

# SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration  
Telephone • (866) 345-5189 • (562) 463-5075 • FAX (562) 463-5894

November 2010

## IMPORTANT NOTICE CONCERNING YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

### CERTIFICATE OF CREDITABLE COVERAGE

The Santa Monica UNITE HERE Health Benefit Trust Fund (the "Fund") has determined that the prescription drug coverage it currently offers is, on average for all Fund participants, expected to pay out as much as or more than the standard Medicare prescription drug plan would pay in 2011, and is therefore considered "creditable coverage."

This important notice is for employees and dependents who are already eligible for Medicare or will first become eligible in the next 14 months. This includes anyone who is entitled to Medicare Part A, the hospital coverage, or is enrolled in Medicare Part B, the physician coverage. If you are not eligible for Medicare, you may not enroll in a Medicare prescription drug plan.

Please read this notice carefully. This notice has information about your current prescription drug coverage with the Fund and about your options under Medicare's prescription drug coverage (also known as "Part D"). This information can help you decide whether you want to: (1) continue your current Fund prescription drug coverage; or 2) enroll in a Part D plan. If you have any questions, please do not hesitate to call the Administrative Office.

1. Starting in 2006, everyone who is eligible for Medicare has the option to enroll in a Part D plan for prescription drug coverage. Part D plans are provided through Medicare (not the Fund) and are marketed by various Medicare approved companies. All Part D plans provide at least a standard level of coverage set by Medicare. Some plans may also provide more coverage for a higher monthly premium.
2. It may be in your best interest to keep your current prescription drug coverage through the Fund and not enroll in a Part D plan since:
  - The Fund's prescription drug coverage is as good as the standard Part D plan;
  - You will avoid paying the monthly premium charged by a Part D plan, and
  - You will not be subject to the late enrollment penalty if you later decide to enroll in a Part D plan, provided that you do not have a 63-day or longer break in creditable prescription drug coverage.

Since you are already enrolled in the Fund, you do not need to complete any additional forms to keep your Fund prescription drug coverage.

Before you decide to enroll in a Part D plan, you should closely compare your current coverage with the Fund, including which drugs are covered and at what cost, with the coverage and costs of the Part D plans in your area. If you enroll in a Part D plan, you will have to pay an annual premium, an annual deductible, and a percentage of your prescription drug expenses. Many private Part D providers will ask you to enroll with them; you should scrutinize these solicitations carefully.

**IMPORTANT:** If you enroll in a Part D plan, you will have to pay a monthly premium to the Part D plan and you will lose your current prescription drug coverage through the Fund. You may re-enroll in the Fund's prescription drug coverage if you later drop or lose Part D coverage, provided that you are

eligible for health coverage from the Fund. You should, however, request re-enrollment within 30 days after your Part D coverage ends so that your Fund prescription drug coverage can be reinstated before you incur a 63-day break in coverage.

**Since your existing Fund prescription drug coverage is creditable, you can keep this coverage and not pay a higher monthly premium (a late enrollment penalty) if you later decide to enroll in a Part D plan, provided that you do not have a 63-day or longer break in creditable coverage.**

You can enroll in a Part D plan when: (1) you first become eligible for Medicare; (2) each year from November 15<sup>th</sup> through December 31<sup>st</sup>; and (3) during a two (2) month Special Enrollment Period if you lose your current creditable coverage through no fault of your own. You can contact Medicare to find out whether you qualify to enroll during this Special Enrollment Period.

Medicare imposes a monthly penalty for late enrollment in Part D. If you go at least 63 continuous days without creditable coverage, your monthly Part D premium will increase 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 19 months without creditable coverage, your premium will be at least 19% higher than the standard Part D premium. You may have to pay this higher premium as long as you have Part D coverage. In addition, you may have to wait until the next November to enroll.

**For more information about this notice or your current Fund prescription drug coverage, contact the Administrative Office.** You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Part D or if your Fund prescription drug coverage changes. You may also request a copy of this notice at any time by contacting the Administrative Office.

More detailed information about Part D plans is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare Part D plans. You can also obtain additional information about Part D from the following:

- [www.medicare.gov](http://www.medicare.gov)
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for their telephone number)
- 1-800-MEDICARE (1 (800) 633-4227); TTY (1 (877) 486-2048)

For people with limited income and resources, extra help paying for Medicare Part D is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1 (800) 772-1213 (TTY 1 (800) 325-0778).

**Remember: Keep this Notice. If you enroll in a Part D plan, you may need to provide a copy of this Notice at the time of enrollment to show whether or not you are required to pay a higher monthly premium (a penalty) for coverage.**

Date:	November 1, 2010
Name of Entity/Sender:	Santa Monica UNITE HERE Health Benefit Trust Fund
Contact--Position/Office:	Benefit Programs Administration
Address:	13191 Crossroads Parkway North, Suite 205 City of Industry, CA 91746-3434
Phone Number:	(562) 463-5075 or (866) 345-5189