



BRIAN SANDOVAL
Governor

DAMON HAYCOCK
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001

Carson City, Nevada 89701

Telephone (775) 684-7000 · (800) 326-5496

Fax (775) 684-7028

www.pebp.state.nv.us



PATRICK GATES
Board Chairman

August 10, 2017

Retirees

Informational Notice from Public Employees' Benefits Program about your *Consumer Driven Health Plan* Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it for your records. This notice has information about your current prescription drug coverage under the *Consumer Driven Health Plan (CDHP)* and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining a Medicare drug plan, you should compare the drug formulary and the costs of your current prescription drug plan to the Medicare prescription plans available in your area. Information about where you can get help to make decisions about your prescription drug coverage is provided 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. Public Employees' Benefits Program has determined that the prescription drug coverage offered by the *CDHP* 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 15 to December 7. 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 *CDHP* prescription drug coverage will not coordinate prescription drug benefits with your Medicare Part D drug plan.

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When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose your current prescription drug coverage with the *CDHP* and do not 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 October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Public Employees' Benefits Program at 1-775-684-7000 or 1-800-326-5496. **Note:** You will receive this notice each year. You will also get this notice before the next period you can join a Medicare drug plan, and if this coverage through the Public Employees' Benefits Program changes. You also may request a copy of this notice at any time.

Get More Information about Your Options under Medicare Prescription Drug Coverage

For more information about Medicare plans offering prescription drug coverage, refer to the *Medicare & You* handbook available at www.medicare.gov. If you have Medicare, you will receive the Medicare & You handbook each year from Medicare.

For more information about Medicare prescription drug coverage:

- Visit: www.medicare.gov
- Contact your State Health Insurance Assistance Program (refer to the inside back cover of your *Medicare & You* handbook for a telephone number in your area).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, you may be eligible for extra help to pay for your Medicare prescription drug coverage. For information about this extra help, visit the Social Security Administration (SSA) 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).

Public Employees' Benefits Program
901 South Stewart Street, Suite 1001
Carson City, NV 89701
775-684-7000 or 800-326-5496
Email: msservices@peb.state.nv.us

August 10, 2017

The Public Employees' Benefit Program Nondiscrimination Statement is located online at <https://pebp.state.nv.us/wp-content/uploads/2016/10/NonDiscriminationStatementPosting.pdf>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-326-5496 (TTY: 1-800-545-8279)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-326-5496 (TTY: 1-800-545-8279)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-326-5496 (TTY: 1-800-545-8279)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-326-5496 (TTY: 1-800-545-8279) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-326-5496 (TTY: 1-800-545-8279)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-326-5496 (መስማት ለተሳናቸው: 1-800-545-8279)።

เรียน: ถ้าคุณพูด ภาษา ไทยคุณ สามารถ ใช้บริการช่วยเหลือทางภาษา ได้ฟรี โทร 1-800-326-5496 (TTY: 1-800-545-8279)

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-326-5496 (TTY: 1-800-545-8279) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-326-5496 (رقم هاتف الصم والبكم: 1-800-545-8279).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-326-5496 (телетайп: 1-800-545-8279).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-326-5496 (ATS : 1-800-545-8279).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-326-5496 (TTY: 1-800-545-8279) تماس بگیرید.

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-326-5496.

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).