

ENTITIES REQUIRED TO PROVIDE DISCLOSURE TO ALL MEDICARE ELIGIBLE INDIVIDUAL

- **GROUP HEALTH PLANS**

- In general, these are entities that offer prescription drug coverage on a group basis to active and retired employees and beneficiaries who are Medicare eligible individuals.

NOTE: This requirement applies to employers or unions that sponsor retiree coverage, regardless of whether those entities are eligible for, and elect to apply for, the retiree drug subsidy under section 1860D-22 of the Social Security Act, 42 U.S.C. § 423.884.

For group health plans that provide separate Medigap coverage to their retirees through Medigap policies, see Medicare Supplement (Medigap) Insurers below for specific guidance and notice requirements.

- **Employers and Unions** that sponsor group health plans for employees or retirees
- **Multiple employer welfare arrangements (MEWAs)** that sponsor group health plans for employees or retirees
- **Churches** that provide health coverage to employees or retirees
- **Federal, State and Local Governments** that sponsor group health plans for employees or retirees
- **Department of Veterans Affairs** that sponsor group health plans for employees or retirees

This requirement applies to all Department of Veterans Affairs (VA) sponsored group health plans that offer prescription drug coverage to Medicare eligible veterans, survivors and dependents under Chapter 17 of Title 38, U.S.C.

- **Military coverage, including TRICARE**, that sponsor group health plans for employees or retirees

This requirement applies to all Military coverage under Chapter 55 of Title 10, U.S.C., including TRICARE, that sponsor group health plans that offer prescription drug coverage to active and/or retired Medicare eligible individuals.

- **HEALTH INSURANCE ISSUERS**

- These are all health insurance issuers that offer individual health insurance covered as defined in 42 U.S.C. §300gg-91(b) that includes coverage for outpatient prescription drugs and that does not meet the definition of an excepted benefit as defined in §300gg-91(c)

- **STATE SPONSORED PLANS**

- These are all Medicaid programs, State Pharmacy Assistance Programs (SPAPs) and State High Risk Pools that offer prescription drug coverage to Medicare eligible individuals.

- **Medicaid programs**

- These are all coverage under title XIX of the Social Security Act or under a waiver under section 1115 of the Act. For Medicare beneficiaries who also covered by Medicaid, CMS will waive the state requirement for notification.
- **State Pharmacy Assistance Programs (SPAPs)**
- **State High-Risk Pools**

- **INDIAN HEALTH SERVICES, TRIBE OR TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS**

- **MEDICARE SUPPLEMENT (MEDIGAP) INSURERS**

- The statute requires Medigap issuers whose policies include prescription drug coverage to send a special notice, before November 15, 2005, to their policyholders. One part of this notice will inform policyholders whether their drug coverage is or is not creditable coverage. Therefore, a Medigap issuer that timely sends that Medigap-specific notice is considered to have satisfied the requirement to send the general beneficiary notice referenced above. Other requirements, such as informing CMS, will apply.

Medigap insurers will receive separate notice of their obligations in further guidance.

- **OTHER ENTITIES/PROGRAMS**

- These are all other entities and/or programs that offer prescription drug coverage to active and retired Medicare eligible individuals.