

## **Important Notice About Your Prescription Drug Coverage and Medicare Creditable Coverage**

### **Retirees of The Goodyear Tire & Rubber Company Health Care Plan**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage from the Retirees of the Goodyear Tire & Rubber Company Health Care Plan (the “Goodyear Retiree Healthcare Trust”) 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 prescription 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 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. The Goodyear Retiree Healthcare Trust has determined that the prescription drug coverage offered by the Healthcare Trust 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 Creditable Coverage, you can keep the Goodyear Retiree Healthcare Trust 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 thereafter from October 15<sup>th</sup> through December 7th.

However, if you lose current creditable prescription drug coverage, through no fault of your own, you will also 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 prescription drug plan, your current Goodyear Retiree Healthcare Trust prescription drug coverage will be terminated. When you enroll in a Medicare prescription drug plan, the government provides that information to the Goodyear Retiree Healthcare Trust. At that time, you will receive a notice informing you that your participation in the Goodyear Retiree Healthcare Trust prescription drug plan is being terminated effective 90 days from the date in the notice.

If you wish to drop your Goodyear Retiree Healthcare Trust prescription drug coverage you must notify the Goodyear Retiree Healthcare Trust Administration Office. If you do decide to join a Medicare drug plan and drop your current Goodyear Retiree Healthcare Trust 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 from the Healthcare Trust 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 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 the Goodyear Retiree Healthcare Trust Administration Office at the number listed below for further information. **Note:** You will 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 from the Healthcare Trust changes. You may also request a copy of this notice at any time.

## **For More Information About Your Option Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will 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](http://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 Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide 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 of Notice:** October, 2015  
**Name of Sender:** Goodyear Retiree Health Care Trust  
**Address:** 60 Boulevard of the Allies, Fifth Floor,  
Pittsburgh, PA 15222  
**Phone Number:** 1 (866) 694-6477