 BY ALL ENTITIES

Date: [Insert MM/DD/YY]

Medicare Eligible Individual's Name: [Insert Full Name of Medicare Eligible Individual]

Individual's SSN or HIC#: [Insert Individual's Social Security Number] or
Medicare Health Insurance Claim Number]

This individual has *[has not]* been covered under Prescription Drug Coverage that is Creditable.

If applicable, date ranges of creditable coverage that occurred after May 15, 2006:

From: [Insert MM/DD/YY] **To:** [Insert MM/DD/YY]

From: [Insert MM/DD/YY] **To:** [Insert MM/DD/YY]

Name of Entity: [Insert Name of Entity]

Contact Name and Position/Office: [Insert Contact Name & Position/Office]

Address: [Insert Street Address, City, State & Zip Code of Entity]

Phone Number: [Insert Entity Phone Number]

For more information about this notice or your current prescription drug coverage...

Contact the contact person listed above.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through [Name of Entity] changes. You also may request a copy.

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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at

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www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the prescription drug plans approved by Medicare, you may be required to provide a copy of this notice when you join.

Date: [Insert MM/DD/YY]
Name of Entity/Sender: [Insert Name of Entity]
Contact--Position/Office: [Insert Position/Office]
Address: [Insert Street Address, City, State & Zip Code of
Entity]
Phone Number:

(C:\WPDocs\Website\Personal-Notice.5-15-06)