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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.

Prescription drug coverage has been available to everyone with Medicare since January 1, 2006. This coverage is called Medicare Part D or Medicare prescription drug coverage. This notice has information about your current NYSHIP prescription drug coverage and the new Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through The Empire Plan. This means that, on average for all plan participants, The Empire Plan is expected to pay out as much or more than standard Medicare prescription drug coverage will pay. Because The Empire Plan prescription drug coverage is creditable coverage, you can keep your prescription drug coverage with The Empire Plan instead of joining a Medicare Prescription Drug Plan and not pay extra if you later decide to enroll in a Medicare Prescription Drug Plan, as long as you enroll within 63 days of terminating your Empire Plan 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. Notice 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 The Empire Plan is no longer creditable.
- Upon request

(over)

If you enroll in a Medicare Prescription Drug Plan

- Your former employer is not required to reimburse you for the monthly premium for Medicare Part D prescription drug coverage, as is required for the premium for Medicare Part B medical coverage.
- Your prescription drug coverage under The Empire Plan will become secondary to your Medicare prescription drug coverage.
- You will continue to be billed your full share of The Empire Plan monthly premium, which includes the cost of prescription drug coverage.

EXCEPTION: If you are approved for extra help with the cost of the Medicare prescription drug coverage and wish to enroll in a Medicare Prescription Drug Plan, you may be permitted to drop your Empire Plan prescription drug coverage and pay a lower monthly premium. Ask your former employer if this option is available to you and how to apply for it. If you have Empire Plan 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 Empire Plan prescription drug coverage. If you decide to drop your Empire prescription drug coverage, you may re-enroll without a waiting period by contacting your former employer.

How do I get more Information?

- For information about your Empire Plan prescription drug coverage, refer to your plan documents or contact the Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447).
- If you have questions about your Empire Plan prescription drug benefits and Medicare Part D, please call your former agency.
- 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.