

## **Important Notice from Highmark Blue Cross Blue Shield 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 Highmark Blue Cross Blue Shield 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. 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. Highmark Blue Cross Blue Shield has determined that the prescription drug coverage offered by the group health plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from this group plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Highmark Blue Cross Blue Shield. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

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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 this year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you decide to drop your current coverage through your employer, since it is an employer/union sponsored group coverage; you will be eligible for a two (2) month Special Enrollment Period to join a Part D plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under your group health plan.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

Since the coverage under your group health plan is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan.

Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **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 Highmark Blue Cross Blue Shield coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Highmark Blue Cross Blue Shield coverage, be aware that you may not be able to get this coverage back.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below 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 Highmark Blue Cross Blue Shield 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).

Date:	<u>9/28/2018</u>
Name of Entity/Sender:	<u>West Virginia University Research Corporation</u>
Contact – Position/Office:	<u>Amber Conaway, Senior Benefits Specialist</u>
Address	<u>One Waterfront Place, PO Box 6221</u> <u>Morgantown, WV 26506</u>
Phone Number:	<u>304-293-4616</u>

Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Coverage Advantage. Information is issued by Highmark Blue Cross Blue Shield on behalf of these companies, which are independent licensees of Blue Cross and Blue Shield Association.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, please go to [DiscoverHighmark.com/QualityAssurance](https://www.discoverhighmark.com/QualityAssurance); or for a paper copy, call 1-855-873-4106.

Highmark does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-800-876-7639 to request these free services (TTY/TDD users may call 711).

Estamos comprometidos a ofrecer servicios excepcionales a nuestros solicitantes y miembros. Si usted necesita ayuda especial, incluyendo acomodaciones para discapacidades o dominio limitado del inglés, por favor llámenos al 1-888-510-1084 para solicitar estos servicios gratuitos. (TTY/TDD: 711)

我們致力於為我們的申請人和會員們提供卓越的服務。如果您需要特殊協助，包括殘障或英語能力有限，請致電1-888-510-1084來要求這些免費服務。(TTY/TDD: 711)

May pananagutan kaming magbigay ng bukod-tanging mga serbisyo para sa aming mga aplikante at mga miyembro. Kung kailangan mo ng espesyal na tulong, kabilang ang mga akomodasyon para sa mga kapansanan o limitadong kahusayan sa wikang Ingles, mangyaring tawagan kami sa 1-888-510-1084 para hilingin ang mga libreng serbisyonang ito. (TTY/TDD: 711)

Nihinaanish niizhónigo bee nihiká' adiilwotígíí binahji' ts'ídá yéego bidiilkaal, nihí naaltsoos nidahonítígíí dóó Bee Atah ídlínígíí nihít hada'dít'éhígíí nihá. Bilagáana bizaad doo hazhó'ó bik'í'diitihgó, áká'a'ayeed nínizingo, béesh bee hane'é bikáá', éí éí 1-888-510-1084, t'áá jíík'eh níká' idooowotgo át'é. T'ááyó nijéékałgo éí TTY chodayoot'ínígíí 711 nidíígis dóó bich'í' hólne' dooleet, díí éí t'áá jíík'eh níká' idooowot.