



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
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PLEASE KEEP THIS NOTICE

**NOTICE OF CREDITABLE COVERAGE FOR INDIVIDUALS WITH MEDICARE
WHO ARE COVERED BY
THE NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)**

This important notice is being sent to all NYSHIP enrollees to fulfill the annual creditable coverage notice requirements of the Medicare Prescription Drug Plan. If you or a covered dependent is not yet eligible for Medicare, this notice does not pertain to you at this time but may provide you with helpful information about how the Medicare Prescription Drug Plan and NYSHIP work together.

Medicare prescription drug coverage has been available to everyone with Medicare since January 1, 2006. This notice has information about your current prescription drug coverage and Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through The Empire Plan or The Excelsior Plan. This means that, on average for all Plan participants, your NYSHIP plan is expected to pay out as much or more than standard Medicare prescription drug coverage will pay. Because the NYSHIP prescription drug coverage is creditable coverage, you can keep your prescription drug coverage with NYSHIP instead of joining a Medicare Prescription Drug Plan. If you later decide to enroll in a Medicare Prescription Drug Plan, you will not pay a late enrollment penalty as long as you enroll within 63 days of terminating your NYSHIP prescription drug coverage.

The Empire Plan

If you are Medicare-primary and enrolled in The Empire Plan, you will automatically be enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug plan. This means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP.

Note: This does not apply to Excelsior Plan enrollees.

Medicare Part D Plan Rules

The Empire Plan includes Medicare Part D coverage. Since Medicare rules allow enrollment in only one Medicare plan at a time, if you enroll in another Medicare plan, your NYSHIP coverage will end for other health expenses in addition to prescription drugs. If you are the enrollee and have Family coverage, NYSHIP coverage for your covered dependents also will end.

Note about Extra Help: Some people with limited resources and income may be able to get Extra Help to pay the costs related to a Medicare Prescription Drug Plan. If you or a dependent is approved for Extra Help and is enrolled in The Empire Plan, and you wish to enroll in a different prescription drug plan, you may be able to drop your Empire Plan prescription drug coverage and maintain your other Empire Plan coverage. If you have questions about getting extra help to pay for the cost of Medicare prescription drug coverage and how to apply, call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or visit www.ssa.gov.

If you have been approved to receive extra help to pay for most of the Medicare prescription drug coverage and wish to drop your NYSHIP prescription drug coverage, please contact your former agency.

There are limited times during the year that you can join a Medicare Prescription Drug Plan. You may join when you are first eligible for Medicare or you may have to wait until the annual enrollment period October 15–December 7 to enroll if your NYSHIP prescription drug coverage ends mid-year.

How do I get more information?

- P For more information about your NYSHIP prescription drug coverage, refer to your plan P documents or contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP P (1-877-769-7447). P
- P If you have questions about your Medicare benefits, call Medicare at 1-800-Medicare P (1-800-633-4227) (TTY 1-877-486-2048), visit www.medicare.gov or refer to your P *Medicare & You* handbook sent to you each year. P

Required Notice

- P Employers are required by Medicare to provide a Notice of Creditable Coverage to enrollees who are eligible to join a Medicare Prescription Drug Plan.

The notice must be sent:

- P Prior to an individual's initial enrollment
- P Annually, by October 15 (the beginning of the open enrollment in a Medicare Prescription Drug Plan)
- P Upon notification that a NYSHIP enrollee is Medicare eligible or prior to a NYSHIP enrollee's P 65th birthday P
- P If the prescription drug coverage under NYSHIP is no longer creditable
- P Upon request.

Note: This notice is posted online at www.cs.ny.gov/employee-benefits in the Notices section, or you may request one by asking your Health Benefits Administrator (HBA).