

## **Local No. 1 Health Fund**

*Notice of Creditable Coverage  
For Distribution Prior to October 15, 2018*

*Prepared by  
Segal Consulting  
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## Notice of Creditable Coverage Local No. 1 Health Fund

### Important Information About Your Prescription Drug Coverage and Medicare Prescription Drug Coverage

This Notice has information about:

- The availability of Medicare Prescription Drug Coverage (Part D).
- How the Local No. 1 Health Fund's existing prescription drug benefits for all Plan participants are, on average, at least as good as standard Medicare Prescription Drug Coverage.
- What your choices are and what happens to your coverage under the Local No. 1 Health Fund if you elect Medicare Prescription Drug Coverage.
- Where to find more information to help you make decisions about your prescription drug coverage.

The Local No. 1 Health Fund will continue to provide prescription drug coverage to Medicare eligible individuals for 2019. The prescription drug coverage provided by the Local No. 1 Health Fund is creditable coverage. You do **not** need to join a Medicare prescription drug plan since you have coverage available through the Local No. 1 Health Fund. You can keep this coverage and not pay a higher premium (penalty) if you later join a Medicare drug plan.

Read this Notice carefully as it explains the options you have under Medicare's Prescription Drug Coverage. Please keep this Notice in a safe place where you can find it.

#### Medicare Prescription Drug Coverage

Medicare Part D is available 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 offer more coverage for a higher monthly premium.

#### 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 15th through December 7th**. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. In addition, if you lose or decide to leave employer/union sponsored coverage, you will be eligible to join a Medicare drug plan at that time using an Employer Group Special Enrollment Period.

#### Existing Coverage as Good as Standard Medicare Prescription Drug Coverage

The Local No. 1 Health Fund's existing prescription drug benefits are, on average, "Creditable Coverage," which means the Fund is expected to pay as much in claims for all participants (or more in some cases) as standard Medicare Prescription Drug Coverage pays.

Because your current prescription drug benefits with the Local No. 1 Health Fund, on average, are as good as Medicare standard coverage, you can stay covered under the Plan and join a Medicare drug plan later and not be required to pay a higher premium (a penalty).

**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. This Notice verifies that you have Creditable Coverage and that you are not required to pay a higher premium (a penalty).

## **Your Choices and the Consequences**

If you are considering joining a Medicare drug plan, you should compare your current coverage, including which medications are covered, at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you are eligible for Medicare, you can compare your current coverage, including which medications are covered, with the coverage and cost of the Medicare plans in your area. Remember that for most people there is a monthly premium for Medicare Prescription Drug Coverage.

If you **do not enroll** for Medicare Prescription Drug Coverage, you will continue to receive prescription drug benefits under the Local No. 1 Health Fund (as long as you are otherwise eligible to continue Plan coverage). Remember that the Plan also covers medical benefits, in addition to prescription drug benefits. You will continue to be eligible to receive the Plan's medical and prescription drug benefits.

If you are eligible and **enroll** for Medicare Prescription Drug Coverage, you will continue to receive prescription drug coverage under the Local No. 1 Health Fund, as long as you are otherwise eligible to continue Plan coverage. Remember that for most people, there is a monthly premium for Medicare Prescription Drug Coverage.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you are entitled to Medicare and drop or lose your coverage with the Local No. 1 Health Fund and do not 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 for Medicare Prescription Drug Coverage may be higher. The increase may be at least 1% of the Medicare base beneficiary premium for every month that you were eligible but did not have coverage. For example, if you go 19 months without creditable coverage, your monthly 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 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. To get 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 1-800-772-1213 (TTY 1-800-325-0778).

### **For More Information about this Notice or the Fund's Prescription Drug Benefits**

If you have any questions about this Notice or would like more information about your prescription drug benefits under the Local No. 1 Health Fund, please call the Fund Office.

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 this coverage through the Local No. 1 Health Fund changes. You also may request a copy of this Notice at any time by contacting the Fund Office.

Date: July 2018

Plan: Local No. 1 Health Fund

Contact: Fund Office, Wilson-McShane Corporation

Address: 1211 W. 22<sup>nd</sup> Street, Suite 406, Oak Brook, Illinois 60523

Telephone Number: 630-288-6868 or toll-free 866-844-0488

*Benefits under the Local No. 1 Health Fund are not vested or guaranteed. Full details of the Plan are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, reduce, or discontinue all or part of the Plan at any time.*