

## **Attention: Medicare Eligible Individuals**

(If you are not eligible for Medicare this required notice will not be of much value to you)

### **Important Notice from Paschall Truck Lines, Inc. (PTL) 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 PTL prescription drug coverage 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 cost of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help making decisions about your prescription drug coverage is provided at the end of this notice. There are two things you need to know:

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 offer more coverage for a higher monthly premium.
2. PTL has determined that the prescription drug coverage offered by PTL is, on average for all Plan participants, expected to pay out as much as what the standard Medicare prescription drug coverage pays 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.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug Plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. Please see your current plan design for a description of current coverage.

**If you decide to join a Medicare drug plan and drop your PTL coverage, be aware that you and your dependents may not be able to re-enroll in the PTL coverage.**

You should also know that if you drop or lose your coverage with PTL and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (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 (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 of your current prescription drug coverage contact Human Resources at 270-753-1717 or Health Cost Solutions at 800-526-3919.**

**NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PTL changes. You may request a copy of this notice at any time.

### **Further information about your Medicare prescription drug coverage options . . .**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will 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](http://www.medicare.gov)
- > Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- > Call 1-800-MEDICARE (1-800-633-4227). TTY users 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](http://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 you have maintained creditable coverage so as to avoid having to pay a higher premium (penalty).

10/01/17

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