

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
Regional School District No. 17

57 LITTLE CITY ROAD
HIGGANUM, CONNECTICUT 06441-4323
TEL: (860) 345-4534 / FAX: (860) 345-2817

October 1, 2020

This notice is directed to Regional School District #17 employees or retirees and/or their spouses who are enrolled in the CT Partnership Plan **and** eligible for Medicare **or** will be eligible for Medicare based on age as of December 31, 2020.

If you do not meet these requirements, please disregard this notice.

Notice of Creditable Prescription Drug Coverage

IMPORTANT NOTICE regarding your CT Partnership Plan prescription drug coverage

This notice is being sent to you as a Medicare eligible person enrolled in the CT Partnership Plan in order to inform you of your prescription drug coverage and choices you will have for Medicare drug coverage. The prescription drug coverage through the CT Partnership Plan is more comprehensive than the standard Medicare part D prescription drug coverage. There is no need for you to enroll in a Medicare prescription drug plan.

Medicare prescription drug coverage became available in 2006 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.

Since the CT Partnership Plan provides you drug coverage that is more comprehensive than the Medicare part D coverage, you will not need to enroll in any Medicare Rx prescription drug plans.

An individual can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiaries losing employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should 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.

Medicare drug plan enrollment materials or communications may highlight potential penalties if you do not sign up when you are first eligible. Since you already have qualified coverage and will maintain coverage through the CT Partnership Plan, the late enrollment penalties will not apply to you if you decide to enroll in Medicare Rx at some later date.

However, if you drop or lose coverage with the CT Partnership Plan and do not enroll in a Medicare prescription drug plan after your current coverage ends, you may pay more to enroll in Medicare prescription coverage later. If you go 63 days or longer without any prescription drug coverage that is at least as good as the Medicare prescription drug coverage, your monthly premium may go up by at least 1% of the base premium per month, for every month that you did not have coverage. For example, if

you drop the CT Partnership Plan and do not sign up for Medicare prescription drug coverage for 19 months, your Medicare Part D premiums will be 119% of the standard Medicare Part D premium.

This notice is proof to Medicare that you have maintained coverage and that coverage is as least as good as the benefits offered by Medicare. You will not incur the penalty if you do not have a lapse in equivalent coverage.

If you decide to enroll in a Medicare prescription drug plan, be aware that you may not be able to get the CT Partnership prescription drug coverage back.

It is very important for you to know the following information:

- The annual enrollment period for Medicare prescription drug plans is October 15-December 7. You do not need to take any action.
- The Medicare prescription drug coverage (Medicare part D) is available to everyone eligible for Medicare. You do not need to take any action.
- The CT Partnership Plan has determined that your prescription drug benefits are better than the standard Medicare prescription drug coverage. **You need to keep a copy of this notice for your records.**

Detailed information regarding Medicare plans is available in the "*Medicare & You Handbook*." If you are Medicare-eligible you will receive a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You may also obtain more information about Medicare prescription drug plans from the following:

- On the web at www.medicare.gov
- Call your State Health Insurance Assistance Program (in CT, CHOICES at 1-800-994-9422)
- Call 1-800-MEDICARE (1-800-633-4227)

People with limited income and resources can contact the Social Security Administration at www.socialsecurity.gov or call 1-800-772-1213 to discuss potential financial assistance.

Should you have any questions regarding this notice please contact the benefits administrator in Central Office.

KEEP THIS NOTICE! If you enroll in one of the new prescription drug plans approved by Medicare, you may need to give a copy of this notice when you join in order to show that you are not required to pay a premium penalty. This notice is proof to Medicare that the CT Partnership Plan's prescription drug plan is at least as good as the benefits offered by Medicare.