Important Notice from Kenmore-Town of Tonawanda Schools 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 Kenmore-Town of Tonawanda Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current 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.

There are two important things you need to know about your current coverage and Medicare's 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. **Kenmore-Town of Tonawanda Schools has determined that the prescription drug coverage offered by the Independent Health and Highmark BCBSWNY plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug 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 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 Kenmore-Town of Tonawanda Schools coverage will not be affected. Enclosed with this notice you will find a list of the Medicare Advantage plans offered through the Kenmore-Town of Tonawanda Schools. This list shows a brief description of each plan offered including the prescription co-pay structures offered. It should be further noted that all plans do not contain a donut hole.

If you do decide to join a Medicare drug plan and drop your current Kenmore-Town of Tonawanda Schools coverage, be aware that you and your dependents will not 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 Kenmore-Town of Tonawanda Schools and don't 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact Megan Fagyas at (716) 874-8400 extension 20420 for further information. **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 Kenmore-Town of Tonawanda Schools 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 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.

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 whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 3, 2026
Name of Entity/sender:	Kenmore-Town of Tonawanda Schools/Megan Fagyas
Contact—Position/Office:	Employee Benefits/Human Resources
Address:	1500 Colvin Blvd., Buffalo, NY 14223
Phone Number:	716-874-8400 extension 20420

Creditable Coverage List with Kenmore-Town of Tonawanda Schools

Prescription Drug Program	***Plans Offered***
$0 / $10 / $45 / $95 / $95 Mail Order available	Independent Health Encompass 65, Group #24522-05
$0 / $10 / $30 / $50 / $50 Mail Order available	Independent Health Medicare Passport PPO Group #24522-08
$0 / $20 / $45 / $95 / $95 Mail order available	Highmark BCBSWNY Forever Blue PPO 799 OOA Plan 32 Group #10721665
$0 / $20 / $40 / $95 / $95 Mail order available	Highmark BCBSWNY Forever Blue PPO Value 799 Plan 33 Group #10722865
$10 /$30 /$55 Mail order available	KTA Flex Fit, Group #24522
$10 /$30 /$55 Mail order available	KTA First Choice, Group #24522
$5 /$25 /$50 Mail order available	Ken-Ton Flex E, Group #24522
$0/ $15 /$30 Mail order available	Ken-Ton Administrative Plan, Group #24522 or #24522 (PPO)
$5 /$25 /$50 Mail order available	First Choice POS In-Network and Out of Network, Group #24522
$5 /$25 /$50 Mail order available	First Choice High Deductible Health Plan In-Network and Out of Network, Group #24522
$5 /$25 /$50 Mail order available	KTA Retiree First Choice HDHP, Group #24522