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

**This important notice is being sent to all NYSHIP enrollees to fulfill the annual creditable coverage notice requirements of the Medicare Prescription Drug 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 the Medicare Prescription Drug Program and NYSHIP work together. Please keep this notice.**

Medicare prescription drug coverage has been available to everyone with Medicare since January 1, 2006. 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 prescription drug coverage with NYSHIP instead of joining a Medicare prescription drug plan. If you are Medicare Primary and your NYSHIP HMO offers a Medicare Advantage Plan, to stay enrolled in that HMO, you must enroll in the HMO's Medicare Advantage Plan. All NYSHIP HMOs include Medicare prescription drug coverage as part of your Plan. This means you are enrolled in a Medicare Prescription Drug Program through NYSHIP. If you later decide to enroll in a Medicare prescription drug plan, you will not pay extra 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 program. You may join when you are first eligible for Medicare or you may have to wait until the annual enrollment period October 15 – December 7 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 program. The notices must be sent:

- Annually, by October 15 (the beginning of the open enrollment in a Medicare prescription drug plan)

(over)

- Upon notification that a NYSHIP enrollee is Medicare eligible or prior to a NYSHIP enrollee's 65<sup>th</sup> birthday
- If the prescription drug coverage under NYSHIP is no longer creditable
- Upon request

### **If you are Medicare-Primary**

If you are Medicare-primary and enrolled in The Empire Plan on or after January 1, 2013, or if you are enrolled in a NYSHIP HMO Medicare Advantage Plan, enrollment in a Medicare Prescription Drug Plan (PDP) outside of NYSHIP will result in automatic disenrollment from your NYSHIP coverage.

If you are the enrollee and have family coverage, NYSHIP coverage for our covered dependent (s) also will end. Both The Empire Plan and NYSHIP HMO Medicare Advantage Plans include Medicare PDP coverage. Since Medicare rules allow enrollment in only one Medicare PDP, if you enroll in another Medicare PDP, your NYSHIP enrollment will end.

**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 will be permitted to drop your NYSHIP prescription drug coverage and pay 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 decided to drop your NYSHIP prescription drug coverage, you may reenroll 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 The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) or your HMO.
- If you have questions about your Medicare benefits, call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov), or refer to your *Medicare & You* handbook sent to you each year. (TTY 1-877-486-2048)
- 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](http://www.socialsecurity.gov). (TTY 1-800-325-0778)
- If you have been approved to receive extra help to pay for most of the Medicare prescription drug coverage and wish to drop your NYSHIP prescription drug coverage, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.