

Lake County Open Enrollment

Welcome to Lake County's Open enrollment period! After a careful review process and with the expectation of higher costs due to Health Reform the County has finalized its benefits and contribution structure for 2013. The County is pleased to announce there will be minimal change to the benefits this year. The highlights include:

- **The addition of a 4th tier for Specialty Medications.** These are medications obtained through Caremark's specialty pharmacy. Information on these drugs can be obtained at www.cvscaremarkspecialtyrx.com
- **Consolidation of vendors for the Vision Program to EyeMed only.** VSP will no longer provide the Exam only benefit.
- **No increase to the PPO plan contributions**
- **Expanded women's preventive care services covered at 100%.** Please see details on page 2

Please take time to review your benefit options during Open Enrollment so that you can select the coverage that best meets your financial and healthcare needs.

Effective January 1, 2013 – Overview of Benefit Offerings:

- **Anthem** will continue as the medical carrier with 2 plan options:
 - ❖ OPTION 1 – EPO Plan 100% in network coverage with \$0 deductible
 - ❖ OPTION 2 – PPO Plan 80/60 with \$500/\$1,000 deductible
- **Caremark** will continue as the pharmacy provider for your retail and mail order prescription drug coverage. A 4th tier for Specialty Medications has been added with an Out of Pocket maximum of \$1500
- **NEW EyeMed** will replace VSP as the basic vision carrier that provides a company paid eye exam benefit with discounts to hardware as well as provide the buy-up vision plan that provides benefits for vision materials
- **Sun Life** will continue as the provider for Dental, Basic Life/AD&D, Supplemental Life/AD&D and Voluntary LTD coverage

During Open Enrollment, you can enroll in our Medical, Dental, Buy-Up Vision, Supplemental Life and Voluntary LTD coverage.

This is a passive enrollment. If you do not wish to make any changes to your benefits, then you will not need to do anything and your benefits will continue as is. A Spousal Surcharge form must be completed.

Open Enrollment will be held November 12th through November 26th. After November 26th, you must wait until the next Open Enrollment period or experience a Qualifying Event in order to:

- Waive any benefit plans
- Change or drop the coverage of your current plan
- Enroll for coverage, if you did not sign up within the first 30 days of becoming eligible



Open Enrollment
November
12th – 26th, 2012

Questions? Please
contact your
department head or
Hazel Whitley at
(440) 350-2758

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Medical and Rx Plan Options

Lake County provides 2 different plan options, EPO and PPO, through Anthem to meet your needs. The EPO provides network only coverage while the PPO plan provides two levels of coverage (network and non-network). If the provider is in network (highlighted in blue print below), there is a higher level of coverage and lower costs to you. If the provider is non-network, there is a lower level of coverage which results in higher out of pocket costs to you. You choose which plan best fits your needs based on your utilization of services and contribution through payroll deduction. To find out if a provider is in network, go to www.anthem.com and select "Find a Doctor".

Plan Options		Option 1 - EPO		Option 2 - PPO	
		Network	Non-Network	Network	Non-Network
Deductible	Single	\$0	N/A	\$500	\$1,000
	Family	\$0	N/A	\$1,000	\$2,000
Coinsurance (after Ded)		100%	N/A	80%	60%
Coinsurance Lake Hospital ONLY		100%	N/A	\$150 copay – deductible does not apply	
Out-of-Pocket (Includes Ded)					
	Single	\$0	N/A	\$2,500	\$5,000
	Family	\$0	N/A	\$5,000	\$10,000
Office Visit– PCP/Specialist		\$20/\$30	N/A	\$20/\$40	60% after ded
Office Visit – Preventive Routine Services ONLY		100%	N/A	100%	60% after ded
Urgent Care Copay		\$20	N/A	\$50	60% after ded
ER Copay – waived if admitted		\$50	N/A	\$100	\$100
Outpatient Surgery, Diagnostic & Therapeutic Services		100%	N/A	80%	60%
				after ded	after ded
Caremark Prescription Drug		Retail (31 days)	Mail/CVS (90 days)	Retail (31 days)	Mail/CVS (90 days)
Generic		\$10	\$20	\$8	\$16
Preferred Brand		\$20	\$40	\$25	\$50
Non-Preferred Brand		\$35	\$70	\$45	\$90
Specialty		10% coinsurance to a max of \$1,500 annually		10% coinsurance to a max of \$1,500 annually	

IMPORTANT NOTES:

- Mandatory Mail Order on all maintenance medications.
- You can fill 90 day supply medication at any CVS Pharmacy.
- Women's preventive care services will be added to the growing list of services paid at 100% with no copay, no cost share. The following is a list of services for women (some are already covered by the County at 100%).
 - Screening for gestational diabetes
 - Testing for human papillomavirus (HPV)
 - Counseling for sexually transmitted infections
 - Screening and counseling for human immunodeficiency virus (HIV)
 - Screening and counseling for interpersonal and domestic violence
 - FDA-approved contraception methods and contraceptive counseling (includes oral contraceptives and contraceptive devices)
 - Breastfeeding support, supplies and counseling (including breast pumps – purchase or rental)



Dental & Vision Plan Options

GROUP DENTAL PLAN

Your dental coverage is through Sun Life and the name of the dental network is Dentemax. Network dentists agree to accept Sun Life's usual and customary (U&C) amounts as payment in full for covered services. Non-network dentists may bill you for any difference in cost between Sun Life's allowed amount and the dentist's fee. This is called balance billing. Please utilize network dentists to avoid balance billing. Frequency limitations apply to certain services. Please refer to your Sun Life certificate booklet for details.

Dental Benefit Provision	NAP		PPO	
	Network	Non-Network	Network	Non-Network
Calendar Year Deductible (Single/Family)	\$0	\$100/\$300	\$50/\$150	
Deductible waived for Type I Services	N/A	No	Yes	
Type I – Preventive ➤ Oral Exams, Cleanings, Bite-Wing X-rays, Fluoride Treatment, Sealants, Space Maintainers	100%	50%	100%	100% of U&C
Type II – Basic ➤ Fillings, Simple Extractions, Periodontics (non-surgical), Endodontics (root canal therapy)	100%	20%	80%	80% of U&C
Type III – Major ➤ Crowns, Fixed Bridges, Dentures, Oral Surgery, Periodontics (Surgical)	60%	20%	60%	60% of U&C
Type IV – Orthodontic Procedures ➤ Children under 19 ➤ Lifetime Benefit - \$800	40%	40%	60%	60% of U&C
Calendar Year Maximum (Per Person)	\$1,000	\$500	\$1,200	

BASIC VISION EXAM & BUY-UP VISION

Your vision coverage is provided through EyeMed. Lake County pays for your basic vision coverage when you elect medical coverage. Vision exams are allowed once every 12 months at \$0 copay in network and up to a \$50 reimbursement out of network. The basic vision also provides for discounts for lenses, frames, contacts, sunglasses and laser vision correction.

Your buy-up vision benefit that provides coverage for vision materials is outlined below. To find an EyeMed provider, go to <http://portal.eyemedvisioncare.com>. The EyeMed provider network is called Access. The EyeMed vision network now includes a network of retail providers such as LensCrafters, Pearle Vision, Sears Optical, Target Optical and JC Penney.

Vision Services	Network	Non-Network
Standard Plastic Lenses (once every 12 months) ➤ Single Vision ➤ Bifocal ➤ Trifocal ➤ Standard Progressive Lens ➤ Premium Progressive Lens	\$25 copay \$25 copay \$25 copay \$90 \$90, 80% of charge less \$120 allowance	\$35 \$40 \$55
Frames (once every 24 months)	\$0 copay; \$120 allowance, 20% off balance over \$120	\$60
Contact Lenses (once every 12 months) Conventional Disposable Medically Necessary	\$105 allowance, then 15% off excess \$105 allowance \$0 copay, paid-in-full	\$84 \$84 \$200



Life Insurance & LTD

BASIC LIFE/AD&D

Your Basic Life/AD&D coverage is provided through Sun Life will continue to be offered at no cost to the employee. The premium is paid entirely by Lake County. All benefit eligible employees receive \$20,000 of coverage.

SUPPLEMENTAL LIFE/AD&D

You can purchase at full cost to the employee at any time during the year. You will be required to provide proof of good health by completing an Evidence of Insurability (EOI) form for any amount of supplemental coverage. You can purchase supplemental life insurance in increments of \$10,000 up to 5x your basic annual earnings.

DESIGNATION OF BENEFICIARY

It is your responsibility to notify your plan administrator with any changes in beneficiary designations. You may designate different beneficiaries for your Basic Life/AD&D and Supplemental Life/AD&D coverage.



Voluntary Long Term Disability (LTD)

You have the option to purchase LTD coverage through Sun Life. LTD coverage provides for a monthly benefit replacement of 60% of your total monthly earnings if you become disabled. The maximum monthly benefit payable is \$5,000. The minimum monthly benefit is \$100 or 15% of the gross monthly benefit, whichever is greater. There is a 180 day elimination period in which you must be disabled before benefits will begin paying.



Important Contact Information

Medical - Anthem Group Number 004000090	
CUSTOMER SERVICE: contact for claims & benefit questions	1-855-239-9248
Claims Address	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Website – get detailed claims information, order ID cards	www.anthem.com
Prescription – Caremark Group Number LCBOC	
CUSTOMER SERVICE	1-800-776-1355
SPECIALTY CUSTOMER SERVICE	1-800-237-2767
Claims Address	CVS Caremark P.O. Box 52196 Phoenix, AZ 85072-2196
Website	www.caremark.com
Specialty Website	www.cvscaremarkspecialtyrx.com
Basic & Buy-Up Vision – EyeMed Group Number 9696063	
CUSTOMER SERVICE	1-866-723-0513
Claims Address for Out of Network Claims	EyeMed Vision Care Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111
Website	http://portal.eyemedvisioncare.com
Basic Life/AD&D, Supplemental Life/AD&D and Voluntary LTD – Sun Life Group Number 215188	
CUSTOMER SERVICE	1-800-451-2513
Claims Address	Sun Life Financial Employee Benefits Group P.O. Box 81633 Wellesley Hills, MA 02481
Website	www.sunlife.com/us



Contributions

Medical Premiums 2013

<u>Description</u>	<u>Monthly Employer</u>	<u>EPO Monthly Employee</u>	<u>Wellness</u>	
			<u>EPO Monthly Employee</u>	<u>PPO Monthly Employee</u>
Sunlife (Single) Dental/No Hosp/Rx	\$24.58	\$15.42	\$14.50	\$14.50
Sunlife (Emp/Child)/ Dental/No Hosp/Rx	\$46.72	\$29.32	\$27.56	\$27.56
Sunlife (Emp/Spouse)/ Dental/No Hosp/Rx	\$51.62	\$32.40	\$30.46	\$30.46
Sunlife (Family 3) Dental/No Hosp/Rx	\$73.74	\$46.28	\$43.50	\$43.50
Anthem/Rx (Single)/No Dental	\$531.26	\$59.04	\$55.50	\$3.08
Anthem/Rx (Single)/Single-Dental	\$555.84	\$74.46	\$70.00	\$18.50
Anthem/Rx (Single)/Emp/Child-Dental	\$577.98	\$88.36	\$83.06	\$32.40
Anthem/Rx (Single)/Emp/Spouse-Dental	\$582.88	\$91.44	\$85.96	\$35.48
Anthem/Rx (Single)/Family 3-Dental	\$605.00	\$105.32	\$99.00	\$49.36
Anthem/Rx (Emp/Child)/No Dental	\$1,009.40	\$112.16	\$105.44	\$6.16
Anthem/Rx (Emp/Child)/Single-Dental	\$1,033.98	\$127.58	\$119.94	\$21.58
Anthem/Rx (Emp/Child)/Emp/Child-Dental	\$1,056.12	\$141.48	\$133.00	\$35.48
Anthem/Rx (Emp/Child)/Emp/Spouse-Dental	\$1,061.02	\$144.56	\$135.90	\$38.56
Anthem/Rx (Emp/Child)/Family 3-Dental	\$1,083.14	\$158.44	\$148.94	\$52.44
Anthem/Rx (Emp/Spouse)/No Dental	\$1,115.66	\$123.96	\$116.52	\$6.46
Anthem/Rx (Emp/Spouse)/Single-Dental	\$1,140.24	\$139.38	\$131.02	\$21.88
Anthem/Rx (Emp/Spouse)/Emp/Child-Dental	\$1,162.38	\$153.28	\$144.08	\$35.78
Anthem/Rx (Emp/Spouse)/Emp/Spouse-Dental	\$1,167.28	\$156.36	\$146.98	\$38.86
Anthem/Rx (Emp/Spouse)/Family 3-Dental	\$1,189.40	\$170.24	\$160.02	\$52.74
Anthem/Rx (Family 3)/No Dental	\$1,593.76	\$177.08	\$166.46	\$9.26
Anthem/Rx (Family 3)/Single-Dental	\$1,618.34	\$192.50	\$180.96	\$24.68
Anthem/Rx (Family 3)/Emp/Child-Dental	\$1,640.48	\$206.40	\$194.02	\$38.58
Anthem/Rx (Family 3)/Emp/Spouse-Dental	\$1,645.38	\$209.48	\$196.92	\$41.66
Anthem/Rx (Family 3)/Family 3-Dental	\$1,667.50	\$223.36	\$209.96	\$55.54
Adult Dependent Age 26-28 (ALL)		\$285.36		\$238.30



Enrollment Application

Coverage effective January 1, 2013

☐ Name Change

☐ Address Change

Department Name: _____ **Employee #** _____

Employee Information

Last Name:		First Name:	
Date of Birth:	Social Security #:		
Full Address:			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> *		Spousal Surcharge: Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Spousal Surcharge must be completed

Dependent Information

(A) Add (T) Term (C) Change **Effective Date:**

	Dependents Full Name	DOB	Relationship	SSN	M/F
	Spouse				
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				

Medical/Rx and Dental Plan Election

Bi-weekly payroll deductions

EFFECTIVE INSURANCE DATE

ANTHEM	EPO	PPO	Sun Life	NAP	PPO
EMPLOYEE ONLY (EE)	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE ONLY (EE)	<input type="checkbox"/>	<input type="checkbox"/>
EE & Spouse	<input type="checkbox"/>	<input type="checkbox"/>	EE & Spouse	<input type="checkbox"/>	<input type="checkbox"/>
EE & Child	<input type="checkbox"/>	<input type="checkbox"/>	EE & Child	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	Family	<input type="checkbox"/>	<input type="checkbox"/>
Decline Medical and Rx <input type="checkbox"/>			Decline Dental <input type="checkbox"/>		

EyeMed Vision Election

Monthly Payroll Deductions

EyeMed	Voluntary Plan
EMPLOYEE ONLY (EE)	\$3.52 <input type="checkbox"/>
EE + 1 (please circle spouse or child)	\$6.53 <input type="checkbox"/>
EE + Family	\$9.51 <input type="checkbox"/>
Decline EyeMed Vision <input type="checkbox"/>	

***Elections for Voluntary Life and Voluntary LTD need to be made on Sun Life enrollment forms and require evidence of insurability (EOI) forms to be completed and approved for coverage to be effective. You can obtain enrollment and EOI forms from the Benefits Department.**



Enrollment Application Continued

I understand that by signing this form, I make a binding election concerning my benefits for the next plan year. I also understand that I will not be able to change my election prior to next open enrollment period unless I have a qualified life event. In addition, I understand my duty to notify Human Resources within 30 days of any changes that affect the eligibility of any of my covered dependents; for example: marriage, divorce or change in student status.

I understand that enrolling a dependent that is not eligible or failing to provide notice of ineligibility can result in retroactive termination of health plan coverage for me and my dependents. I also understand that coverage of an ineligible dependent will result in liability on my part for costs by the Plan while my dependent was ineligible.

I certify that all information provided in this enrollment form is correct to the best of my knowledge and authorize release of any information to the appropriate vendors as requested with respect to this enrollment. I understand that Lake County, at its sole discretion, may rescind my coverage at any time on the basis of any untrue, inaccurate or incomplete information provided on this form, or any misrepresentation, omission or concealment on this form, whether intentional or otherwise. I further understand if coverage is issued, it will be issued by Lake County, in full reliance and in consideration of the information, answers and statements contained herein.

WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature: _____

Name: _____ Date: _____

Information contained in this communication is a summary of benefit information and does not guarantee benefits, it is not intended as a detailed overview of benefits, limitations and/or exclusions may apply. Please refer to your Plan Booklet for a complete explanation of your benefits. In the event a discrepancy exists, the policy provisions will prevail.



2013 Spousal Surcharge Employee Statement

Name

Department

In an effort to control costs a spousal surcharge has been instituted for employees covered under the healthcare plan whose spouses are eligible for healthcare insurance through their employer, but opt to take Lake County's healthcare program. The criteria is as follows:

1. Spousal surcharge applies only to employees that cover their spouse on the County Healthcare Program.
2. Eligible employee's spouse maintains full time employment and is eligible for an employer sponsored health plan through their full time employment, but chooses to enroll under the County's Healthcare Program.

The spousal surcharge will be \$75.00 per month as long as the spouse remains eligible for other coverage.

Please check **only one** of the coverage options below:

- ☐ ***Does Not Apply*** I am enrolled for single or employee + child(ren). (or)
My spouse is self-employed, (or)
My spouse is employed part-time, (or)
My spouse is not employed, (or)
My spouse is a County employee
I am waiving medical coverage.
- ☐ ***Spousal Waiver**** I attest to the fact that my spouse is employed full-time and does not have access to employer-sponsored medical coverage and/or is not eligible for such coverage. Should these circumstances change, and my spouse does become eligible for employer-sponsored coverage under another employer, I must notify the County within 30 days of such occurrence. My spouse will be required to seek medical coverage under his/her current employer's plan at that time he/she becomes eligible or continue to stay on the County's healthcare plan with a spousal surcharge of \$75.00 per month.
- I agree to notify the County regarding my spouse's eligibility for another employer-sponsored medical plan, and I attest to the truth regarding my spouse's current eligibility.
***(MUST COMPLETE SPOUSE'S EMPLOYER STATEMENT OF COVERAGE)**
- ☐ ***Spousal Surcharge*** I acknowledge that my spouse is eligible for coverage with her/his current employer but will cover my spouse as a dependent under my medical insurance policy. I understand that I will be charged a spousal surcharge of \$75 per month.
- ☐ ***Spousal Other Coverage*** I acknowledge that my spouse is eligible for coverage with her/his current employer. I will not cover my spouse as a dependent under my medical insurance policy and will not be subject to the surcharge.

I agree to notify the County immediately if my above circumstances changes (i.e.: marriage, divorce, spouse becomes eligible for coverage elsewhere, etc.). I understand if I fail to notify the County of my change in eligibility status, I may be subject to any consequence set forth by in accordance with the County Health Insurance Guidelines.

Employee Signature

Date

*** Contact Benefits Office for Employer Statement of Coverage**



2013 Spouse's Employer Statement of Coverage

Lake County Employee Information (Please Print Clearly):

Lake County Employee Name: _____

Lake County Employee Social Security Number: _____

Spouse Name ("Spouse"): _____

Spouse Company Name ("Company"): _____

To Be Filled Out by Spouse's Employer Representative:

I, _____ ("Representative") do hereby acknowledge that the above
Print Company Representative Name

spouse is currently an employee of _____ ("Company").
Print Company Name

Our Company currently (select ONLY one situation):

_____ **A.** does not offer any employer sponsored healthcare plan at this time.

_____ **B.** offers an employer sponsored healthcare plan but the above named Employee does not qualify to participate in plan.

_____ **C.** offers an employer sponsored healthcare plan and the above named Spouse currently **does not** participate in that plan. I understand that the above named Spouse will be eligible to elect coverage during open enrollment. Plan information is as follows:

¹**Healthcare Insurance Carrier's Name:** _____

¹**Date of Open Enrollment:** _____

I do hereby attest that the above information is complete and accurate to the best of my knowledge:

**Spouse's Company
Representative**

**Lake County
Employee**

**Employee's
Spouse**

Signature: _____

Date: _____





Important Notice from Lake County Board of Commissioners

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 Lake County Board of Commissioners 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 prescription 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. Lake County Board of Commissioners has determined that the prescription drug coverage offered by the Lake County Board of Commissioners group health plan 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 on average, at least as good as standard Medicare prescription drug 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 15 through December 7.

However, if you lose creditable prescription drug coverage, through no fault of your own, you will 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 Lake County Board of Commissioners group health plan for prescription drug coverage will not be affected. If you decide to join a Medicare drug plan and drop your Lake County Board of Commissioners group health plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.



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 coverage with Lake County Board of Commissioners group 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 (19) 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 October to join.

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

Contact Hazel Whitley for further information at (440) 350-2758.

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 Lake County Board of Commissioners 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 and 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 a Medicare prescription drug plan 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 decided 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: 11/1/2012
Name of Entity/Sender: Lake County Board of Commissioners
Contact--Position/Office: Hazel Whitley
Address: 105 Main Street, Painesville, OH 44077
Phone Number: (440) 350-2758

