



## Mecklenburg County Public Schools

Post Office Box 190 · 175 Mayfield Drive · Boydton, Virginia 23917

Phone: (434) 738-6111 Fax: (434) 738-6679

Mr. Paul Nichols  
Division Superintendent

Paula Giammatteo  
Clerk

### SCHOOL BOARD MEMBERS

Gavin Honeycutt  
Chairman

Dora Garner  
Vice Chairman

Brent Richey  
Gloria Smith  
Wanda Bailey  
Lindell Palmer  
Rob Campbell  
Ricky Allgood  
Glenn Edwards

**DATE:** SEPTEMBER 13, 2021

**TO:** All Active Employees and Retirees Not Eligible for Medicare participating in The Local Choice (TLC) Health Benefits Program who might become eligible for Medicare.

**SUBJECT:** Important Notice 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 the TLC Health Benefits Program sponsored by Mecklenburg County Public Schools 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is 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. The Local Choice Health Benefits Program has determined that the prescription drug coverage offered by the Key Advantage Plans, the Kaiser Permanente HMO and the High Deductible Health Plan (all plans offered to eligible active employees) 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 15th to December 7th.

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, drop your current TLC coverage as an active employee (based on the policies and procedures of the Department of Human Resource Management, TLC and applicable law), be aware that you and your dependents will not be able to return to this coverage except with the occurrence of a consistent Qualifying Mid-Year Event or at Open Enrollment. The TLC Health Benefits Program does not offer a medical plan to active employees that excludes prescription drug coverage. Consequently, you must either maintain full coverage under the available plans (including prescription drug coverage) or terminate coverage completely. You do not have the option of terminating only the prescription drug benefit under your TLC plan. Please contact your Group Benefits Administrator if you need additional information.

At the time an Enrollee and/or covered dependent becomes eligible for Medicare, he/she/they may keep TLC plan coverage based on active employment or may terminate coverage under the TLC Health Benefits Program based on that event if termination is completed within 31 days of eligibility for Medicare. However, once coverage has been terminated, neither the employee nor the dependent may re-enroll in the program except upon the occurrence of a consistent Qualifying Mid-Year Event (for example, loss of Medicare coverage) or at Open Enrollment. An eligible dependent may not enroll unless the employee is enrolled. If an active employee or the covered dependent of an active employee has both TLC coverage and Medicare, except in limited circumstances, the TLC plan will pay primary before Medicare.

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

You should also know that if you drop or lose your current coverage with TLC Health Benefits Program and don't 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 the following October to enroll for January 1.

**For More Information About This Notice Or Your Current Prescription Drug Coverage, contact your Group Benefits Administrator.**

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 TLC Health Benefits Program changes. You also may request a copy of this notice at any time.

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:	September 13, 2021
NAME OF ENTITY/SENDER:	Mecklenburg County Public Schools
CONTACT PERSON:	Kimberly V. Brown
ADDRESS:	P. O. Box 190, Boydton, VA 23917
PHONE NUMBER:	434.738.6111

**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).**