

# **Important Notice from the Pennsylvania Judiciary About Your Prescription Drug Coverage and Medicare**

(Notice of Creditable Coverage)

*Please read this notice carefully and keep it where you can find it, however, if you are not Medicare-eligible, this notice does not apply to you. This notice is required as part of the Medicare prescription drug program available for people with Medicare. This is a federally required notice and it also tells you where to find more information to help you make decisions about your prescription drug coverage.*

**Important note:** This notice is required by the Medicare Modernization Act of 2003. This notice is not informing you of any changes to the Judiciary prescription drug plan.

- 1. Medicare prescription drug coverage is available to everyone with Medicare.**
  - 2. The Judiciary's prescription drug coverage provided by our benefits plan through BeneCardPBF is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage and is 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 15<sup>th</sup> to December 7<sup>th</sup>*.

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 drop or lose your current coverage with the Pennsylvania Judiciary 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 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 November to join.

(Please See Reverse)

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

Contact the AOPC Office of Human Resources at (717) 231-3309. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may also 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 will be available in the "Medicare & You" handbook. You will get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans, or you can get more information about Medicare prescription drug plans from these places:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this assistance is available from the Social Security Administration (SSA) online at [www.ssa.gov](http://www.ssa.gov) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to enroll in one of the Medicare drug plans you may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium (a penalty).**

Date:	January 1, 2025
Name of Entity/Sender:	Pennsylvania Judiciary
Contact – Position/Office:	AOPC - Human Resources
Address:	601 Commonwealth Ave, Suite 1500 PO Box 61260 Harrisburg, PA 17106-1260 (717) 231-3309
Phone Number:	<a href="mailto:human.resources@pacourts.us">human.resources@pacourts.us</a>