

REQUIRED ANNUAL NOTIFICATIONS

Important Notice from Washington Counties Insurance Fund About Your Prescription Drug Coverage and Medicare Part D

If you or a covered family member are, or will soon become Medicare Part D eligible, please read this notice carefully and keep it with your records. This notice has information about your current prescription drug coverage with Washington Counties Insurance Fund (WCIF) 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 through Medicare Prescription Drug Plans and Medicare Advantage Plans that offer 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. The carriers have determined that the prescription drug coverage offered by **Washington Counties Insurance Fund** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is **considered creditable coverage**. Because your existing coverage is Creditable 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 to December 7. However, if you lose your 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 sign up for a Medicare prescription drug plan.

What Happens to your Current Coverage If You Decide to Join a Medicare Drug Plan?

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to join a Medicare drug plan, your current coverage through the Trust will not be affected.

However, if you decide to join a Medicare drug plan and drop your current coverage through WCIF, please be aware that you and your dependents may not be able to get this coverage back until open enrollment. Contact the Administration office for more information if necessary.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

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For more information about Medicare prescription drug plans:

- Visit [MEDICARE.gov](https://www.MEDICARE.gov)
- Call your State Health Insurance Assistance Program (see your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800.MEDICARE (1.800.633.4227)

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).

Effective Date:	October 1, 2025 for Plan Year 2026	• TTY users should call 1.877.486.2048
Name of Entity/Sender:	Washington Counties Insurance Fund	
Contact—Position/Office	Vimly Administration Office	
Address:	PO Box 6, Mukilteo, WA 98275	
Phone Number:	1.855.623.6334	For people with limited income

and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security online at [SOCIALSECURITY.gov](https://www.SOCIALSECURITY.gov), or by phone at 1.800.772.1213 (TTY 1.800.325.0778).

Women’s Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women’s Health and Cancer Rights Act, a plan participant or beneficiary who elects breast re-

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Health Insurance Marketplace Coverage Options and Your Health Coverage

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2026 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2025, through January 15, 2026. From December 15, 2025 to January 15, 2026, coverage will be effective February 1, 2026. After January 15, 2026, you can get coverage through the Marketplace for 2026 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.96 percent of your household income, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.) **All WCIF health plans currently meet the "minimum value standard".**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

If you are not eligible for our Plan, you may want to look at the Health Insurance Marketplace as an option. In some cases you may qualify for a subsidy if you meet certain requirements. You will need to consult with an Insurance Navigator at the Health Insurance Marketplace to understand better your plan options as well as any subsidies which may apply to you.

How Can I Get More Information? Please visit [WAHEALTHPLANFINDER.org](https://www.wahealthplanfinder.org) or [HEALTHCARE.gov](https://www.healthcare.gov) for more information.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [HEALTHCARE.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW (1.877.543.7669)** or [INSUREKIDSNOW.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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Notice of Special Enrollment Rights

If you acquire a new dependent, or if you decline WCIF health coverage for yourself or an eligible dependent (including your spouse*) while other coverage is in effect and later lost that other coverage for certain qualifying reasons, you have the right to enroll in a plan under its *Special Enrollment Provision*.

This notice also advises you of some of the other consequences of declining coverage, including your responsibility for any claims you might incur.

Loss of Other Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse*) while other health insurance or health plan coverage is in effect, you may be able to enroll yourself and your dependents in a WCIF health plan if you or your dependents lost eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

New Dependent

If you have a new dependent as a result of marriage, you may be able to enroll yourself or your new dependent if you request enrollment within 31 days after the marriage**. Step children may also be added within 31 days of the marriage**. You must request enrollment within 60 days after: Birth, Adoption / placement for adoption, Foster child placement, Grant of legal guardianship.

State Medical Assistance and Children's Health Insurance Program (CHIP)

If you meet any of the following scenarios, you and your dependents may be able to enroll in WCIF health plans within 60 days if:

- You become eligible for state medical assistance and the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll you in this plan.
- You qualify for premium assistance under the state's medical assistance program of Children's Health Insurance Program (CHIP).
- You no longer qualify for health coverage under the state's medical assistance program or CHIP.

To request special enrollment or to obtain more information about WCIF health plans' *Special Enrollment Provisions*, contact your employer's Human Resources Department.

*or *Qualified Domestic Partner*