

**NOTICE FOR MEDICARE PART D  
ELIGIBLE INDIVIDUALS**

09/27/2024

Dear Subscriber and Covered Dependents:

*The information contained in this letter and enclosed notice is applicable to Medicare Part D eligible individuals only. If you or your dependent(s) are not a Medicare Part D eligible individual, you may disregard this notice.*

As you may know, the Medicare Modernization Act (MMA) passed by Congress in December 2003 included a new prescription drug benefit (Part D) for people eligible for Medicare.

In accordance with regulations published by the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, we are sending you the enclosed notice. The information contained in this letter and enclosed notice is applicable to Medicare Part D eligible individuals only. If you or your dependent(s) are not a Medicare Part D eligible individual, you may disregard this notice. If you or your dependent(s) are eligible for Medicare Part D, please read this notice, but note that **you do not have to take any action.**

**This notice states that the prescription drug benefit you receive as part of your Harvard Pilgrim Health Care coverage is on average at least as good as Medicare's Part D prescription drug coverage.**

Please read this notice carefully and keep it where you can find it. For further information, you may call:

- 800-MEDICARE (800-633-4227) (TTY: 877-486-2048). Medicare customer service representatives are available 24 hours a day, seven days a week, to answer questions about Medicare.
- The State Health Insurance Assistance Program at 800-AGE-INFO (800-243-4636) (TTD: 800-872-0166)

Thank you for your continued membership with Harvard Pilgrim Health Care. We look forward to serving you now and in the future.

Sincerely,  
Member Services Team

Enclosure: Important notice from Harvard Pilgrim Health Care about your prescription drug coverage and Medicare

## **IMPORTANT NOTICE FROM HARVARD PILGRIM HEALTH CARE 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 Harvard Pilgrim Health Care 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. Harvard Pilgrim Health Care has determined that the prescription drug coverage offered by Harvard Pilgrim Health Care 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.

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### **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 15<sup>th</sup> through December 7<sup>th</sup>.

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 Harvard Pilgrim Health Care coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits, and Harvard Pilgrim Health Care will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Harvard Pilgrim Health Care coverage, be aware that you and your dependents will be able to get this coverage back.

## **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 Harvard Pilgrim Health Care 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 Harvard Pilgrim Health Care member services for further information at **888-333-4742** (TTY: 711). **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 Harvard Pilgrim Health Care 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](http://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](http://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 will 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 (penalty).**

Date:	09/27/2024
Name of Entity/Sender:	Point32Health Human Resources Department
Contact – Position/Office:	Member Services Team
Address:	1 Wellness Way Canton, MA 02021
Phone Number:	<b>888-333-4742</b> (TTY: 711)