



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



Important Notice from the Office of Group Benefits (OGB) 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 OGB and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a non-OGB sponsored Medicare drug plan. If you are considering joining a non-OGB sponsored Medicare drug plan, 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. You should also know that your medical and prescription drug coverage through OGB will terminate if you enroll in a non-OGB sponsored 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 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. OGB has determined that the prescription drug coverage offered by OGB-sponsored **MedImpact/VibrantRx** 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 non-OGB sponsored Medicare drug plan, your current OGB coverage will be affected. Your current OGB prescription drug coverage is offered in conjunction with your State of Louisiana OGB medical coverage. If you choose another non-OGB sponsored Medicare prescription drug plan, you will lose both your medical and prescription drug coverage from OGB.

If you do decide to join a non-OGB sponsored drug plan, resulting in the cancellation of your current OGB coverage, be aware that you and your dependents, in most cases, will not be able to get OGB coverage back.

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 OGB 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 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 OGB Customer Service for further information at 1-800-272-8451. **NOTE:** You will receive this notice each year. You will also receive this notice before the next period you can join a Medicare drug plan, and if this coverage through OGB 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 and 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 inside back cover of your copy of the “Medicare and 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).

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| Date: | 10/14/2020 |
| Name of Entity/Sender: | State of Louisiana Office of Group Benefits |
| Contact--Position/Office: | OGB Customer Service |
| Address: | P.O. Box 44036, Baton Rouge, LA 70804 |
| Phone Number: | 1-800-272-8451 |

Notice of Nondiscrimination and Accessibility: Discrimination is Against the Law

The Louisiana Office of Group Benefits complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Louisiana Office of Group Benefits does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Louisiana Office of Group Benefits:

- Will make available aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Will make available language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Group Benefits Section 1557 Coordinator.

If you believe that the Louisiana Office of Group Benefits has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Louisiana Office of Group Benefits, by mail at 1201 N. 3rd Street, Suite G- 159 Baton Rouge, LA 70802, call 1-800-272-8451 (TDD 1-800-259-6771), fax 225-342-9917, or email ACA1557-Compliance@la.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Group Benefits Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-272-8451 (TTY: 1-800-259-6771).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-272-8451 (ATS : 1-800-259-6771).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-272-8451 (TTY: 1-800-259-6771).

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 1-800-272-8451（TTY：1-800-259-6771）。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-272-8451 (رقم هاتف الصم والبكم: 1-800-259-6771).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-272-8451 (TTY: 1-800-259-6771).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-272-8451 (TTY: 1-800-259-6771)번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-272-8451 (TTY: 1-800-259-6771).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-272-8451 (TTY: 1-800-259-6771).

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。1-800-272-8451 (TTY: 1-800-259-6771) まで、お電話にてご連絡ください。

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ - کال کریں 1-800-272-8451 (TTY: 1-800-259-6771)۔

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-272-8451 (TTY: 1-800-259-6771).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-272-8451 (TTY: 1-800-259-6771) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-272-8451 (телетайп: 1-800-259-6771).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-272-8451 (TTY: 1-800-259-6771).