



**Important Notice from KENT COUNTY LEVY COURT About  
Your Prescription Drug Coverage and Medicare for 2017-18**

THIS NOTICE IS REQUIRED BY THE FEDERAL GOVERNMENT EACH YEAR FOR ALL MEDICARE ELIGIBLE PERSONS AGE 65 OR OLDER. You do not need to respond or contact the Personnel Office.

*Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kent County Levy Court 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 assistance in making decisions about your prescription drug coverage is at the end of this notice.*

- 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.
- Kent County Levy Court has determined that the prescription drug coverage offered by the Special Medicfill Plan provided to you by the County through Highmark Blue Cross Blue Shield Delaware, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to 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. This could mean that you may have to wait to join a Medicare drug plan and that you might have to pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave County-sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. 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.

**If you decide to join a Medicare drug plan, your Kent County Levy Court coverage will be affected. Read further for more information about what happens to your current coverage if you join a Medicare drug plan. If you are satisfied with your current prescription plan coverage provided to you by Kent County Levy Court you should do nothing other than keep this document with your important papers. You cannot have County provided prescription benefits and Medicare "Part D" at the same time.**

*Kent County Levy Court's Special Medicfill plan provided through Highmark Blue Cross Blue Shield Delaware provides unlimited prescription benefits to eligible retirees and their covered dependents. Generic prescriptions are \$10 for a 30-day supply, brand name prescriptions are \$25 for a 30-day supply and non-formulary prescriptions are \$75 for a 30-day supply. A 90-day supply is also available through most local pharmacies at two times the 30-day supply rate. **The rates & rules are subject to change on or about July 1 of each year.***

**If you decide to join a Medicare drug plan and drop your Kent County Levy Court prescription drug coverage, be aware that you and your dependents cannot get this coverage back.**

You should also know that if you drop or lose your coverage with Kent County Levy Court and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may be required to pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least one (1) percent of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19 percent higher than the 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 join.

*For more information about this notice or your current prescription drug coverage...*

Contact the person listed below for further information or call Kimm Dixon at (302) 744-2312 or review the Group Special Medicfill guide to benefits booklet from Highmark Blue Cross Blue Shield Delaware.

*For more information about your options under Medicare prescription drug coverage...*

Check out the many Medicare plans that offer prescription drug coverage listed in the "Medicare & You" handbook. You should get a copy of the handbook in the mail every year from Medicare. Medicare drug plans and organizations representing them might contact you by telephone or mail.

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.

***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 whether or not you are required to pay a higher premium (a penalty).***

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|--------------------------|----------------------------------|
| Date:                    | October 1, 2017                  |
| Name of Entity/Sender:   | Kent County Levy Court           |
| Contact—Position/Office: | Allan Kujala, Personnel Director |
| Address:                 | 555 Bay Road, Dover, DE 19901    |
| Phone Number:            | (302) 744-2310                   |