

**EGYPTIAN AREA SCHOOLS  
EMPLOYEE BENEFIT TRUST**

---

*13 Executive Drive, Suite 19, Fairview Heights, IL 62208*

**IMPORTANT NOTICE ABOUT  
YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

***If you are eligible for Medicare, please read this notice carefully.***

This notice has information about your current prescription drug coverage with the Egyptian Area Schools Employee Medical Benefit Plan and new prescription drug plans that will be available in 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about prescription drug coverage.

- **Starting January 1, 2006, new Medicare prescription drug coverage (Medicare Part D) will be available to every person enrolled in Medicare.**
- **You may keep your prescription drug coverage with the Egyptian Trust. You are not required to enroll in a Medicare prescription drug plan at this time.**
- **You should understand your options. This notice explains the options and can help you decide whether you want to enroll in a Medicare prescription drug plan.**

---

You may have heard about Medicare's new prescription drug coverage and wondered how it would affect you. Starting January 1, 2006, prescription drug coverage will be available to everyone with Medicare through Medicare prescription drug plans. These plans are offered by private insurance companies. The premium costs and benefits will vary from plan to plan, but all Medicare prescription drug plans will provide at least a minimum level of coverage set by Medicare. Some plans will offer more coverage for a higher monthly premium.

The Egyptian Trust has determined that the prescription drug coverage it provides is, on average for all plan participants, expected to pay out as much in benefits as the standard Medicare prescription drug coverage. **Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you will not be required to pay extra if you decide to wait and enroll in Medicare prescription drug coverage at a later date.** You should, however, consider whether changing to a Medicare plan is a better option for you.

**Enrollment**

People with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. Because you have prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later with no penalty. Each year you will have the opportunity to enroll in a Medicare prescription drug plan between November 15 and December 31.

### **Penalty for Late Enrollment**

**If you drop or lose your current coverage and do not enroll in a Medicare prescription drug plan after your current coverage ends, you may have to pay more to enroll for Medicare prescription drug coverage later.** If, after May 15, 2006, you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after May 15, 2006 that you did not have coverage. For example, if you go 19 months without comparable prescription drug coverage, your premium will always be at least 19% higher than what most other people will pay for the same coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll in a Medicare prescription drug plan.

### **Consider Your Options**

The Egyptian Trust does not offer prescription drug coverage separately from other health care benefits, so you cannot drop your prescription drug coverage and keep your other health coverage with the Egyptian Trust. If you choose to enroll in a Medicare prescription drug plan and keep your coverage with the Trust, your prescription drug benefits will be coordinated with the prescription drug benefits provided by the Trust so benefits are not duplicated. If you are an active employee or dependent of an active employee, the Egyptian Trust will be your primary prescription drug coverage. If you are a retired employee or dependent of a retired employee, the Medicare plan will be your primary coverage if you enroll in a Medicare prescription drug plan. In either case, prescription drug costs paid by the Egyptian Trust will not count as out-of-pocket expenses under your Medicare prescription drug plan.

If you have Medicare and are retired or pay all of the cost of your coverage yourself, it may be cheaper for you to drop your coverage with the Egyptian Trust. You may buy a private Medicare supplement (Medigap) policy and a Medicare prescription drug plan for less than what you pay for your coverage with the Trust. Alternatively, you may enroll in a Medicare Advantage Plan instead of regular Medicare and receive all of your health care benefits, including prescription drug coverage, from a single provider. **You should know, however, that if you drop your coverage, you cannot reenroll in the Egyptian Trust Medical Benefit Plan after you retire.**

### **For More Information about Your Options under Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "**Medicare & You**" 2006 handbook. If you are enrolled in Medicare you will receive a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans from these places:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the **Medicare & You** handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Assistance for People with Limited Income**

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213. (TTY 1-800-325-0778)

**For More Information about Your Current Prescription Drug Coverage**

**Contact: Meritain Health at 800-844-7979, or  
Express-Scripts at 800-451-6245.**

You will receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage and if there is a significant change in the prescription drug coverage offered by the Egyptian Trust. You may also request a copy of this notice from Meritain Health at any time.

***Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after May 15, 2006, you may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.***

Date: November, 2010  
Name of Plan: Egyptian Area Schools Employee Medical Benefit Plan  
Contact: Meritain Health  
Address: 13 Executive Drive, Suite 19  
Fairview Heights, IL 62208  
Phone Number: 800-844-7979