

ELIOT SPITZER GOVERNOR STATE OF NEW YORK DEPARTMENT OF CIVIL SERVICE ALFRED E. SMITH STATE OFFICE BUILDING ALBANY, NEW YORK 12239 www.cs.state.ny.us

NANCY G. GROENWEGEN COMMISSIONER

NOTICE OF CREDITABLE COVERAGE FOR PERSONS WITH MEDICARE WHO ARE COVERED BY THE NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

This notice is being sent to all NYSHIP enrollees to fulfill the annual creditable coverage notice requirements of the Medicare Part D Program. If you or a covered dependent are not yet eligible for Medicare, it does not pertain to you at this time, but may provide you with helpful information about how Medicare Part D and NYSHIP work together.

Starting January 1, 2006, prescription drug coverage became available to everyone with Medicare. This coverage is called Medicare Part D or Medicare prescription drug coverage. This notice has information about your current NYSHIP prescription drug coverage and Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through The Empire Plan or NYSHIP health maintenance organizations (HMOs). This means that, on average for all plan participants, your NYSHIP plan is expected to pay out as much or more than standard Medicare prescription drug coverage will pay. Because the NYSHIP prescription drug coverage is creditable coverage, you can keep your NYSHIP prescription drug coverage instead of joining a Medicare prescription drug plan and will not have to pay a late enrollment penalty if you later decide to enroll in a Medicare Prescription Drug Plan, as long as you enroll within 63 days of terminating your NYSHIP prescription drug coverage. In addition, there are limited times during the year that you can join a Medicare prescription drug plan and you may have to wait until the annual enrollment period next November to enroll if your NYSHIP prescription drug coverage ends mid-year.

Required Notice

Employers are required by Medicare to provide a notice of creditable coverage to enrollees who are eligible to join a Medicare prescription drug plan. Notices must be sent:

- Annually, prior to November 15th (the beginning of the open enrollment in a Medicare prescription drug plan).
- Upon notification that a NYSHIP enrollee is Medicare eligible or prior to a NYSHIP enrollee's 65th birthday.
- If the prescription drug coverage under NYSHIP is no longer creditable.
- Upon request.

If you enroll in a Medicare prescription drug plan

- You will not be reimbursed the monthly premium for Medicare Part D prescription drug coverage, as you are for the basic premium for Medicare Part B medical coverage.
- Your prescription drug coverage under NYSHIP will become secondary to your Medicare prescription drug coverage.
- You will continue to be billed the full NYSHIP monthly premium, which includes the cost of NYSHIP prescription drug coverage.

EXCEPTION: If you are approved for extra help with the cost of the Medicare prescription drug coverage (also known as the "Low Income Subsidy") and wish to enroll in a Medicare prescription drug plan, you will be permitted to drop the prescription drug coverage portion of your NYSHIP coverage while continuing the other parts, and have a lower monthly premium for NYSHIP coverage. If you have NYSHIP family coverage, you and all covered dependents must be eligible for the extra help and enrolled in a Medicare prescription drug plan to drop your NYSHIP prescription drug coverage. If you decide to drop your NYSHIP prescription drug coverage at any time without a waiting period by contacting the Employee Benefits Division.

How do I get more information?

- For information about your NYSHIP prescription drug coverage, refer to your plan documents or contact your NYSHIP plan, either The Empire Plan Prescription Drug Program toll-free at 1-877-7-NYSHIP (1-877-769-7447) or your HMO.
- For more information about how Medicare prescription drug coverage relates to your NYSHIP coverage call 1-800-833-4344.
- You will receive information from Medicare about Medicare prescription drug coverage later this year.

If you have questions about your Medicare benefits, call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

- If you have questions about getting extra help to pay for the cost of Medicare prescription drug coverage and how to apply, call Social Security at 1-800-772-1213 or visit www.socialsecurity.gov.
- If you have been approved to receive extra help to pay for the cost of Medicare prescription drug coverage and wish to drop your NYSHIP prescription drug coverage, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344.

Change Service Requested

STATE OF NEW YORK 12212-3193 P.O. Box 13193 P.O. Box 13193 P.O. New York 12212-3193

NY/PE/PA Notice of Creditable Coverage – October 2007

SAVE THIS DOCUMENT Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

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