



September 1, 2023

Re: MEDICARE PART D -- IMPORTANT NOTICE Regarding Your Prescription Plan Coverage

Why am I receiving this Notice?

Your employer is required by the Center for Medicare and Medicaid to provide this information to all enrolled members as to their prescription plan coverage.

What should I do with the Notice?

If you or a dependent are not eligible for Medicare at this time, there is nothing you need to do. However, if you or any of your dependents are eligible for Medicare (or are about to become eligible for Medicare), PLEASE read this letter and its attachment, as they contain vital information regarding your decision whether or not to enroll in a Medicare Part D plan. With the numerous Medicare Part D plans that are being marketed by insurance companies and other groups, it is critically important that you understand the coverage you currently have through your school employer, and what that coverage means for your decision whether or not to enroll in a Medicare Part D plan.

If I do not enroll in Medicare Part D at this time, will I pay a penalty in the future?

As long as you are covered under the prescription drug plan provided by your school employer, which has been determined to be, on average, as good or better than the standard Medicare Part D benefit, you are not required to sign up for a Medicare Part D plan and may remain covered under your current employer-provided coverage. You will not be penalized by Medicare in the future if/when your employer-provided coverage ceases and you then enroll in a Medicare Part D plan.

Will this affect my current prescription plan?

Your employer will continue to offer prescription drug coverage to you until you are 65. The intent of the attached notice is to provide documentation for Medicare eligible individuals that the coverage that they are provided is, on average for all plan participants, at least as good as the standard Medicare Part D benefit.

What if I lose this Notice?

You may contact your employer to obtain a new notice. Any further questions may be obtained at 1-800- MEDICARE (1-800-633-4227) or www.medicare.gov.

Sincerely,

Natalie Kraus
Lincoln Benefit Trust



MEDICARE PART D ATTESTATION NOTICE 2023

Important Notice Your Prescription Plan Coverage and Medicare

Please read this notice carefully and keep it with your important papers. This notice has important information about your current prescription plan with your school employer, a member of the Lincoln Benefit Trust, and your options under Medicare Part D plans. This information can help you decide whether or not you want to enroll in a Medicare prescription plan. If you are considering enrolling, compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription coverage in your area. Contact information about where you can get help to make decisions about your prescription plan coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare Prescription Plan (Part D) coverage:

1. Prescription plan coverage is available to individuals eligible for Medicare. Eligible individuals may enroll in a Medicare Prescription Plan or a Medicare Advantage Plan (HMO or PPO) that offers prescription plan coverage. All Medicare prescription 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. Lincoln Benefit Trust has determined that the prescription plan coverage offered by your school employer is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription plan coverage pays 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 plan.

When Can I Join A Medicare Prescription Plan?

You can join a Medicare prescription plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription 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 prescription plan.

What Happens To My Current Coverage If I Decide To Enroll in a Medicare Prescription Plan?

If you enroll in a Medicare prescription plan, your current school employer sponsored coverage will not be affected. If eligible for your school employer's plan, you will continue to be eligible to receive all of your current health and prescription plan benefits.

If you decide to join a Medicare prescription plan and cancel your current school employer coverage, be aware, you and your dependents may not be eligible to get this coverage back.



MEDICARE PART D ATTESTATION NOTICE 2023

When Will I Pay A Higher Premium (Penalty) To Join A Medicare Prescription Plan?

If you cancel or lose your current prescription plan coverage with your school employer and do not enroll in a Medicare prescription plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to enroll in a Medicare prescription plan.

If you do not have creditable prescription coverage for 63 continuous days or longer, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have coverage. For example, if you did not have creditable prescription coverage for nineteen months, the premium may be 19% higher than the Medicare base beneficiary premium. This higher premium (penalty) may last as long as you have Medicare prescription coverage. In addition, enrollment in the Medicare prescription plan may not be until the following November.

For More Information About This Notice Or Your Current Prescription Coverage...

Contact your school employer representative for further information. **NOTE:** This notice will be mailed to you each year or the next period you can enroll in a Medicare prescription plan and if the coverage through your school employer changes. A copy of this notice may be requested at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

Refer to your copy of the "Medicare & You" handbook that you will receive every year you are eligible for Medicare. You may also be contacted directly by Medicare prescription plans.

For more information about Medicare prescription plans please:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (listed on the inside back cover of "Medicare & You" handbook)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources and need assistance paying for Medicare prescription coverage, contact the Social Security Administration at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Important: Keep this Creditable Coverage notice. If you wish to enroll in a Medicare prescription plan, you may be required to provide a copy of this notice to prove you have maintained creditable coverage and therefore not required to pay a higher premium (penalty).

Date: September 1, 2023
Name of Entity/Sender: Lincoln Benefit Trust
Address: PO Box 70, New Oxford, PA 17350