

November 2010
Important Notice from IUOE Local 4 Health and Welfare Fund 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 IUOE Local 4 Health and Welfare Fund and prescription drug coverage available for people with Medicare.

IUOE Local 4 Health and Welfare Fund has determined that the prescription drug coverage offered by the Health and Welfare Fund is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, if you are eligible for prescription coverage under Medicare, you can run out your earned coverage under the Health & Welfare Plan and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you do decide to enroll in a Medicare prescription drug plan while insured with IUOE Local 4 Health and Welfare Plan, the Health and Welfare Plan will continue to be primary (pay first) over any Medicare coverage you might purchase. If you lose or drop your IUOE Local 4 Health and Welfare Plan prescription drug coverage, be aware that you may not be able to get this coverage back.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with IUOE Local 4 Health and Welfare Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

<p>Name of Entity: IUOE Local 4 Health and Welfare Fund Contact Name: Jennifer Dow, Eligibility Coordinator, IUOE Local 4 Funds Address: 16 Trotter Drive, PO Box 660, Medway, MA 02053 Phone Number: 1-508-533-1400 ext 126</p>
--

For questions about this notice contact the individual named above.

Note: You will receive this notice annually before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through IUOE Local 4 Health and Welfare Fund changes. You also may request a copy.

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 plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount