

C AND O EMPLOYEES' HOSPITAL ASSOCIATION

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Important Notice from C and O Employees' Hospital Association 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 C and O Employees' Hospital Association ("COEHA") 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. COEHA has determined that the prescription drug coverage offered by us 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 through 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.

Upon retirement, and when you enroll in Medicare, you will become eligible for the COEHA Medicare Supplemental Plan Seven, which includes Medicare Part D Prescription Drug Coverage.

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 COEHA coverage will be affected. We are providing a brief summary below of our COEHA Medicare Part D Prescription Drug Plan for 2022 for your comparison to your current coverage.

Summary of Benefits

Your monthly premium is \$300.00 which includes payment for membership in the COEHA Supplemental Plan.

Your annual deductible is \$200.00.

Effective January 1, 2018, we have contracted with Navitus MedicareRx to administer the Medicare Part D Prescription Drug Plan. This Plan features a three-tier prescription benefit. Below is a chart showing the copayment amounts that you will be required to pay for your Medicare prescription drugs.

Initial Coverage Level:

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4430.

| Drug Tier | Retail Network Pharmacy (30-day supply) | Retail Network Pharmacy (90-day supply) | Mail Order Service (90-day supply) | Out-of-Network Pharmacy* |
|-----------------------------|--|--|---|---------------------------------|
| Tier 1: Generic | \$10.00 | \$20.00 | \$20.00 | Co-pay plus penalty charge* |
| Tier 2: Preferred Brand | \$35.00 | \$70.00 | \$70.00 | Co-pay plus penalty charge* |
| Tier 3: Non-Preferred Brand | \$55.00 | \$90.00 | \$90.00 | Co-pay plus penalty charge* |

**Penalty amounts may vary depending on the pharmacy's charges. In addition to the co-payment noted in the table, you will also be responsible for a penalty charge that includes the difference in the participating pharmacy network cost and the amount the pharmacy charges.*

Catastrophic Coverage:

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$7050 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this stage, you will pay:

- The greater of 5% coinsurance or
- \$3.95 for generics (or drugs treated as generic) and \$9.85 for all other drugs. The plan will pay the rest.

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 COEHA 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 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 10% 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 our office for further information at 1-800-679-9135 or local residents in the Clifton Forge, VA area call 862-5728. Our office hours are Monday through Thursday, 8:30 am to 5:00 pm (EST) and Fridays, 8:30-4:00 pm (EST). 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 COEHA 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
- 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).

Medicare Eligible Individual’s Name:
Individual’s Unique Member ID:

The individual stated above has been covered under **creditable** prescription drug coverage for the following date ranges that occurred after May 15, 2006:

From: **To:**

September 27, 2021
C and O Employees’ Hospital Association
511 Main Street, 2nd Floor, Clifton Forge, VA 24422
1-800-679-9135 or local Clifton Forge, VA residents call 862-5728