

SMWIA Local 49 Family Health Plan

Administrative Office
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SMWIA LOCAL 49 FAMILY HEALTH PLAN

Important Notice from SMWIA Local 49 Family Health Plan 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 SMWIA Local 49 Family Health Plan.*** 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 November 15th through December 31st of each year.

This notice is to inform you that your current prescription drug benefit program through the SMWIA Local 49 Family Health Plan 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.

2010 CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

The SMWIA Local 49 Family Health Plan hereby certifies that the prescription drug coverage it provides to Medicare-eligibles 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 2010. It is therefore designated as providing 2010 “creditable coverage,” meaning that any participant who later enrolls in a Part D plan will not be charged a late enrollment penalty for 2010.

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 Plan’s Administrator at (800) 432-6636, or request a copy in writing from Southwest Service Administrators, 2400 West Dunlap Avenue, Suite 250, Phoenix, AZ 85021. Updated versions of this notice will be sent annually and you will be informed if the Plan ever loses its creditable coverage status.

FREQUENTLY ASKED QUESTIONS

(1) Do I need to do anything now?

No, you can keep using the Plan's prescription drug program the same as you always have. Your copayments will not change, nor will any 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, enrolling in a Part D plan may not be cost effective, since you will not be reimbursed for your Part D premiums. As mentioned above, the standard Part D benefit is not as good as the Plan's own prescription drug program (as described in your Plan booklet).

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 Plan 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 Plan coverage, or in the unlikely event that Plan 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 your initial eligibility period, you will be charged a permanent Part D premium surcharge of 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 November 15th through December 31st for coverage in the following calendar year.

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.

(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 New Mexico it is called either the “Health Insurance and Benefits Corps” (HIBAC) or “Aging and Long-Term Services Department” and can be reached at 1-866-451-2901. 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: November 15, 2010
Plan Sponsor: SMWIA Local 49 Family Health Plan
Administrator: Southwest Service Administrators, Inc.
Address: 2400 West Dunlap Avenue, Suite 250, Phoenix, AZ 85021
Telephone: 800-432-6636 or 505-265-8422