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**NOTICE OF CREDITABLE COVERAGE FOR PERSONS WITH MEDICARE
WHO ARE COVERED BY
THE NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
through the Student Employee Health Plan (SEHP)**

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 prescription drug coverage and Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through the Student Employee Health Plan (SEHP). This means that, on average for all Plan participants, SEHP is expected to pay out as much or more than standard Medicare prescription drug coverage will pay. Because SEHP prescription drug coverage is creditable coverage, you can keep your prescription drug coverage with SEHP 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 SEHP prescription drug coverage. **In addition, there are limited times during the year that you can join a Medicare prescription drug plan. 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 SEHP 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. The notice must be sent:

- Annually, by October 15 (the beginning of the open enrollment in a Medicare Prescription Drug Plan)
- Upon notification that a SEHP enrollee is Medicare eligible or prior to a SEHP enrollee's 65th birthday
- If the prescription drug coverage under SEHP is no longer creditable
- Upon request

(over)

If you enroll in a Medicare Prescription Drug Plan

- Your prescription drug coverage under SEHP will become secondary to your Medicare prescription drug coverage.
- You will continue to be billed your full share of the SEHP 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 SEHP prescription drug coverage and pay a lower monthly premium. Ask your employer if this option is available to you and how to apply for it. If you have SEHP 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 SEHP prescription drug coverage. If you decide to drop your SEHP prescription drug coverage, you may reenroll without a waiting period by contacting your former employer.

How do I get more Information?

- For information about your 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 Medicare benefits, call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov, or refer to the *Medicare and 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. (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.