

Information About This Notice

Creditable Prescription Drug Coverage and Medicare

Why am I receiving this notice?

Your group health plan is required to send this notice annually to its participants.

Who does this notice apply to?

Employees, their spouses and dependents who are:

1. Eligible for Medicare Part D, and
2. Covered under, or apply for, health insurance offered by your employer through the Indiana Statewide Group Insurance Trust.

What should I do if I believe this applies to me?

1. Read this notice carefully
2. Retain a copy of this notice for your records and keep it in a place where you can find it

What should I do if I believe this applies to my spouse or dependents?

Give them this notice and cover letter and ask them to:

1. Read the notice carefully
2. Retain a copy of the notice for their records and keep it in a place where they can find it

How is Medicare Part D eligibility determined?

In general, an individual is eligible for Medicare Part D if the individual is entitled to Medicare Part A and/or enrolled in Part B.

More detailed information about Medicare Part D eligibility and enrollment can be found at <http://www.medicare.gov/Help/MET.asp>. Medicare beneficiaries should contact their local Social Security (or Railroad Retirement) office for questions about when and how to enroll in Medicare.

What should I do if I have questions?

This notice provides telephone numbers and a web site to contact if you have questions or need more information.