{{client_name}}

{{client_address}} · {{client_city_state_zip}} · {{client_phone}}

EMPLOYER GROUP HEALTH PLAN · CREDITABLE COVERAGE DISCLOSURE

{{notice_date}}

{{recipient_name}}
{{recipient_address}}
{{recipient_city_state_zip}}

RE: {{group_name}} — Creditable coverage status of {{plan_name}} for {{plan_year}}

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE

Dear {{recipient_name}},

Please read this notice carefully and keep it where you can find it. It explains your options for prescription drug coverage and what happens to your current coverage if you decide to make a change.

{{group_name}} has determined that the prescription drug coverage offered under {{plan_name}} is, on average for all plan participants, expected to pay out {{creditable_status_phrase}} as much as standard prescription drug coverage pays. This is important because it affects whether you may owe a higher premium if you choose to enroll in other drug coverage later.

You can keep your current coverage. If you do, you will not pay a higher premium later for as long as that coverage remains in place and continues to meet the standard described above.

If you drop or lose your current coverage and go {{penalty_gap_days}} days or longer without coverage that meets that standard, you may have to pay a higher premium to enroll later, and you may have to wait until the next enrollment period to do so.

- Keep this notice. You may be asked to show it as proof of your coverage.
- You will receive this notice again each year before the enrollment period, and at any time the coverage under {{plan_name}} changes.
- You may request a copy at any time by calling {{agency_service_phone}}.

For more information about this notice or your current coverage, contact {{plan_contact_name}} at {{agency_service_phone}} or write to {{client_name}} at the address shown above.

Sincerely,

{{signer_name}}
{{signer_title}}
{{client_name}}