

# Notice of Prescription Drug Creditable Coverage Operating Engineers Local 139 Health Benefit Fund

## Important Information about Your Prescription Drug Benefits and Medicare Prescription Drug Coverage

This Notice has information about:

- Medicare Prescription Drug Coverage (Medicare Part D) that is available to everyone with Medicare.
- How the Operating Engineers Local 139 Health Benefit Fund's existing prescription drug benefits for all eligible active and retired participants and their dependents are, on average, at least as good as standard Medicare Prescription Drug Coverage.
- What your choices are and what happens to your coverage under the Operating Engineers Local 139 Health Benefit Fund if you elect Medicare Prescription Drug Coverage.
- Where to find more information to help you make decisions about your prescription drug coverage.

The Operating Engineers Local 139 Health Benefit Fund provides prescription drug coverage for all participants. You do **not** need to enroll for Medicare Prescription Drug Coverage since you have creditable coverage available under the Health Benefit Fund.

This Notice explains the options you have under Medicare Prescription Drug Coverage and can help you decide if you want to enroll. Please read this Notice carefully and keep it in a safe place for future reference.

## Medicare Prescription Drug Coverage

Medicare Prescription Drug Coverage is available to anyone with Medicare. Most people must pay a monthly premium for Medicare Prescription Drug Coverage. For people with limited resources, extra help paying for Medicare Prescription Drug Coverage is available. Medicare Prescription Drug Coverage is insurance provided by private companies that have been approved by Medicare. Medicare Prescription Drug Coverage is available through Medicare Advantage (like an HMO or PPO) and Medicare Prescription Drug Plans. All Medicare plans provide at least a standard level of coverage as set by Medicare. Some Medicare plans offer better coverage for a higher monthly premium.

Eligible individuals who are entitled to Medicare Part A or enrolled in Part B can enroll for Medicare Prescription Drug Coverage when they first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. If a Medicare eligible individual loses or drops prescription drug coverage under the Operating Engineers Local 139 Health Benefit Fund, the individual may be eligible for a two (2) month Special Enrollment Period to sign up for Medicare Prescription Drug Coverage. More detailed information about Special Enrollment Periods can be found in the *Medicare & You* booklet sent to Medicare eligible individuals each fall.

## Existing Coverage as Good as Standard Medicare Prescription Drug Coverage

The Operating Engineers Local 139 Health Benefit Fund ("Health Benefit Fund") has determined that existing Fund prescription drug benefits are "creditable coverage," which means coverage under the Health Benefit Fund is, on average, expected to pay as much (or more in some cases) in claims for all eligible participants as standard Medicare Prescription Drug Coverage.

Because your current prescription drug benefits under the Health Benefit Fund are, on average, as good as Medicare standard coverage, you can choose to stay covered under the Health Benefit Fund and join a Medicare plan later and not be subject to the higher premium penalty.

**Keep this Notice.** If you enroll for Medicare Prescription Drug Coverage, you will need a copy of this Notice when you enroll. This Notice verifies that you have creditable coverage and that you are not required to pay the higher premium penalty.

## Your Choices and the Consequences

If you do not enroll for Medicare Prescription Drug Coverage, you will continue to receive benefits under the Health Benefit Fund (as long as you are otherwise eligible to continue Fund coverage). Remember that the Health Benefit Fund also provides medical and other benefits, in addition to prescription drug benefits. You will continue to be eligible to receive all current benefits for which you are eligible.

If you are eligible for Medicare, you can compare your current coverage, including which medications are covered, with the coverage and cost of the Medicare Prescription Drug Plans in your area.

- **Active Participants and Their Dependents:** If you are an active participant or dependent of an active participant and enroll for Medicare Prescription Drug Coverage, you will continue to be eligible for Health Benefit Fund benefits. However, your benefits will be coordinated with Medicare, in accordance with Medicare’s and the Plan’s coordination provisions.
- **Retired Participants and Their Dependents:** If you are a Medicare-eligible retiree or a dependent of a Medicare-eligible retiree and enroll for Medicare Prescription Drug Coverage, you will **no longer** receive prescription drug benefits under the Health Benefit Fund. You will continue to be eligible to receive medical benefits under the Health Benefit Fund. However, your monthly premium for coverage under the Health Benefit Fund will not be reduced. Also, remember that for most people there is a monthly premium for Medicare Prescription Drug Coverage.

If you are a non-Medicare eligible retiree or dependent of a non-Medicare eligible retiree, you will continue to be eligible for Health Benefit Fund prescription drug benefits. However, once you become eligible for Medicare, if you enroll for Medicare Prescription Drug Coverage, you will no longer receive prescription drug benefits under the Health Benefit Fund, as indicated above.

If you decide to enroll and then later decide to drop Medicare Prescription Drug Coverage, you will be given a one-time opportunity to re-enroll for the Health Benefit Fund’s prescription drug benefits.

**Note to Medicare-Eligible Individuals:** If you drop or lose your coverage under the Health Benefit Fund and do not enroll for Medicare Prescription Drug Coverage after your current coverage ends, you may pay more for Medicare Prescription Drug Coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare Prescription Drug Coverage, your monthly premium for Medicare Prescription Drug Coverage will increase. The increase will be at least 1% per month for every month that you were eligible but did not have coverage. For example, if you go 19 months without coverage, your monthly premium penalty will always be at least 19% higher than what most other people pay. You will have to pay this higher premium penalty as long as you have Medicare Prescription Drug Coverage. In addition, you may have to wait until the next open enrollment period (October 15<sup>th</sup> through December 7<sup>th</sup> each year) to enroll.

**For More Information about Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer Prescription Drug Coverage is available in the *Medicare & You* booklet that Medicare publishes each fall and sends to Medicare beneficiaries. You may also be contacted directly by Medicare Prescription Drug Plans. You can also get more information about Medicare Prescription Drug Plans from the following resources:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (phone number will be included in the *Medicare & You* booklet).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited resources, extra help paying for Medicare Prescription Drug Coverage is available. Additional information is available from the Social Security Administration by:

- Visiting [www.socialsecurity.gov](http://www.socialsecurity.gov).
- Calling 1-800-772-1213 (TTY users should call 1-800-325-0778).

**For More Information about this Notice or the Health Benefit Fund**

If you have any questions about this Notice or would like more information about your benefits under the Operating Engineers Local 139 Health Benefit Fund, please call the Fund Office.

In the future, the Health Benefit Fund will periodically send you an updated copy of this Notice for your records. You also may request a copy of this Notice at any time by contacting the Fund Office.

Date: October 2024  
 Entity/Sender: Operating Engineers Local 139 Health Benefit Fund  
 Contact: Fund Office  
 Address: N27 W23233 Roundy Drive, P.O. Box 160, Pewaukee, Wisconsin 53072-0160  
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*Benefits under the Operating Engineers Local 139 Health Benefit Fund are not vested or guaranteed. Full details of the Plan are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.*