

September 27, 2023

**TO: Genetically Handicapped Persons Program (GHPP) Members**

**Important Notice from GHPP  
About Your Prescription Drug Coverage and Medicare**

**YOU MAY DISREGARD THIS LETTER IF YOU DO NOT  
QUALIFY FOR MEDICARE DURING THE 2023 CALENDAR YEAR**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with GHPP 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. 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. GHPP has determined that its prescription drug coverage 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 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 15th through December 7th. However, if you lose your 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.

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### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your GHPP coverage will be affected.

If you do decide to enroll in a Medicare prescription drug plan, be aware that this will be your principal source of drug coverage. GHPP will not provide wrap-around drug coverage. This means that GHPP will not be supplementing the drug coverage of the Part D drug plan that you chose. However, GHPP will provide coverage for drugs specifically excluded in the Medicare drug plans.

At this time, enrollment into a Medicare drug plan is not required by GHPP. You will retain your current GHPP drug coverage if you choose not to enroll in a Medicare Part D drug plan. However, if you do choose to enroll into a Medicare drug plan, you will lose your GHPP drug coverage except for those drugs that are specifically excluded in the Part D drug plans.

If you currently are designated a Medicare-Medi-Cal (Medi-Medi) recipient, enrollment into a Medicare drug plan is mandatory and you will receive a notice from Medicare that you have been auto-enrolled into one of the participating prescription drug plans. If you have been auto-enrolled, GHPP will only pay for drugs that are specifically excluded from Part D drug plans.

Your current GHPP coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current other health benefits if you choose to enroll in a Medicare prescription drug plan.

### **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 current coverage with GHPP 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 percent 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 percent 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.

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**For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact GHPP at [ghppeligibility@dhcs.ca.gov](mailto:ghppeligibility@dhcs.ca.gov) or (916) 552-9105.

**NOTE:** You'll 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 through GHPP changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll 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).**

Sincerely,

**ORIGINAL SIGNED BY**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

## Department of Health Care Services Non-Discrimination Policy and Language Access

DHCS complies with applicable Federal and State civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
  - Qualified sign language interpreters
  - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Integrated Systems of Care Division, at **1-916-552-9105** or **1-833-388-4551**, or the Office of Civil Rights, at **1-916-440-7370**, 711 (California State Relay) or email [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Office of Civil Rights.

PO Box 997413, MS 0009  
Sacramento, CA 95899-7413  
(916) 440-7370, 711 (California State Relay)  
Email: [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

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If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, TTY 1-800-537-7697

You can get a complaint form at:

<http://www.hhs.gov/ocr/office/file/index.html>

### **English**

The information in this notice may impact your medical benefits and/or program eligibility, and your response may be required. If you do not understand the information, please call [916-552-9105] for language assistance at no cost to you.

### **العربية (Arabic)**

قد تؤثر المعلومات الواردة في هذا الإشعار على استحقاقاتك الطبية و / أو أهليتك للبرنامج، وردك قد يكون ضروريا. إذا كنت لا تفهم المعلومات، يرجى الاتصال برقم [916-552-9105] للحصول على المساعدة اللغوية بدون أي تكلفة عليك.

### **Հայերեն (Armenian)**

Այս ծանուցման մեջ պարունակվող տեղեկությունները կարող են ազդել Ձեր բժշկական նպաստների և/կամ ծրագրի իրավասության վրա, և կարող է Ձեր պատասխանը պահանջվել: Եթե Դուք չեք հասկանում այս տեղեկությունները, խնդրում ենք զանգահարել [916-552-9105] և Ձեզ համար անվճար օգնություն ստանալ լեզվի հարցում:

### **ខ្មែរ (Cambodian)**

ព័ត៌មាននៅក្នុងសេចក្តីជូនដំណឹងនេះ អាចប៉ះពាល់ដល់អត្ថប្រយោជន៍សុខភាព និង/ឬសិទ្ធិចូលរួមក្នុងកម្មវិធីរបស់អ្នក ហើយចម្លើយរបស់អ្នកអាចត្រូវការដាច់បាច់។ ប្រសិនបើអ្នកមិនយល់ព័ត៌មាន សូមទូរស័ព្ទទៅលេខ [916-552-9105] សម្រាប់ជំនួយជាមួយភាសា ដោយមិនគិតថ្លៃពីអ្នកឡើយ។

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### 中国 (Chinese)

本通知內的有關資訊可能會影響到您的醫療福利和/或享受計劃的合格性，並且我們可能會要求您的回復。如果您不明白有關資訊，請撥打[916-552-9105]，免費獲得外語翻譯協助。

### فارسی (Farsi)

اطلاعات مندرج در این اطلاعیه ممکن است بر مزایای پزشکی و/یا صلاحیت برخورداری شما از برنامه اثر داشته باشد، و ممکن است نیاز به پاسخ شما باشد. اگر اطلاعات مندرج را درک نمی کنید، لطفاً برای دریافت کمک زبانی رایگان با شماره [916-552-9105] تماس بگیرید.

### हिंदी (Hindi)

इस नोटिस की जानकारी आपके चिकित्सा लाभों और/या कार्यक्रम की योग्यता को प्रभावित कर सकती है, और आपको इसका जवाब देने की आवश्यकता हो सकती है। यदि आप जानकारी नहीं समझ पाते हैं, तो आपको बिना किसी कीमत वाली भाषा सहायता के लिए, कृपया [916-552-9105] पर कॉल करें।

### Hmoob (Hmong)

Cov lus qhia hauv tsab ntawv no tej zaum yuav muaj feem cuam tshuam rau koj cov kev pab kho mob thiab/los sis koj txoj kev tsim nyog rau txoj kev pab cuam, thiab tej zaum koj yuav tsum tau teb tuaj. Yog tias koj tsis nkag siab cov lus qhia no, thov hu rau [916-552-9105] kom muab kev pab txhais lus rau koj uas koj yuav tsis tau them dab tsi li.

### 日本語 (Japanese)

本通知内の情報は、あなたの医療またはプログラムの給付資格に影響を及ぼす場合があります。そのため、返信しなければならない可能性があります。ご不明な点がある場合は、[916-552-9105]で無料言語サポートをご利用になれます。

### 한국의 (Korean)

이 고지의 정보는 귀하의 의료 급여나 프로그램 자격 여부에 영향을 미칠 수 있으며, 귀하의 응답이 요구될 수 있습니다. 이러한 정보를 이해하지 못하실 경우 [916-552-9105] (으)로 연락하셔서 무료로 제공되는 언어 지원을 요청하십시오.

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### ລາວ (Laotian)

ຂໍ້ມູນໃນໃບແຈ້ງການນີ້ອາດຈະສົ່ງຜົນກະທົບຕໍ່ສະໜັບສະໜູນດ້ານການແລະ/ຫຼືສິດທິໃນໂຄງການຂອງທ່ານ, ແລະທ່ານອາດຈະຕ້ອງໄດ້ຕອບສະໜອງໃບແຈ້ງການນີ້. ຖ້າທ່ານບໍ່ເຂົ້າໃຈຂໍ້ມູນນີ້, ກະລຸນາ **(916)-552-9105** ສໍາລັບຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໂດຍທີ່ທ່ານບໍ່ຕ້ອງເສຍຄ່າ.

### ਪੰਜਾਬੀ (Punjabi)

ਇਸ ਨੋਟਿਸ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਸਰ ਤੁਹਾਡੇ ਮੈਡੀਕਲ ਫਾਇਦੀਆਂ ਅਤੇ/ਜਾਂ ਪ੍ਰੋਗਰਾਮ ਯੋਗਤਾ ਤੇ ਪੈ ਸਕਦਾ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਜਵਾਬ ਦੇਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝ ਨਾ ਆਏ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਲਈ **[916-552-9105]** 'ਤੇ ਕਾਲ ਕਰੋ।

### Русский (Russian)

Информация в данном уведомлении может повлиять на Ваши медицинские льготы и (или) право на участие в программе, также может потребоваться Ваш ответ. Если Вы не понимаете эту информацию, позвоните по телефону **[916-552-9105]**, и Вам бесплатно окажут помощь на Вашем языке.

### Español (Spanish)

La información de este aviso podría afectar sus beneficios médicos y/o la elegibilidad para el programa y su respuesta podría ser obligatoria. Si no entiende la información, llame al **[916-552-9105]** para que le ayuden en su idioma de manera gratuita.

### Tagalog (Tagalog - Filipino)

Maaaring may epekto ang impormasyon sa patalastas na ito sa inyong mga medical benefit {pakinabang pampaggagamot} at/o pagkanarapat sa program, at maaaring kakailanganin ang inyong pagtugon. Kung hindi nyo maintindihan ang impormasyon, paki-tawagan ang **[916-552-9105]** para sa pagtulong sa wika nang walang gastos sa inyo.

### ภาษาไทย (Thai)

ข้อมูลในหมายแจ้งฉบับนี้อาจจะมีผลกระทบต่อผลประโยชน์จากการประกันสุขภาพของคุณ และ/หรือต่อคุณสมบัติในการได้รับการคัดเลือกเข้าร่วมโปรแกรม ดังนั้นคุณจำเป็นต้องส่งคำตอบและชี้แจงกลับมา หากคุณไม่เข้าใจข้อมูลตอนใด กรุณาโทรติดต่อหมายเลข **[916-552-9105]** คุณจะได้รับความช่วยเหลือจากล่ามโดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด

### Tiếng Việt (Vietnamese)

Thông tin trong thông báo này có thể ảnh hưởng đến phúc lợi trợ cấp y tế và/hoặc tình trạng hội đủ điều kiện tham gia chương trình của quý vị, và quý vị có thể cần phải hỏi âm. Nếu quý vị không hiểu thông tin này, vui lòng gọi [\[916-552-9105\]](tel:916-552-9105) để được trợ giúp ngôn ngữ miễn phí.