

## **TEAMSTERS LOCAL 639-EMPLOYERS HEALTH TRUST FUND**

---

### **Important Notice About Your Prescription Drug Coverage and Medicare**

Please read this Notice carefully and keep it where you can find it. This Notice contains important information about your current prescription drug coverage with the Teamsters Local 639-Employers Health Trust Fund, and prescription drug coverage for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll. At the end of this Notice, you will find information about where you can get help to make decisions about your prescription drug coverage.

Medicare prescription drug coverage (also known as Medicare “Part D” coverage) is available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

The Board of Trustees has determined that the prescription drug coverage offered by the Teamsters Local 639-Employers Health Trust Fund (“Fund”) is, 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 Coverage.

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

#### **IF YOU ARE ELIGIBLE FOR MEDICARE PRESCRIPTION DRUG COVERAGE, PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

- 1. You can keep your current prescription drug coverage with the Fund, and you do not have to enroll in a Medicare prescription drug plan.**

In the future, you may enroll in a Medicare prescription drug plan during Medicare’s annual enrollment period (October 15–December 7 of each year). You may also be eligible to enroll in a Medicare prescription drug plan during any applicable special enrollment periods. If you enroll in a Medicare prescription drug plan later, you will not have to pay a penalty for late enrollment, provided you do not go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage (such as your current prescription drug coverage through the Fund).

- 2. You can keep your current prescription drug coverage with the Fund and enroll in a Medicare prescription drug plan.**

If you enroll in a Medicare prescription drug plan, the Fund will pay primary to Medicare.

If you lose your eligibility under the Fund and do not enroll in a Medicare prescription drug plan after your current Fund coverage ends, you may pay more (in the form of a late enrollment penalty) to enroll in Medicare prescription drug coverage later. If you are eligible and go 63 days or longer without prescription drug coverage that is at least as good as the Medicare prescription drug coverage (e.g., the Fund'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 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.

### **Information about the Medicare Prescription Drug Program**

If you are considering enrolling in a Medicare prescription drug plan, you will want to compare the various drug plans available to you in your location. Below is a list of issues you should consider in selecting a Medicare prescription drug plan.

<b>ISSUES TO CONSIDER AS YOU COMPARE MEDICARE PRESCRIPTION DRUG PLANS AVAILABLE TO YOU IN YOUR AREA</b>	
<b>Premiums</b>	You pay the premium to the Medicare prescription drug plan that you choose. The amount would depend on the type of coverage that you select. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available.
<b>Covered Drugs</b>	Each Medicare prescription drug plan will cover different brand name drugs at different costs to you. Your drugs may not be covered under every plan, so you need to choose carefully. For instance, one plan might cover your current brand-name medication, and another might not.
<b>Cost-Sharing</b>	Each Medicare prescription drug plan may have a different deductible, copayments, and other costs that you will be responsible for paying.
<b>Pharmacies</b>	Each Medicare prescription drug plan will have a different network of retail and mail order pharmacies.

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

Contact the Fund Office for further information at (202) 636-8181.

NOTE: You will receive this Creditable Coverage disclosure annually, and may receive it at other times in the future (for example, if the Fund were to change the prescription drug coverage so that it is no longer creditable, or if the Fund were to cease offering prescription drug coverage). 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 available in the "Medicare & You" handbook. You will get a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

1. Visit [www.medicare.gov](http://www.medicare.gov) for personalized help,
2. Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
3. 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 a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this Notice when you join to show that you are not required to pay a higher premium amount.**

Date: February 28, 2023

Name of Entity/Sender: Teamsters Local 639-Employers Health Trust Fund

Contact--Position/Office: Membership Services

Address: c/o BeneSys, Inc.

PO Box 99489, Troy, MI 48099

Phone Number: (202) 636-8181

As in all cases, the Teamsters Local 639-Employers Health Trust Fund reserves the right to modify benefits at any time, in accordance with applicable law. This document is intended to serve as your Notice of Creditable Coverage as required by law.