



**Attached is an important notice regarding your prescription drug coverage and Medicare for 2020.**

**CITY OF HAMILTON, OHIO  
Medicare Part D Questionnaire**

If you or any family member are currently participating in the City of Hamilton's group health plan and also have Medicare Part A and/or Part B, you must complete and promptly return this questionnaire at the address listed below.

*If you or your dependents are not enrolled in Medicare Part A and/or Part B, you **do not** need to complete this form.*

If applicable to you, this questionnaire must be returned by **December 1, 2019**. In addition, you must complete and return this questionnaire within fifteen (15) days whenever you and/or a family member that is participating in the Company's group health plan first enrolls in Medicare Part A and Part B.

Employee Name: \_\_\_\_\_ Date \_\_\_\_ \_

\_\_\_\_\_  
Address Telephone Number

Individuals In Company Group Health Plan and Medicare Part A and/or Part B

Name	Social Security#	Date of Birth	Medicare Part A or B Enrollment Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applicable to you, please complete and return to:

**Rebekah Cremeans  
City of Hamilton  
Civil Service and Personnel Department  
One Renaissance Center  
345 High Street, Suite 300  
Hamilton, OH 45011**

## **Important Notice from the City of Hamilton 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 the City of Hamilton 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:

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 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.

The City of Hamilton has determined that the prescription drug coverage offered by the City of Hamilton 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 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for 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 the City of Hamilton coverage will (or will not) be affected. If you decide to join a Medicare drug plan, your current coverage with the City of Hamilton and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. In addition, the City of Hamilton pays for other health expenses, in addition to prescription drugs, and you may not be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. Be sure to contact the City of Hamilton if you have questions about dropping coverage under the City of Hamilton Health Benefit Plan and getting that coverage back later.

### **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 City of Hamilton 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) 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. NOTE: You'll get 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 the City of Hamilton 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'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](http://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 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](http://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: September 24, 2019  
Name of Entity: City of Hamilton  
Contact Person: Rebekah Cremeans  
Address: 345 High Street Suite 300  
Hamilton, OH 45011  
Phone Number: 513-785-7031