

**Electricians Health and Welfare Plan, IBEW 995
8111 Tom Drive
Baton Rouge, LA 70815
Telephone: (225) 927-6340**

**IMPORTANT NOTICE FROM PLAN 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 Electricians Health and Welfare Plan, IBEW 995 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 cover different brand name drugs at different costs to you, and your drugs may not be covered under every plan. Plans may have a different deductible or copayment and a different network of retail and mail order pharmacies. Some plans may also offer more coverage for a higher monthly premium.
2. The Electricians Health and Welfare Plan, IBEW 995 (the "Plan") has determined that the prescription drug coverage offered by the Plan is, on average for all Plan participants, expected to payout 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 through December 7th (the annual enrollment period).

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 outside of the regular annual enrollment period.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Active Employees and Their Dependents. If you are an active employee or dependent of an active employee and are eligible for Medicare and you decide to enroll in a Medicare prescription drug plan, you will keep your current medical and prescription drug coverage with the Plan. The Plan will pay primary to Medicare for active employees and their dependents.

Retired Employees and Their Dependents. If you are a retired employee or dependent of a retired employee and decide to enroll in a Medicare prescription drug plan, you will keep your current medical coverage but lose your prescription drug coverage with the Plan. If you later drop your Medicare prescription drug coverage, you may enroll back into the Plan's prescription drug coverage (as long as you still have medical coverage), at the end of the year. If you decide to enroll in a Medicare prescription drug plan, you must promptly notify the Fund Office that you are doing so.

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 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 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 ...

If you have questions about this notice or your current prescription drug coverage, please contact the Fund Office (see the contact information below).

NOTE: You'll get a notice each year. You will also receive a notice before the next period you can join a Medicare drug plan (such as before the next Medicare annual enrollment period), and if this coverage through the Plan 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 that Medicare publishes each year and mails to Medicare beneficiaries. You may also be contacted directly by Medicare drug plans.

You can also get more information about Medicare prescription drug coverage from the following:

- 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 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 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: October 1, 2024
Sender: Electricians Health and Welfare Plan, IBEW 995
Address: 8111 Tom Drive
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Telephone: (225) 927-6340

As in all cases, the Plan reserves the right to modify benefits at any time, in accordance with applicable law. This document is intended to serve as your Notice of Creditable Coverage as required by law.

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