



September 2021

**PLEASE KEEP THIS NOTICE**

**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 Plan. If you or a covered dependent is not yet eligible for Medicare, this notice does not pertain to you at this time but may provide you with helpful information about how the Medicare Prescription Drug Plan and NYSHIP work together.**

**If you are enrolled in COBRA continuation coverage and become enrolled in Medicare, your NYSHIP coverage will end.**

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 non-NYSHIP Medicare Prescription Drug Plan. If you later decide to enroll in a non-NYSHIP Medicare Prescription Drug Plan, you will not pay a late enrollment penalty as long as you enroll within 63 days of your NYSHIP prescription drug coverage being terminated.

**The Empire Plan**

If you are Medicare-primary and enrolled in The Empire Plan, you will automatically be enrolled in Empire Plan Medicare Rx, a Medicare Part D Prescription Drug Plan. This means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP.

**NYSHIP Health Maintenance Organizations (HMOs)**

All NYSHIP Medicare Advantage HMOs include prescription drug coverage as part of your plan. If you or your covered dependents are Medicare-primary, you or your covered dependents will be enrolled in the HMO's Medicare Advantage Plan. This means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP. All NYSHIP HMOs offer Medicare Advantage Plans. See the NYSHIP publication *Health Insurance Choices* for further details.

## Medicare Part D Plan Rules

Both The Empire Plan and NYSHIP HMO Medicare Advantage Plans include Medicare Part D coverage. Since Medicare rules allow enrollment in only one Medicare Part D plan at a time, if you enroll in another Medicare plan, your NYSHIP coverage will end for other health expenses in addition to prescription drugs. If you are the enrollee and have Family coverage, NYSHIP coverage for your covered dependent(s) will also end.

**Note about Extra Help:** Some people with limited resources and income may be able to get Extra Help through the Social Security Administration to pay the costs related to a Medicare Prescription Drug Plan. If you are enrolled in The Empire Plan and are eligible or have been approved by Medicare for Extra Help, you may qualify for an Empire Plan Medicare Rx prescription drug exception and maintain your other Empire Plan coverage. 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 (TTY 1-800-325-0778) or visit [www.ssa.gov](http://www.ssa.gov).

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.

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 to enroll until Medicare's annual enrollment period, October 15 - December 7, if your NYSHIP prescription drug coverage ends mid-year.

## How do I get more information?

- For more 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) (TTY 1-877-486-2048), visit [www.medicare.gov](http://www.medicare.gov) or refer to the *Medicare & You* handbook sent to you each year.

## Required Notice

Employers are required by the Centers for Medicare & Medicaid Services to provide a Notice of Creditable Coverage to enrollees who are eligible to join a Medicare Prescription Drug Plan.

The notice must be sent:

- Prior to an individual's initial enrollment
- Annually, by October 15 (the beginning of Medicare's open enrollment in a Medicare Prescription Drug Plan)
- 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

**Note:** This notice is posted online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) in the Notices section, or you may request one by calling the Employee Benefits Division.