



Annual Disclosures—Medicare Part D Notices

Medicare Part D Creditable Coverage Statement

Diocese of Pensacola-Tallahassee prescription drug coverage provided through Aetna/Meritain IS considered Creditable Coverage under Medicare Part D under the Advantage and Standard plans and IS NOT considered creditable under the High Deductible Health Plan. If you or your dependents have or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. See pages 2 through 5 or contact Human Resources for more details.

Medicare D Notice

Advantage and Standard Plans



Important Notice from Diocese of Pensacola-Tallahassee 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 Diocese of Pensacola-Tallahassee 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. Diocese of Pensacola-Tallahassee has determined that the prescription drug coverage offered through Aetna/Meritain 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 through 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, your current Diocese of Pensacola-Tallahassee coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Diocese of Pensacola-Tallahassee coverage, be aware that you and your dependents will not be able to get this coverage back until the next annual enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Diocese of Pensacola-Tallahassee Humana group medical POS plan.

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 Diocese of Pensacola-Tallahassee 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.



Medicare D Notice

Advantage and Standard Plans Important Notice from Diocese of Pensacola-Tallahassee About Your Prescription Drug Coverage and Medicare (continued)

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 join.

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 Diocese of Pensacola-Tallahassee 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

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date:	October 1, 2015
Sender:	Diocese of Pensacola-Tallahassee
Contact Person:	Jean Ori
Address:	11 North B Street, Pensacola, FL 32502
Phone Number:	(850) 435-3535

Medicare D Notice

High Deductible Health Plan



Important Notice from Diocese of Pensacola-Tallahassee 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 Diocese of Pensacola-Tallahassee 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 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. Diocese of Pensacola-Tallahassee has determined that the prescription drug coverage offered through Aetna/Meritain's High Deductible Health Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore 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 the Humana High Deductible Health 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 Humana's High Deductible Health Plan. 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.

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 through December 7th. However, if you decide to drop your current coverage with Diocese of Pensacola-Tallahassee, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Humana's High Deductible Health Plan.

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

Since the coverage under the Humana High Deductible 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.



Medicare D Notice

High Deductible Health Plan Important Notice from Diocese of Pensacola-Tallahassee About Your Prescription Drug Coverage and Medicare (continued)

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 Diocese of Pensacola-Tallahassee coverage will not be affected. You can keep this coverage if you and/or your covered dependents elect part D and this plan will coordinate with Part D coverage. See pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current Diocese of Pensacola-Tallahassee coverage, be aware that you and your dependents will 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 Diocese of Pensacola-Tallahassee 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

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	October 1, 2015
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WHEN CAN YOU MAKE CHANGES TO YOUR EMPLOYER PLANS' BENEFIT ELECTIONS?

During each annual enrollment period, you will have the opportunity to review your benefit elections and make changes for the coming plan year.

Certain coverages, such as the Diocese of Pensacola-Tallahassee's Medical, Dental and Vision Plans, allow limited changes to elections during the year. Under these benefits, you may only make changes to your elections during the year if you have a change in family status, a change in cost or coverage occurs (but not for a health care flexible spending account), or are ordered by a court to provide health care benefits for a dependent. Family status changes include:

- Marriage, death of spouse, divorce, a legal separation or annulment;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, placement for adoption, or death;
- Dependent satisfies or no longer satisfies eligibility requirements for reasons such as reaching the dependent child age limit, incurring a change in student status or other circumstances;
- Changes in your spouse's or dependent's employment affecting benefit eligibility;
- Changes in your spouse's benefit coverage with another employer that affects benefit eligibility;
- Change in employee work status;
- Change in residence (but not for health care flexible spending account).

The change to your benefit elections must be consistent with the change in family status. You have 30 days from the date of a change in family status to submit an enrollment change form and documentation of the family status change to Human Resources. In most cases, your election will become effective the date of the change in family status (date of birth, date of marriage, etc.). Otherwise, you must wait until the next annual enrollment period to make a change to your elections.



This notice has been prepared by:



Gallagher Benefit Services, Inc.
t h i n k i n g a h e a d

The information contained in this disclosure guide should in no way be construed as a promise or guarantee of employment or benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this disclosure guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from Human Resources.