

Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568

Important Notice from O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund About Your Prescription Drug Coverage and Medicare

Medicare Part D plans are available to every person who is eligible for Medicare. All such plans will provide at least a standard level of coverage set by Medicare and some plans may offer more coverage for a higher monthly premium. Note that the Medicare Part D prescription drug program is NOT a benefit provided through the O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund. It is provided through Medicare and is marketed by various Medicare-approved "Prescription Drug Providers" (PDPs). If you are eligible for Medicare, you will have a chance to enroll in a Medicare-approved Part D plan from October 15th through December 7th of each year.

This notice is to inform you that your current prescription drug benefit program through the O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund provides "creditable coverage," as defined below. It also includes answers to questions you may have regarding your current prescription drug program and how it relates to Medicare Part D coverage.

2012 CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

The O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund hereby certifies that the prescription drug coverage it provides to Medicare-eligible participants is expected to pay out, on average for all such participants, at least as much as the standard Part D coverage would pay in calendar year 2012. It is therefore designated as providing 2012 "creditable coverage," meaning that any participant who later enrolls in a Part D plan will not be charged a late enrollment penalty for 2012.

This is your notice of creditable coverage. Be sure to read it carefully and keep it in a safe place where you can find it. If you lose this notice and need another copy, please call the O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund's Administrator at (562) 463-5065, or request a copy in writing from Benefit Programs Administration, 13191 Crossroads Parkway North, Suite 205, City of Industry, California 91746-3434. Updated versions of this notice will be sent annually and you will be informed if the Fund ever loses its creditable coverage status.

FREQUENTLY ASKED QUESTIONS

(1) **Do I need to do anything now?**

No, you can keep using the Fund's prescription drug program the same as you always have. Medicare Part D has no affect on your current prescription drug copayments, nor will there be any changes to the Fund's pharmacy network.

When you first become eligible for Medicare¹, you will have the option to independently enroll in a Medicare Part D prescription drug plan. **However, by enrolling in a Part D plan you may permanently lose your current prescription drug coverage under the O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund and you will not be reimbursed for your Part D premiums.** As mentioned above, the standard Part D benefit is not as good as the Trust Fund's own prescription drug program (as described in your Trust Fund plan booklet).

¹ Your Medicare Initial Enrollment Period will be the month in which you become age 65, plus the preceding three months and the succeeding three months.

You should compare your current prescription drug program, including which drugs are covered, with the benefits and costs of the Medicare Part D plans available in your area. To view the official summary of approved Medicare Part D plans in any U.S. state, visit <http://www.medicare.gov/medicarerereform/map.asp>. Note that a Part D plan might not include your regular prescription drugs on its formulary. The Trust Fund cannot provide you with a complete comparison of available Part D plans, but we urge you to carefully review any descriptions you may obtain.

(2) **So why do I need to keep my notice of creditable coverage?**

In case you ever drop or lose your Trust Fund coverage, or in the unlikely event that Trust Fund coverage becomes non-creditable, having this notice will allow you to immediately enroll in a Part D plan without having to pay a late enrollment penalty. Specifically, if you try to enroll after you become eligible, you will be charged a permanent Part D premium surcharge of at least 1% for every month since your initial Medicare eligibility for which you cannot show that you had creditable coverage (if such non-creditable period exceeds 62 days). Also note that you may have to wait for the next regular annual Part D enrollment period, which will be October 15th through December 7th for coverage in the following calendar year.

(3) **How can I get more information on Medicare Part D?**

More detail will be in the handbook "Medicare & You" that will be mailed to you by Medicare in October of each year. You may also be contacted directly by Medicare-approved Part D providers. At any time you can visit <http://www.medicare.gov/> or call 1-800-MEDICAR (1-800-633-4227). TTY users should call 1-877-486-2048.

Every state has a Health Insurance Assistance Program to help Medicare beneficiaries and their families with their health insurance choices and with problems that might arise. In California it is called the "Health Insurance Counseling and Advocacy Program" (HICAP) and can be reached (by non-cell phones only) at 1-800-434-0222. Further assistance is available from the California Senior Information line (also by non-cell phones only) at 1-800-510-2020. To see the Part D information collected by the California program, visit <http://www.aging.ca.gov/> and click the button "Medicare Rx for consumers". Contact information for similar programs in other states will be listed in your "Medicare & You" handbook.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For more information about this extra help, visit the Social Security Administration website at <http://www.socialsecurity.gov/> or call them at 1-800-772-1213. TTY users should call 1-800-325-0778.

Be sure to keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium.

Date: September 2011
Plan Sponsor: O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund
Administrator: Benefit Programs Administration
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