



Important Notice from Fulton County 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 Fulton County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription 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 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 if you join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription 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. Fulton County has determined that the prescription drug coverage offered by the Retiree Health Plan 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 prescription drug plan.

When Can You Join a Medicare Prescription Drug Plan?

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

What Happens to Your Current Coverage if You Join a Medicare Prescription Drug Plan?

If you decide to join a Medicare prescription drug plan, your current Fulton County prescription drug coverage will not be affected. Your 2024 Fulton County prescription drug benefits include a four-tier benefit program.

Retail prescriptions (up to a 30-day supply)	Mail order prescriptions through CarelonRx (Anthem) or Aetna Rx (up to a 90-day supply)
<ul style="list-style-type: none">• Generic drug (tier 1): \$10• Preferred brand-name drug (tier 2): \$25• Non-preferred brand-name drug (tier 3): \$45• Specialty and injectable drugs (tier 4): \$60	<ul style="list-style-type: none">• Generic drug (tier 1): \$15• Preferred brand-name drug (tier 2): \$45• Non-preferred brand-name drug (tier 3): \$90• Specialty and injectable drugs (tier 4): \$120

If you do decide to join a Medicare prescription drug plan and drop your current Fulton County prescription drug coverage, be aware that you and your dependents will be able to get this coverage back during the next Open Enrollment period, as long as you were not dropped for non-payment of premiums.



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

You should also know that if you drop or lose your current prescription drug coverage with Fulton County and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription 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 19 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 for 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 Prescription Drug Coverage

For further information, contact the person listed at the bottom of this page. NOTE: You'll receive this notice each year. You will also get it before the next period you can join a Medicare prescription drug plan, and if this coverage through Fulton County changes. You 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 & 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 prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY: 800-325-0778).

Keep this creditable coverage notice. If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a penalty.

Date: October 2024
Name of Entity/Sender: Fulton County
Contact Position/Office: Verna Thomas, Benefits Manager
Address: 141 Pryor Street SW, Suite 7001, Atlanta, GA 30303
Phone Number: 404-612-7600
Email: retireebenefits@fultoncountyga.gov