



September 2026

Please Keep This Notice

**Notice of Creditable Coverage for Persons with Medicare
Who Are Covered by
The New York State Health Insurance Program (NYSHIP)**

This important notice is being sent to all NYSHIP enrollees to fulfill the annual creditable coverage notice requirements of the Medicare Prescription Drug Plan. If you or a covered dependent is not yet eligible for Medicare, this notice does not pertain to you at this time but may provide you with helpful information about how the Medicare Prescription Drug Plan and NYSHIP work together.

If you are enrolled in COBRA continuation coverage and become eligible for Medicare, your NYSHIP coverage will end. If you have family coverage, your enrolled dependents will not lose eligibility for NYSHIP COBRA coverage because of your eligibility for Medicare.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. This notice has information about your current prescription drug coverage and Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through The Empire Plan or NYSHIP Health Maintenance Organizations (HMOs). This means that, on average for all Plan participants, your NYSHIP plan is expected to pay out as much or more than standard Medicare prescription drug coverage will pay.

Medicare Eligible Before COBRA Enrollment

Because the NYSHIP prescription drug coverage is creditable coverage, you can keep your prescription drug coverage with NYSHIP instead of joining a non-NYSHIP Medicare Prescription Drug Plan. If you later decide to enroll in a non-NYSHIP Medicare Prescription Drug Plan, you will not pay a late enrollment penalty as long as you enroll within 63 days of terminating your NYSHIP prescription drug coverage.

Medicare Eligible After COBRA Enrollment

If you lose your current coverage with NYSHIP COBRA 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.

The Empire Plan

If you or a dependent are Medicare-primary (Medicare pays first), enrolled in The Empire Plan and had Medicare prior to COBRA enrollment, you will automatically be enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug plan. This means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP.

NYSHIP Health Maintenance Organizations (HMOs)

All NYSHIP HMOs offer Medicare Advantage Plans. If you or a dependent are Medicare-primary (Medicare pays first), enrolled in a NYSHIP HMO and had Medicare prior to COBRA enrollment, you will automatically be enrolled in your NYSHIP HMO's Medicare Advantage Plan, which includes prescription drug coverage. This

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means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP. See the NYSHIP publication *Health Insurance Choices* for further details.

Medicare Part D Plan Rules

Both The Empire Plan and NYSHIP HMO Medicare Advantage Plans include Medicare Part D coverage. Since Medicare rules allow enrollment in only one Medicare Part D plan at a time, enrolling in a non-NYSHIP Medicare plan will result in the cancellation of your NYSHIP coverage. If you are the enrollee and have family coverage, NYSHIP coverage for your covered dependent(s) will also end.

Note about Extra Help: Some people with limited resources and income may be able to get Extra Help to pay the costs related to a Medicare Prescription Drug Plan. If you or a dependent is approved for Extra Help, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 to discuss your options. If you have questions about getting Extra Help to pay for the cost of Medicare prescription drug coverage and how to apply, call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or visit [ssa.gov](https://www.ssa.gov).

There are limited times during the year that you can join a non-NYSHIP Medicare Prescription Drug Plan through CMS. You may join when you are first eligible for Medicare or you may have to wait to enroll until Medicare's annual enrollment period, October 15 – December 7, if your NYSHIP prescription drug coverage ends mid-year.

How do I get more information?

- For more information about your NYSHIP prescription drug coverage, refer to your plan documents or contact the Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) or your HMO.
- If you have questions about your Medicare benefits, call Medicare at 1-800-Medicare (1-800-633-4227) (TTY 1-877-486-2048), visit [medicare.gov](https://www.medicare.gov) or refer to the CMS *Medicare & You* handbook that is mailed to you each year.

Required Notice

Employers are required by the Centers for Medicare & Medicaid Services to provide a Notice of Creditable Coverage to enrollees who are eligible to join a Medicare Prescription Drug Plan.

The notices must be sent:

- Prior to an individual's initial enrollment
- Annually, by October 15 (the beginning of Medicare's open enrollment period)
- Upon notification that a NYSHIP enrollee is Medicare eligible or prior to a NYSHIP enrollee's 65th birthday
- If the prescription drug coverage under NYSHIP is no longer creditable
- Upon request

Note: This notice is also available online at nyship.ny.gov. You may request an additional copy by calling the Employee Benefits Division.