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October 2025

TO: All Medicare Eligible Members

FROM: John D. Megariotis
Acting Director, Division of Pensions and Benefits

SUBJECT: **IMPORTANT NOTICE: Your Prescription Drug Benefit and Medicare**

NOTICE OF CREDITABLE COVERAGE

This notice contains information about your current prescription drug coverage under the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP) and the Medicare prescription drug benefit called Medicare Part D. It explains the options you have under Medicare Part D and can help you decide whether or not you want to enroll in a Part D plan. Please read this notice carefully and keep it for future reference.

Note: If you are enrolled in the Retired Group of the SHBP/SEHBP and eligible for Medicare, you will be automatically enrolled in Medicare Part D and the OptumRx Medicare Prescription Drug Plan.

Medicare Part D prescription drug coverage is available to everyone eligible for, or enrolled in, Medicare. A person who is Medicare eligible can enroll in a Medicare Part D plan when they first become eligible for Medicare or, for the 2026 plan year, during the open enrollment period from October 15, 2025 through December 7, 2025. However, if you and/or a dependent of yours decide to enroll in a non-SHBP/SEHBP Medicare Part D plan, the person enrolled in Medicare Part D will lose their SHBP or SEHBP retired prescription drug coverage. In addition, these programs will not cover the costs of any drugs that are not covered by the non-SHBP/SEHBP Medicare Part D plan.

If you are married and your spouse is covered by a private employer health plan, it is possible that your spouse's plan automatically enrolled you and/or your spouse in a Medicare Part D plan. In that case, you and/or your spouse are not eligible for retired prescription drug coverage through the SHBP or SEHBP. Please check your spouse's health plan ID cards.

Keep this Notice of Creditable Coverage. If you should decide to enroll in one of the Medicare Part D plans, you will need to provide a copy of this notice to show that you are not required to pay a higher premium amount (provided you do not have a break of 63 days or more between the time your SHBP or SEHBP prescription drug coverage ends and your Medicare Part D coverage begins).

This notice will be available before each annual Medicare Part D enrollment period and at other times in the future such as if your prescription drug benefits should change.