

State Health Plan
3200 Atlantic Avenue
Raleigh, NC 27604

<Date>

<Plan Member Name>

<Street Address>

<City, State ZIP>

Dear <Member Name>:

You are receiving this notice because you **are currently enrolled in the Traditional Pharmacy Plan with the State Health Plan (Plan), you are Medicare eligible or turning 65 in 2019.** Please read and keep this important notice for your records.

NOTE: This is a required notice from the Centers for Medicare and Medicaid Services (CMS) and requires no action.

Enclosed you will find your annual **Notice of Creditable Coverage** for the State Health Plan and Medicare Part D prescription coverage. This notice serves as proof that the coverage you receive from the Plan is equal to, or better than, a standard Medicare Part D plan that you may purchase.

Every member should evaluate his or her own coverage needs. However, the State Health Plan prescription drug benefit is equal to, or better than, a prescription benefit offered by a standard Medicare Prescription Drug Plan. Taking this into consideration, the State Health Plan suggests that members and their covered dependents do not need to purchase a Medicare prescription drug plan unless they are Medicaid eligible or eligible for low-income assistance.

Note: Members who may be eligible for low-income assistance may complete an online application at www.socialsecurity.gov.

Be sure to keep the attached notification from the State Health Plan, entitled **Notice of Creditable Coverage**, as proof that you have creditable prescription drug coverage from the Plan. If you have any questions about this notice, you may call 855-859-0966, or visit the Plan website at www.shpnc.org for more information. For the most up-to-date information on the Plan, sign up for the free monthly *Member Focus* e-newsletter by visiting the Plan website, www.shpnc.org.

Sincerely,

State Health Plan

Enclosure: Medicare Part D **Notice of Creditable Coverage**