## **Teamsters Local 641 Welfare Fund**

714 Rahway Avenue, 2nd Floor, Union, New Jersey 07083 Telephone: (908) 687-4488 Fax: (908) 687-8368 www.641funds.org



### Important Notice from Teamsters Local 641 Welfare Fund About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Teamsters Local 641 Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2. Teamsters Local 641 Welfare Fund has determined that the prescription drug coverage offered by our Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Teamsters Local 641 Welfare Fund coverage may be affected.

Active Participants and Dependents: Your coverage will not be affected unless you have had Medicare coverage for end stage renal disease for over 30 months.

Active Participants and Dependents who have had Medicare coverage in connection with end stage renal disease for over 30 months: Medicare Part D will become the primary payer and Teamsters Local 641 Welfare Fund will coordinate the balance due on drug costs which are above the co-pay you would have paid without Medicare Part D.

Retirees and dependents with RS62 coverage: Your coverage will not be affected. However, if you become eligible for any Medicare benefits before age 65, you are required to notify the Fund office immediately and your coverage will be adjusted accordingly.

Retirees and dependents with RS65 coverage: Medicare Part D would become the primary payer and Teamsters Local 641 Welfare Funds will coordinate the balance due on drug costs which are above the co-pay you would have paid without Medicare Part D.

Retirees and dependents with R2 coverage: Any retiree or dependent of a retiree with R2 coverage must notify the Fund office immediately if you become eligible for any Medicare benefits (even if you are not yet age 65). As you are aware your coverage with Teamsters Local 641 Welfare terminates when you become eligible for Medicare benefits.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.] If you do decide to join a Medicare drug plan and drop your current Teamsters Local 641 Welfare Fund coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Teamsters Local 641 Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Vanda Neno at (908) 687-4488 Ext. 22. **NOTE:** You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Teamsters Local 641 Welfare Fund changes. You also may request a copy of this notice at any time.

# For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov

You may also call your State Health Insurance Assistance Program (their telephone number is on the inside back cover of your copy of the "Medicare & You" handbook) for personalized help.

### Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

Name of Entity/Sender:

Contact--Position/Office:

Address:

Phone Number:

October 11, 2024

Teamsters Local 641 Welfare Fund

Diane Florian, Plan Manager

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