



STATE OF NEW YORK

DAVID A. PATERSON
GOVERNOR

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

NANCY G. GROENWEGEN
COMMISSIONER

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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 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 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 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 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. The 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 NYSHIP is no longer creditable
- Upon request

(over)

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 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 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 decide 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 Empire Plan prescription drug benefits and Medicare Part D, please call the Employee Benefits Division at 1-800-833-4344 or (518) 457-5754 (Albany area).
- 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.