About the following notice: You are receiving this notice because our records indicate that you are/or will be eligible for Medicare in the next 12 months.

Important Creditable Coverage Notice From LifeWise Health Plan of Washington 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 LifeWise Health Plan of Washington under the Graduate Appointee Insurance Program (GAIP) 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 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 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. LifeWise Health Plan of Washington has determined that the prescription drug coverage offered by your 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 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 through 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 current LifeWise Health Plan of Washington coverage will not be affected. You can keep your current coverage, but we will coordinate benefits with your Medicare Part D coverage so as not to duplicate payments. If your current coverage pays for other health expenses in addition to prescription drugs, you and your covered dependents will also still be eligible to keep your current health coverage.

If you do decide to join a Medicare drug plan and drop your current LifeWise Health Plan of Washington coverage, be aware that you and your dependents may not be able to get this 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 LifeWise Health Plan of Washington 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...

For further information, call the Customer Service number on your ID information. NOTE: You’ll 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 LifeWise Health Plan of Washington 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 & 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](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 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](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 enroll in one of the new plans approved by Medicare offering prescription drug coverage, you may be required to provide a copy of this notice to show whether or not you maintained creditable coverage and whether or not you are required to pay a higher premium amount (a penalty).
Discrimination is Against the Law

LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

LifeWise:
- Provides free 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)
- Provides free 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 Civil Rights Coordinator.

If you believe that LifeWise 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:

Civil Rights Coordinator — Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-6396, Fax 425-918-5592,
TTY 800-842-5357
Email ComplaintsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights 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 Ave SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019,
800-537-7997 (TDD). Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

አማርኛ (Amharic):
እንቅስቃሴ ከእንወጣት ከለው ከእንወጣት የወጣ ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጣት ከእንወጥ

العربية (Arabic):
لا يوجد هذا الإشعار معلومات هامة، قد يحتوي هذا الإشعار معلومات مهمة بخصوص تلك أو التغطية التي تزيد الحصول عليها من خلال LifeWise Health Plan of Washington

_lifeWise Health Plan of Washington

انطلق من خلال إجراءات تجارية محددة على تعطيل الخطوات أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلتكاف

800-592-6804 (TTY: 800-842-5357)

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話
800-602-6804 (TTY: 800-842-5357)。
Oromoo (Cushite):  

Hmoob (Hmong): Tsab ntawv tshaj xo no muaj cov ntshib lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntsib lus tseem ceeb boog koi daim ntawv thov kev pbab los yoo koy qhov kev pbab cuam los ntawm LifeWise Health Plan of Washington. Tej zaum muaj cov nhub tseem ceeb uas sau rau havh daim ntaww no. Tej zaum koi juyuav tau ua qee yam uas peb kom koi ua tis pu dhlau cov caj nyoog uas teev bieg rau havh daim ntaww no mas koi thiav yuav tau biais kev pbab cuam kho mob los yoy kev pbab tem tej no khi mob ntawd. Koj muaj cii kom laww mbub cov ntshib lus no uas tau muab sau ua koi hom lub pub dawb rau koi. Hu rau 800-592-6804 (TTY: 800-842-5357).

Français (French):  

Ilokano (Ilocano): Daytoy a Pakdaa ket naglaon iti Napate nga Impormasion. Daytoy a pakdaa makabina nga adda ket naglaon iti napate nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti LifeWise Health Plan of Washington. Daytoy ket makabina dagiti importante a petsa iti daytoy a pakdaa. Makabina nga adda rumbeng nga aramidengyo nga addang sakbay dagiti particular a naituding nga aldaw tapno mapagtalinadyo ti coverage ti salun-ayo wenno tulong kadagiti gastos. Adda karbengayo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagasaa no awan ti bayadanyo. Tumawag iti numero nga 800-592-6804 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):  

Deutsche (German):  


日本語 (Japanese): この通報には重要な情報が含まれています。この通報には、LifeWise Health Plan of Washingtonの申請または補償範囲に関する重要な情報が含まれている場合があります。この通報に記載されている可能性がある重要な日付をご確認ください。健康保険や料金サポートを維持するには、特定の期間までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-592-6804 (TTY: 800-842-5357) でお電話ください。