ARCHDIOCESE OF
CINCINNATI

Certificate of Creditable Coverage For Prescription Drug

If you are under age 64, you can file this mailing; no action is necessary at this time.

If you are or will be applying for Medicare Part D – this notice is important!

October 7, 2025

Each year, the Archdiocese of Cincinnati is required to mail this notice.

The enclosed form ONLY applies to anyone that is Medicare eligible or has dependents that are Medicare eligible. This certificate of creditable coverage is in regard to the Medicare drug program.

The Archdiocese of Cincinnati prescription drug plan meets the requirement of creditable coverage. Due to the fact that the Archdiocese of Cincinnati prescription drug plan meets the creditable coverage requirements and is primary, if you are participating in the Archdiocese of Cincinnati prescription drug plan, there is no need to sign up for the Medicare Part D plan.

Please keep this letter in your records as you will need this form in the future if you ever terminate your coverage with Archdiocese of Cincinnati and sign up for Medicare Part D coverage. This letter allows Medicare eligible employees participating in the Archdiocese of Cincinnati prescription drug plan to enroll in Medicare Part D coverage at a date beyond their initial eligibility without being charged a higher premium.

Direct questions to:

Bill Maly, Director of Benefits & Risk Management, bmaly@catholicaoc.org or 513.263.3354
Cheryl Engel, Assistant Director of Benefits, cengel@catholicaoc.org or 513.263.5174

Important Notice from
ARCHDIOCESE OF CINCINNATI HEALTH PLAN
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 the *Archdiocese of Cincinnati Health Plan* 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. The *Archdiocese of Cincinnati Health Plan* has determined that the prescription drug coverage offered by ***CarelonRx*** 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 to 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 *Archdiocese of Cincinnati Health Plan* coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current ***Archdiocese of Cincinnati Health Plan*** coverage, be aware that you and your dependents will be able to get this coverage back if eligible for benefits.

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 *Archdiocese of Cincinnati Health Plan* 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

For further information contact the Archdiocese of Cincinnati Benefits Office at 513.421.3131.

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 *Archdiocese of Cincinnati Health Plan* 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
- 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**October 7, 2025**
Name of Entity/Sender:	**Archdiocese of Cincinnati Health Plan**
Contact-Position/Office:	**Bill Maly, Director of Risk Management & Benefits**
Address:	**100 E. Eighth Street, Cincinnati, OH 45202**
Phone Number:	**513.263.3354**

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.