



LOCAL 103, I.B.E.W. HEALTH BENEFIT PLAN



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MICHAEL P. DONOVAN, ADMINISTRATOR

IMPORTANT NOTICE

TO: Local 103, I.B.E.W. Supplemental Plan Participants
DATE: November 1, 2019
SUBJECT: Medicare Part D

Medicare Part D (Blue Form)

Our records indicate you or one of your dependents are eligible or will become eligible for Medicare Part D during the upcoming Plan Year. The Local 103, I.B.E.W Health Benefit Plan sends out this Medicare Part D form annually. ***All Supplemental Plan participants must complete the enclosed Medicare Part D (Blue Form) and return it before December 1, 2019.*** This Form must be returned to continue coverage under the Supplemental Plan. ***Failure to return the completed form will result in suspension and / or termination of your coverage.***

Part D Notification

Accompanying the Medicare Part D (Blue Form) is the Part D Notification. The purpose of this notice is to explain to you the additional annual premium that will be charged to each Supplemental Plan participant who is also enrolled in a Medicare Part D plan.

If you need to obtain another copy of the Medicare Part D form, please visit our website at www.trustfunds103.com or call the Trust Funds Office at (617) 288-5999. ***Please remember to complete the enclosed form and to return by December 1, 2019 to avoid loss of coverage.*** For your convenience, a return envelope has been included in this packet.

Please Mail Form to: Local 103, I.B.E.W, Health Benefit Plan
256 Freeport Street, 2nd Floor
Boston, MA 02122

Medicare Part D

Please read and complete all applicable portions of this form and return the completed form to the address shown above by December 1, 2019. If you should have any questions, please contact the Fund Office.

Participant's Full Name: _____

Participant's Social Security Number: _____ Date of Birth: ____/____/____

Phone number: _____

Complete the following if you are married, divorced or widowed:

Spouse's Full Name: _____

Spouse's Social Security Number: _____ Date of Birth: ____/____/____

If Spouse is Deceased, Date of Death: _____

If Divorced, Date of Divorce: _____

1. Will you be enrolled in a Medicare Part D prescription drug plan on or after December 1, 2019?

YES NO

2. Will your spouse be enrolled in a Medicare Part D prescription drug plan on or after December 1, 2019?

YES NO

Participant's Certification

I hereby certify under the pains and penalties of perjury that the information and statements provided by me on this form are true and complete. I understand that I am obligated and required, as a condition of accepting coverage under the Plan, to notify the Plan in the event of the following:

- If I have listed a spouse, I certify that I am legally married and that my spouse is living at the time of my signature on this form. I agree and understand that I am required to notify the Plan immediately if I am no longer legally married to the spouse that I have listed (for example, if we are divorced), or if my spouse dies.
- If I have answered that I am not enrolled in a Medicare Part D prescription drug plan, and will not be so enrolled on December 1, 2019, I understand that I am obligated and required to immediately notify the Plan if I later become enrolled in a Medicare Part D prescription drug plan.
- I understand that if I enroll in a Medicare Part D prescription drug plan on or after December 1, 2019, that I will be required to pay a premium in an amount determined annually by the Trustees of the Plan in order to maintain my Supplemental Plan coverage and that my Supplemental Plan coverage will terminate if I fail to timely make payment of the premium.

I understand that the Fund will rely upon my certification and representations made in this enrollment form.

Signature of Participant

Date

Part D Notification

Important Notice from Local 103, I.B.E.W. Health Benefit 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 Local 103, I.B.E.W. Health Benefit Plan 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. Local 103, I.B.E.W. Health Benefit Plan (the "Plan") has determined that the prescription drug coverage offered by the Plan 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 to 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.

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 Plan coverage will be affected.

Active Participants – If you are an active participant and you decide to enroll in a Medicare prescription drug plan, you may keep your current coverage with the Plan. The Plan will pay primary to Medicare for active participants.

Retired Participants – If you are a retired participant covered by the Plan's prescription drug coverage, there is generally no need to join a Medicare drug plan at this time. This is because the Plan's

prescription drug coverage is expected to pay out as much as the standard Medicare prescription drug coverage and you can keep the Plan's prescription drug coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are a retired participant and you enroll in a Medicare prescription drug plan, you may keep your current prescription drug coverage with the Plan. However, when a retired participant enrolls in Medicare Part D coverage, the Plan loses access to federal subsidies for that retiree. In order to offset this lost revenue, the Trustees of the Plan have established a premium cost for those enrolled in the Plan who also decide to participate in Medicare Part D. The premium you must pay if you choose to enroll in a Medicare Part D plan, for any portion of the period December 1, 2019 through November 30, 2020, is \$800.00. If you are so enrolled, you must pay a premium in a single payment if you wish to continue to be covered under the Supplemental Plan. If you are enrolled in a Medicare Part D plan, the Plan will send you an invoice for the above premium and you will be required to make payment of this premium within 30 days of the date of the invoice or your Supplemental Plan coverage will terminate. However, if you disenroll from the Medicare prescription drug plan and the Plan again becomes eligible for the federal subsidy, you may no longer have to pay the premium.

If you are a retired participant, you also can drop your current medical and prescription drug coverage under the Supplemental Plan and enroll in a Medicare prescription drug plan. If you decide to drop your current Supplemental Plan coverage and enroll in a Medicare prescription drug plan, you cannot come back into the Plan.

All Supplemental Plan participants must complete the enclosed Medicare Part D Form (BLUE FORM) and return it before December 1, 2019. This form must be returned for you to continue coverage under the Supplemental Plan. Failure to return the form will result in suspension and / or termination of your coverage.

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...

Contact the Trust Funds office 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 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. 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).

Date:	November 1, 2019
Name of Entity/Sender:	Local 103, I.B.E.W. Health Benefit Plan
Subject:	Medicare Part D
Address:	256 Freeport Street, 2 nd Floor, Boston, MA 02122
Phone Number:	617-288-5999 or 800-564-5999