

I.U.P.A.T. DISTRICT COUNCIL NO. 51

HEALTH AND WELFARE FUND

Fund Office: Zenith American Solutions, Administrator, 3 Gateway Center, 401 Liberty Ave., Ste. 1200, Pittsburgh, PA 15222-1024
Phone: (412) 471-2885 / 1-800-242-8923 / Fax: (412) 471-2891

October 2022

Important Notice About Your Prescription Drug Coverage and Medicare

This notice contains information about your current prescription drug coverage with **The I.U.P.A.T. District Council No. 51 Health and Welfare Fund (The Fund)**, and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage, and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. **Medicare qualified prescription drug coverage** became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. **Active Fund Participants, regardless of age, and Early Retirees NOT ELIGIBLE for Medicare.** **The Fund** has determined that the prescription drug coverage that it offers is, on average, expected to pay out as much as the standard Medicare prescription drug coverage will pay and **is considered Creditable Coverage**. This means you should not sign up with a Medicare qualified drug plan even if you are over age 65, as long as you continue to work and remain an active Participant in the Fund.
3. **Retired Fund Participants, disabled Participants, and dependents ELIGIBLE for Medicare.** **You must** sign up with a Medicare qualified prescription drug plan. The Fund will reimburse you for the monthly cost of the Medicare standard drug plan. This arrangement results in the determination that the prescription drug coverage the Fund offers is, on average, **NOT** expected to pay out as much as the standard Medicare prescription drug coverage will pay and **is therefore considered Non-Creditable Coverage**. This means if you do not sign up with a Medicare drug plan you will have a monthly financial penalty according to law.

If you are an Active Fund Participant and entitled to Medicare, because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep Fund coverage while you are an active Participant and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you are Retired or Disabled and entitled to Medicare, you MUST sign up with a Medicare Prescription Drug program. The Fund will reimburse you for the monthly cost of the Medicare standard drug plan.

If you are retired and enroll in a Medicare prescription drug program, The I.U.P.A.T. District Council No. 51 Health and Welfare Fund will reimburse you every three months for the average cost of a Medicare prescription drug plan, or \$65.00 per month per Medicare eligible participant. In addition, each Medicare eligible participant will be reimbursed for a maximum of \$505 per year to cover deductibles and or co-payments that most Medicare Rx programs require. ***If you do not enroll in Medicare prescription drug coverage, you will not receive these benefits and you will pay a monthly penalty required by Medicare.***

Enrolling for Medicare Prescription Drug Coverage

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare this year from October 15 through December 7. However, if you lose or drop your current prescription drug coverage, you may also be eligible for a two-month Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you don't enroll for Medicare prescription drug coverage when you are first eligible to do so and you go 63 continuous days or longer without creditable prescription drug coverage, your premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go nineteen months without coverage or with only non-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 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 Fund Office for further information at the phone number listed below. NOTE: You will receive this notice annually and at other times in the future, such as before the next period when you can enroll in Medicare prescription drug coverage, and also if this coverage changes. You also may request a copy.

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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TDD users should call toll-free 1-877-486-2048

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or call them toll-free at 1-800-772-1213 (TDD: 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare, which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	October 1, 2022
Name of Fund:	I.U.P.A.T. District Council No. 51 Health and Welfare Fund
Name of Administrator:	Zenith American Solutions
Address:	401 Liberty Avenue, Suite 1200, Pittsburgh, PA 15222
Phone Number:	1-800-242-8923

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PARTICIPANT NOTICE

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, the Fund is providing you with the following required annual notice:

Under federal law, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. This covers all stages of reconstruction of the breast on which the mastectomy was performed, surgery on the other breast to produce symmetrical appearance, and prostheses and physical complications of all stages of mastectomy, including lymphedemas.

The amount of benefits payable for this coverage is subject to the current medical plan provisions and also subject to the plan's normal annual deductibles and coinsurance provisions.

This notice is required to be distributed to you periodically for your information. No action is required by you with respect to this notice.

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact the customer service number listed on the back of your insurance card.

HIPAA NOTICE OF AVAILABILITY OF PRIVACY PRACTICES

The Fund is required to inform you that you are entitled to receive a copy of the group health plan's HIPAA Notice of Privacy Practices ("HIPAA Notice"). You are provided with the HIPAA Notice when you initially enroll in the group health plan. You can obtain another copy of the group health plan's HIPAA Privacy Notice by contacting the Administrative Office, Zenith American Solutions, at the number listed above.