



Human Resources
Employee Benefits and Services

2019 Creditable Coverage Disclosure Notice

Important Notice from the County of San Bernardino 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 County of San Bernardino and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare prescription drug plan. If you are considering joining, you should compare your current County of San Bernardino and Medicare prescription drug 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.

Note: If you or your family members are not currently enrolled in Medicare and will not be covered by Medicare in the next 12 months, this notice does not apply to you.

There are two important things you need to know about the current County of San Bernardino and Medicare 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 County of San Bernardino has determined that the prescription drug coverage offered by the County's Retiree Health Plan Participants is, on average expected to pay out as much as standard Medicare prescription drug coverage will pay in 2019 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 prescription 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 15th to December 7th.

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 County of San Bernardino retiree coverage will be affected. When you first become eligible for Medicare you will have the option to independently enroll in a Medicare Part D prescription drug plan. However, by enrolling in a Part D plan you will lose your current prescription drug coverage under the County's Retiree Health Plans. If you are enrolled in a County of San Bernardino retiree Medicare Advantage Plan or Medicare Coordination of Benefits (COB) Plan, Part D is provided by the plan. You cannot be enrolled in more than one Part D plan at a time. If you attempt to sign up with another Part D provider, you risk being disenrolled from your retiree health plan's medical and drug coverage. Call your medical carrier if you have any questions.

If you do decide to join a Medicare drug plan and drop your current County of San Bernardino retiree coverage, be aware that you and your dependents may be able to get this coverage back.

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 County of San Bernardino 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 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.

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 this coverage through the County of San Bernardino 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 your options under Medicare prescription drug coverage can be found 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
- 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, 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 that you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information about this notice or the County's current prescription drug coverage, contact:

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