

# IMPORTANT NOTICE FROM THE COOK GROUP HEALTH PLAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE 2024

#### Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with the Cook Group Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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. Cook Group has determined that the prescription drug coverage offered by the Cook Group Health 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 Cook Group Health Plan coverage will not be affected. The Clinic Plan and Traditional Plan each have a prescription drug deductible of \$300 per family per year. Generally, the Plan pays 80% of the cost of the drug and you pay the remaining 20% up to a \$100 maximum for each 30-day supply. If you are a participant in the Clinic Plan and you do not purchase drugs from the Clinic pharmacy, then the Plan will pay only 50% of the cost of the drug. Brand name and generic drugs are covered by the Plan. There is no annual or lifetime maximum drug benefit.

If you decide to join a Medicare drug plan and drop your current Cook Group Health Plan coverage, you and your dependents will be able to get this coverage back during open enrollment.

#### 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 the Cook Group Health Plan 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 credible prescription drug coverage, your monthly premium may go up 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 19 months without credible coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay the entire premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to-CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C-4-26-05, Baltimore, MD 21244-1850.2.

#### For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the person listed below for further information.

Note: You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through the Cook Group Health Plan changes. You may also request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 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's website <a href="www.socialsecurity.gov">www.socialsecurity.gov</a>, or call them at 800.772.1213 (TTY 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 whether or not you are required to pay a higher premium (a penalty).

**Date:** January 20, 2023

Name of Entity/Sender: Cook Group Health Plan

Contact--Position/Office: Ms. Kim Sullivan Address: P.O. Box 1029, Bloomington, IN 47402 Telephone Number: 812.355.2528 or 800.593.2080

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