



JOE LOMBARDO
Governor



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

3427 Goni Road, Suite 109 | Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
www.pebp.state.nv.us

CELESTENA GLOVER
Interim Executive Officer

JACK ROBB
Board Chair

Annual Creditable Coverage Notice

Who is affected by Medicare Part D Creditable Coverage?

The Medicare Modernization Act (MMA) requires group health plan sponsors that provide prescription drug coverage to notify Medicare Part D eligible individuals whether their prescription drug coverage is creditable coverage.

This disclosure must be provided to any and all:

- Actively working Medicare eligible individuals and their Medicare eligible dependents (if applicable)
- Medicare eligible COBRA individuals and their Medicare eligible dependents (if applicable)
- Medicare eligible disabled individuals

If you or any of your dependents are not Medicare eligible, this notification does not apply to you. You may disregard it or keep it for your records in case you become Medicare eligible in the near future.

Why am I receiving this notice?

- 1) You will get this notice each year if you have drug coverage from an employer or other group health plan. This notice will let you know whether or not your current drug coverage is “creditable.” At this time, the Consumer Driven Health Plan (CDHP) has been determined, by PEBP, to have creditable prescription drug coverage.
- 2) The MMA imposes a late enrollment penalty on individuals who do not maintain creditable coverage for a period of 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit. Accordingly, this information is essential to an individual's decision whether to enroll in a Medicare Part D prescription drug plan.

What do I need to do with this notice?

Keep this notice. You or your dependent(s) may be required to provide a copy of this notice if and when you decide to join a Medicare drug plan later. This notice will be used to show whether or not you have maintained creditable coverage and, therefore, whether or not you will be required to pay a higher premium (penalty).

You do not need to respond to Public Employees' Benefits Program or contact Medicare if you are not changing your current prescription drug coverage. This notice does not need to be sent to Medicare or the Social Security Administration unless they specifically ask you for it.

Important Informational Notice from Public Employees' Benefits Program about your Consumer Driven Health Plan (CDHP) Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it for your records. This notice has information about your current prescription drug coverage under the Consumer Driven Health Plan (CDHP) and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. Public Employees' Benefits Program has determined that the prescription drug coverage offered by the Consumer Driven Health Plan (CDHP) 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 to 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 Consumer Driven Health Plan (CDHP) prescription drug coverage will not coordinate prescription drug benefits with your Medicare Part D drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose your current prescription drug coverage with the Consumer Driven Health Plan (CDHP) and do not 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 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.

For More Information About This Notice or Your Current Prescription Drug Coverage:

You may contact PEBP Member Services Monday through Friday between 8AM and 5PM. They can be reached at 775-684-7000, 702-486-3100, or 1-800-326-5496, or by sending a secure message through your [E-PEBP Portal](#).

NOTE: *You will get this notice each year. You may also get this notice before the next period you can join a Medicare drug plan, and if the coverage through the Public Employees' Benefits Program changes. You may also request a copy of this notice at any time by calling PEBP Member Services at the numbers listed above.*

For More Information About Your Options Under Medicare Prescription Drug Coverage:

Please refer to the *Medicare & You* handbook available <https://www.medicare.gov/medicare-and-you>. If you have Medicare, you will receive the *Medicare & You* handbook in the mail from Medicare each year.

For more information about Medicare prescription drug coverage:

- Visit: <https://www.medicare.gov/>.
- Contact your State Health Insurance Assistance Program (refer to the inside back cover of your *Medicare & You* handbook for a telephone number in your area).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, you may be eligible for extra help to pay for your Medicare prescription drug coverage. For information about this extra help, visit the Social Security Administration (SSA) website at <https://www.ssa.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).

Public Employees' Benefits Program

3427 Goni Road, Suite 109
Carson City, NV 89706
775-684-7000 or 702-486-3100
Long Distance 1-800-326-5496
Website: www.pebp.state.nv.us
Email: memberservices@peb.nv.gov



Access.
Quality.
Affordability.

The Public Employees' Benefit Program Nondiscrimination Statement is located online at <https://pebp.state.nv.us/wp-content/uploads/2023/04/Non-Discrimination-Notice-PY-2024.pdf>

Language Access Services

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-763-8232.

[Spanish (Español): Para obtener asistencia en Español, llame al 1-888-763-8232.

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-763-8232.

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-763-8232.

[PAUNAWA]: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800326-5496 (TTY: 1-800-545-8279). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-326-5496 (TTY: 1-800-545-8279).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오. 1-800-326-5496

(TTY: 1-800-545-8279).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-326-5496 (TTY: 1-800-545-8279). (TTY: 1800-545-8279).

ማስታወሻ: የጥናገሩት ቋንቋ አጥርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገዳ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-

326-5496 (መስማት ለተሳናቸው: 1-800-545-8279).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรีโทร 1-800-326-5496 (TTY: 1-800-545-8279)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-326-5496 (TTY: 1-800-545-8279) まで、お電話にてご連絡ください。 .

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (1-800-326-5496) (TTY: 1-800-326-15496)

رقم هاتف الصم والبكم)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-800-326-5496 (телетайп: 1-800545-8279).

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez

5496-326-800-1) 8279-545-800-1. . (اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی 1) .

بصورت رایگان برای شما فراهم می باشد. بتماس بگیرید

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-3265496 (TTY: 1-800-545-8279).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-326-5496 (TTY: 1-800-545-8279).

PAKDAAR: Nu saritaem ti Plocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-800-3265496 (TTY: 1-800-545-8279).