



Important Notice For Employers Providing Coverage for Medicare-eligible Employees, Dependents and Retirees Regarding Medicare Part D

Dear Employer:

Anthem Blue Cross wants to remind you that employers are required to provide a Medicare Part D disclosure notice to their Medicare-eligible employees by November 15 of each year. The disclosure notice is for all of your Medicare-eligible employees regarding the creditability of the prescription drug coverage that is offered through the employer plan.

The Medicare Part D benefit is an optional benefit that can be purchased by either the Medicare beneficiary or by you on their behalf. If pharmacy benefits are covered under your group health plan, you must inform your Medicare-eligible employees whether the prescription coverage you offer is "creditable" (equal to the standard Medicare benefit) or "non-creditable" (not equal to the standard Medicare benefit).

Employers must provide notices to their Medicare-eligible employees, dependents, and retirees on the following occasions:

- Prior (within the last 12 months) to the Medicare Part D Annual Coordinated Election Period November 15 to December 31 each year;
- Prior (within the last 12 months) to the individual's Initial Enrollment Period for Part D;
- Prior to the effective date of coverage for any Medicare-eligible individual who joins the plan;
- Whenever prescription drug coverage ends or changes; and
- Upon a beneficiary's request.

The reverse side of this notification contains a grid that tells which of our plans are creditable or non-creditable. Also, for assistance in drafting your notice, you can obtain a downloadable and interactive disclosure notice from the Anthem Blue Cross Web site at anthem.com/ca. From the home page, click Employers, then Enter, then Employer Services > Groups of 2-50 > Download Forms > Medicare Part D Downloadable Templates. Groups 51 or more should also use these instructions to access the downloadable disclosure notice.

Your Medicare-eligible employees should keep their creditable coverage disclosure notice, as they may need it for future reference. If your Medicare-eligible employee becomes eligible for Part D and decides not to sign up because they have other coverage, a creditable coverage disclosure notice allows them to enroll in Part D at a later date without being charged a higher premium.

For individuals enrolled in non-creditable employer health plans, failure to enroll in Part D when they are first eligible will result in their being charged a higher premium if they choose to enroll in Part D at a later date.

Disclosure to CMS

Employers are also required to notify the Centers for Medicare and Medicaid Services (CMS) annually of the creditability of the prescription drug coverage provided to Medicare-eligible employees, dependents, and retirees. The disclosure to CMS must occur at various times, including within 60 days of the employer health plan anniversary date each year or when there is a change in the creditability of the prescription drug coverage. You can review more timing requirements and complete the Disclosure to CMS Form at www.cms.hhs.gov/CreditableCoverage.

Questions

If you have any questions about the notice or reporting requirement, or Medicare Part D in general, contact CMS directly 24 hours a day, seven days a week at (800) MEDICARE (TTY/TDD 877-486-2048), or go to the CMS website at <http://www.cms.gov> or www.cms.hhs.gov/CreditableCoverage.

If you have questions or would like information about our Medicare Part D options, please contact Customer Service at (800) 928-6201 (TTY/TDD 877-247-1657).



Group Health Plans Medicare Part D Creditable/Non-Creditable Comparison (Includes EmployeeElect, EmployeeChoice, BeneFits and 51-99 plans)

Effective 2008

Plan Name and Contract Code	Coverage Deemed Creditable	Coverage Deemed Non-Creditable
Lumenos HSA 1500 (DY07, EU32)	X	
Lumenos HSA 3000 (DY11, DY76, EU33)		X
Lumenos HIA Plus 3000 (DY17, EU34)	X	
High Deductible EPO (8978, 8979)	X	
Premier \$10 Copay (8982, X356)	X	
Premier \$20 Copay (5030, X357, BA63)	X	
Advantage \$25 Copay (PE24, X364)	X	
\$30 Copay (5031, X358, BA64)	X	
\$40 Copay (5032, X359)	X	
\$35 GenRx (T159, X355, Y369, BA65)		X
\$45 GenRx (BK29, BK32)		X
PHF 500 (P943, Y365)	X	
PHF 750 (P942, Y366)	X	
Basic Hospital (5033, X363)		X
PPO Saver (NM01, X362)		X
HMO 100% (5034, 5036, X366, 5038, 5202, X360)	X	
Saver HMO (8977, 8980, X361, X367, BA67, BA68)	X	
Classic HMO (PD40, PD41, X365, X368)	X	
SelectHMO (PD56, Y370, Y364)	X	
PPO 2400 HSA (V469, Y367, BA66)	X	
PPO 3500 HSA (V471, Y368)		X
Hospital BeneFits (X350)		X
Hospital BeneFits Plus (X351)		X
Hospital BeneFits Preferred (X352)		X
CA Indian Tribe \$30 (NV01)	X	
CA Indian Tribe \$40 (NV02)	X	
Solution 2500 PPO (Z270, Z273)	X	
Solution 3500 PPO (Z271, Z274)	X	
Solution 5000 PPO (Z272, Z275)	X	