

Notice Requirements for Group Health Plans—Medicare Part D Creditable Coverage Notices

The Medicare Modernization Act (MMA) requires entities (whose policies include [prescription drug coverage](#)) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay, on average, as much as the standard Medicare prescription drug coverage. Model notices that may be used to satisfy this requirement, issued by the Centers for Medicare & Medicaid Services, are available by clicking on the name of the notice in the chart below.

Who Must Comply

The disclosure requirements in this section apply generally to employers sponsoring group health plans that offer prescription drug coverage to Medicare-eligible individuals.

Notice Requirements

Document	Type of Information	Provide To	Provided By	When Due
<div><div>Medicare Part D—Creditable Coverage Disclosure Notice</div><div>or</div><div>Non-Creditable Coverage Disclosure Notice</div><div><i>(Click on the links above for model notices. Word versions unavailable.)</i></div></div>	Notifies Medicare-eligible individuals whether the plan's prescription drug coverage is creditable coverage , meaning the coverage is expected to pay, on average, as much as the standard Medicare prescription drug coverage.	<ul style="list-style-type: none">• Medicare-eligible active employees and their dependents• Medicare-eligible COBRA individuals and their dependents• Medicare-eligible disabled individuals covered under the prescription drug plan• Any retirees and their dependents	Employers who sponsor group health plans that offer prescription drug coverage to Medicare-eligible individuals	<ul style="list-style-type: none">• Prior to the annual enrollment period for Medicare Part D that begins on Oct. 15th• Prior to an individual's initial enrollment period for Medicare Part D• Prior to the effective date of enrolling in the employer's prescription

Note: Individuals who do not maintain creditable coverage for 63 days or longer following their initial enrollment period for Medicare Part D may be required to pay a late enrollment penalty. Accordingly, this information is essential to the decision to enroll in a Medicare Part D prescription drug plan.

drug plan and upon any change that affects whether the coverage is creditable

- Upon request by the individual

[Online disclosure](#) to the Centers for Medicare & Medicaid Services is also required annually, no later than 60 days from the beginning of a plan year, within 30 days after termination of a prescription drug plan, or within 30 days after any change in creditable coverage status.