



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ACTION REQUIRED BY OCTOBER 15TH

Date: July 20, 2022
To: TAC HEBP Members
From: Rob Ressmann, Health & Benefits Services Operations Manager
RE: Employer Requirements for Notice of Creditable Coverage

It is again time for employers to prepare and distribute to their employees the Notice of Creditable Coverage as required by the federal Centers for Medicare and Medicaid Services (CMS). We are providing this email as a reminder along with some helpful resources for you.

CMS requires all employers to notify their Medicare-eligible enrollees at least annually of the Creditable Coverage status of your pharmacy benefit coverage. Your Notice of Creditable Coverage must be sent to all Medicare-eligible enrollees (employees, retirees and dependents) **no later than October 15, 2022**, regardless of your plan anniversary date. For your convenience, we have developed a sample notice that follows the CMS guidelines and placed it on the TAC website. You can download the document into Microsoft Word and insert your county or organization name. The document can also be found on the TAC website along with other helpful hints at:

<https://www.county.org/Health-Benefits/Medicare-D>

In addition to the Notice of Creditable Coverage for your enrollees, all employers must also disclose to CMS the Creditable Coverage Status of their pharmacy benefit coverage. All pharmacy benefits plans offered by the TAC Health and Employee Benefits Pool are Creditable Coverage. The pharmacy plans offered in conjunction with CountyChoice Silver are also Creditable Coverage.

CMS requires this disclosure to be completed online at their website. You must log into the CMS website to complete this disclosure. The web address is:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>

The complete disclosure process should take you less than 15 minutes and we have prepared a "Helpful Hints" document that will guide you through the process. You can download the "Helpful Hints" at

<https://www.county.org/Health-Benefits/Medicare-D>

CMS requires entities to complete this disclosure **no later than 60 days after the plan anniversary date.** For example, if your anniversary date is October 1, you have until November 30 to complete your disclosure. If your group has been approved for the Retiree Drug Subsidy, CMS has already been informed of your status and thus online disclosure is not required.

If you have questions, please contact your TAC Employee Benefits Specialist at 1-800-456-5974.

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Important Notice from Montague 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 Montague 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 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 (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. Montague County has determined that the prescription drug coverage offered by the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) 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?

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011

If you decide to join a Medicare drug plan, your Montague County coverage will [or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your Montague County prescription drug coverage, be aware that you and your dependents will [or will not] [Medigap issuers must insert "will not "] be able to get this coverage back.

NOTE: This blue section pertains only to those groups that allow retirees to remain on the regular group health plan. If your group does not allow age 65+ retirees to remain on the group plan you may delete this section.

For Retirees with Medicare...

Effective January 1, 2006 Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) Retirees have the following options available:

* You may remain on the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) medical and prescription drug plan instead of enrolling in Medicare D. If you select this option, you will continue to receive the same benefits at the same cost for the remainder of this plan year. Your coverage under Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) is *creditable coverage*, so you will not be subject to any penalties or additional costs for Medicare D if you decide to enroll at a later date.

OR

* You may terminate your medical and prescription drug coverage with Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) and enroll in Medicare D. If you select this option, you will have only the benefits offered by Medicare. Once you terminate your retiree coverage with Texas Association of Counties Health Employee Benefits Pool (TAC HEBP), you will not be eligible to enroll in the plan at a later date. If you select this option, you may also wish to enroll in a Medicare Supplement or Medigap policy to cover your out-of-pocket expenses for hospital and doctor visits.

CMS Form 10182-CC

Updated April 1, 2011

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OR

* You may remain on the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) medical and prescription drug plan, and also enroll in Medicare D. If you select this option, you will still have the same benefits for hospital and doctor visits as you do today, but you will only be able to file your prescription drug claims under Medicare D. For retirees, Medicare will be the primary payer, however the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) prescription drug plan does not coordinate benefits with Medicare or other payers. This option would primarily be attractive to those retirees that are eligible for the low-income subsidy for Medicare D, which may provide richer benefits than the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) plan.

For Active Employees with Medicare...

When you are an active employee, generally the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) health care plan will be the primary coverage for you and any dependent(s) that you cover, even if you or your dependent also has Medicare. The Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) plan requires all active, eligible employees to participate in the medical and prescription plan.

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 coverage with Montague County 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 the person listed below for further 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 Montague County changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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**MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011**

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
- 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, 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 whether or not you are required to pay a higher premium (a penalty).

Date: 09/15/2020

Name of Entity/Sender: Jennifer Fenoglio

Contact--Position/Office: Treasurer

Address: Montague Courthouse-PO Box 186, Montague, TX 76251

Phone Number: 940-894-2554

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please download a PDF copy of responses for your records.

Below is a summary of your responses

[Download PDF](#)

Disclosure to CMS Form

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. - Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. - By using this information system, you understand and consent to the following: * You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. * Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the following online Disclosure to CMS Form. To further assist you in completing this form, the link on the left side of this webpage may help: [Disclosure to CMS Guidance and Instructions](#).

Entities that claim the RDS should not fill out this form for their RDS plan participants. If a plan option has 100 retired beneficiaries and the plan claims RDS for 97 of them, the plan must report 3 non-RDS participants on

claims RDS for 97 of them, the plan must report 3 non-RDS participants on this form.

The disclosure submission process is composed of the following steps to complete the online Creditable Coverage Disclosure Form:

- Step 1 -Enter the Disclosure Information
- Step 2 -Verify and Download Disclosure Information
- Step 3 -Submit Disclosure Information

Note: All fields are required.

Step 1 - Enter Disclosure Information

Please complete the following information for each Type of Coverage offered by the Entity/Plan Sponsor.

Entity/Plan Sponsor Information:

Entity Name:

Montague County

Entity Federal ID Number:
(Format ## #####)

75-*****

Entity Street Address:

P O Box 186

City:

Montague

State:

Texas

Country:

United States of America

Zip Code:

76251

Phone number

Coverage Type:

GROUP HEALTH PLAN: Employer Sponsored Plan

Creditable/Non-Creditable Offer:

Please select **ONE** of the following to continue and complete the required disclosure information.

- All Options Offered Are Creditable
- All Options Offered Are Non-Creditable
- There are Some Creditable and Non-Creditable Options Offered

All Options Offered Are Creditable:

*** Note: A plan year should contain a maximum of 365 days; unless it is a leap year then there would be a maximum of 366 days. Example, if a plan year beginning date is 10/01/2010 then the plan year ending date should be no later than 09/30/2011.**

**Plan Year Beginning Date:
(Format: MM/DD/YYYY)**

10/01/2022

**Plan Year Ending Date:
(Format MM/DD/YYYY)**

09/30/2023

**Total Number of Medicare Part D Eligible Individuals expected to be covered under these Option(s) as of the Plan Year Beginning Date stated above.
(Please enter a numeric value ONLY)**

12

**Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan.
(Please enter a numeric value ONLY)**

12

**Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity.
(Format MM/DD/YYYY)**

08/08/2022

Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year?

Example 1: Last year Company ABC had creditable coverage through Carrier 123. This year they have non-creditable coverage through Carrier 123. This is a change in the status, since the coverage was creditable and now is non-creditable.

Example 2: Last year Company ABC had creditable coverage through Carrier 123. This year they have creditable coverage through Carrier 456. Even though the company changed carriers, this is not a change in the status of the creditable coverage. It was creditable last year and it remains creditable, so there is no change in the status.

Yes

No

PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013 (Expires: December 31, 2020). The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

I understand and agree to the following statements:

1. That this submission supersedes any previous submission of this information with dates prior to the date below;
2. That the entity/plan sponsor agrees to disclose to CMS and all Medicare Part D eligible individuals any changes that would affect the creditable status of the above coverage as outlined under §423.56.
3. That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and

4. That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

Entity's Authorized Individual Name:

Jennifer Fenoglio

Entity's Authorized Individual Title:

Treasurer

Entity's Authorized Individual Email:

(If no email address is available, Please enter: *CCDBnoisp@cms.hhs.gov*)

j.fenoglio@co.montague.tx.us

Today's Date:

(Format: MM/DD/YYYY)

09/21/2022