



United Food & Commercial Workers Unions
and Food Employers Benefit Fund

6425 Katella Avenue, Cypress, CA 90630-5238
P.O. Box 6010, Cypress, CA 90630-0010
877-284-2320 • scufcwffunds.com



Benefits+
Your Trusted Health Care Partner

Important Notice: Prescription Drug Coverage and Medicare Part D for All Medicare-eligible Health Plan Participants Except Plan E Retirees

September 2020

2021 Notice of Creditable Coverage

The United Food & Commercial Workers Unions and Food Employers Benefit Fund (the Benefit Fund) has determined that the prescription drug coverage it offers to Medicare-eligible Participants is expected to pay out, on average for all such Participants, at least as much as the standard Medicare Part D Prescription Drug Plan (Part D Plan) would pay in 2021, and is therefore considered “creditable coverage.”

This Notice of Creditable Coverage (Notice or NOCC) applies to Benefit Fund health plan Participants (except Plan E Retirees) who are currently enrolled in Medicare or will become eligible for Medicare either due to age (turning 65 in 2021), disability, or end-stage renal disease. **Please read this Notice carefully and keep it where you can find it.**

This NOCC does not require any action on your part if you keep your existing coverage under the Benefit Fund’s Prescription Drug Program, which is included with the Benefit Fund’s medical coverage for actively working Participants and A-W Retirees.

About Medicare Part D Enrollment

Medicare Part D Plans are provided through Medicare (not the Benefit Fund) and are sold by various Medicare-approved insurers and HMOs. All Part D Plans provide at least a standard level of coverage set by Medicare, although some Part D Plans offer more coverage for a higher monthly premium.

You can join a Part D Plan when: (1) you first become eligible for Medicare; (2) each year from October 15th through December 7th; and (3) during a Special Enrollment Period. If you do not enroll in a Part D Plan when you first become eligible, you may have to wait until the next enrollment period, and you may also have to pay a late enrollment penalty. However, if you lose your current creditable prescription drug coverage, such as this coverage provided through the Benefit Fund, through no fault of your own, you will have a two-month Special Enrollment Period

within which to enroll in a Part D Plan. Contact Medicare to see if you qualify to enroll during a Special Enrollment Period.

Medicare imposes a monthly penalty for late enrollment in a Part D Plan. If you go 63 continuous days or longer without creditable prescription drug coverage and then enroll in a Part D Plan, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium for every month that you did not have either Medicare Part D Plan coverage or other creditable prescription drug coverage. If you lose your existing creditable coverage with the Benefit Fund, or you switch to a Part D Plan (not provided by the Benefit Fund), you will avoid the late enrollment penalty if you show this Notice to your new insurer and enroll no later than 62 days after your loss of coverage. But if, for example, you go 15 months without creditable coverage, your monthly premium will always be at least 15% higher than the Medicare base beneficiary premium.

Before you decide to enroll in a Part D Plan, you should compare your current prescription drug coverage and costs through the Benefit Fund with the coverage and costs of the Part D Plans offered in your area, including which drugs are covered.

Remember to keep this Notice. If you decide to join one of the Medicare Part D 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. You may request a copy of this Notice at any time by contacting the Fund Office.

If You Enroll in a Part D Plan

If you are enrolled in the Benefit Fund's Indemnity PPO Medical Plan, or the UHC Medicare Advantage Plan (to be replaced by the Anthem™ Medicare Preferred PPO Plan on January 1, 2021), or your Medicare-eligible spouse or domestic partner is enrolled in the Anthem™ Senior Secure Plan, and you or your Medicare-eligible spouse or domestic partner enroll in a Part D Plan (not provided by the Benefit Fund), you and your family will have to pay a monthly premium to the Part D Plan. Although you will not lose your medical coverage provided by the Benefit Fund, you will lose your current prescription drug coverage through the Benefit Fund. However, you may re-enroll in the Benefit Fund's Prescription Drug Program within 30 days after you drop or lose your Part D Plan coverage.

If you are enrolled in Kaiser Senior Advantage and you or your Medicare-eligible spouse or domestic partner enroll in a separate Part D Plan, you will have to pay a monthly premium to the Part D Plan, and you and your family will be removed from your Kaiser Senior Advantage medical and prescription drug coverage. The Benefit Fund will transfer you and your family into the Benefit Fund's Indemnity PPO Medical Plan for medical coverage only. Your new Part D Plan coverage will provide your prescription drug benefits, and you will lose your prescription drug coverage through the Benefit Fund. However, you may re-enroll in the Benefit Fund's Prescription Drug Program within 30 days after you drop or lose your Part D Plan coverage.

Because the prescription drug coverage offered through the Benefit Fund is at least as good as the standard Part D Plan, it may be in your best interest to keep your current coverage through the Benefit Fund and not enroll in a separate Part D Plan. In this case:

- You can avoid paying Part D's monthly premium, and
- You will not be subject to the late enrollment penalty if you later decide to enroll in a Part D Plan before incurring a 63-day break in creditable coverage.

You do not have to complete any forms to continue your current prescription drug coverage. You may receive information from other Part D Plan providers asking you to enroll with them. You should read these offers carefully before making any decisions.

For More Information

More information about Medicare Part D Plans is available on [medicare.gov](https://www.medicare.gov) and in the "Medicare & You" handbook provided to Medicare participants every year. You may also call 800-MEDICARE (800-633-4227) or 877-486-2048 for TTY users.

Call your State Health Insurance Assistance Program for personalized help. In California, it's called the Health Insurance Counseling and Advocacy Program (HICAP). Call 800-434-0222 or visit aging.ca.gov/hicap/. Contact information for similar programs in other states is listed in the "Medicare & You" handbook.

For people with limited income and resources, extra help is available to pay for a Medicare Part D Plan. To learn more about extra help, visit [socialsecurity.gov/](https://www.socialsecurity.gov/). You may also call 800-772-1213 or 800-325-0778 for TTY users.

You may also call the Fund Office at the phone number listed below if you have any questions about your prescription drug coverage.

If you enroll in a separate Medicare Part D Plan, you may have to provide a copy of this Notice to show that you have creditable coverage and are not required to pay a higher premium as a penalty for late enrollment. You may request a copy of this Notice at any time by contacting the Fund Office at the address or phone number below.

Contact: Southern California United Food & Commercial Workers Unions and Food Employers Joint Benefit Funds Administration, LLC

Address: 6425 Katella Avenue, Cypress
California 90630-5238

Telephone: 877-284-2320, ext. 445

Esta publicación contiene información importante acerca de sus beneficios. Si usted tiene dificultad para comprender cualquier parte de esta información, o si tiene preguntas, comuníquese con su Sindicato Local o con la Oficina del Fondo al 877-284-2320.

The UFCW Unions and Food Employers Benefit Fund does not discriminate on the basis of race, color, national origin, sex, age, or disability.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-284-2320.

本出版物包含有关您的权益的重要信息。如果您难以理解任何信息，或者有疑问，请拨打 877-284-2320 联系您的本地工会或基金办公室。877-284-2320。