



Medicare Prescription Drug Program Enrollment/Disenrollment

The State Health Plan's Medicare prescription drug program is administered by the Plan's pharmacy benefits manager. PEBA must submit all enrollment and disenrollment requests to Medicare for approval. This process may take 10 to 14 business days to complete. If you are currently enrolled in one of the State Health Plan's prescription drug programs, you can continue to use that benefit until your request has been processed. You will receive a letter and new identification cards from the PBM once your enrollment is approved. Medicare does not allow retroactive disenrollments; terminations are effective on the first of the month following approval. Complete and return this form to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

Name on PEBA health insurance card: _____

Benefits Identification Number (BIN): _____

Name of person for whom this request applies: _____

Phone number: _____ Gender: _____ Date of birth: _____

Name as it appears on Medicare card: _____

Medicare number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Select only one of the options below.

- Enroll in the State Health Plan's Medicare prescription drug program.**

This option is available throughout the year if changing from the State Health Plan's prescription drug program. If enrolling due to losing other Part D coverage, a loss of coverage letter or disenrollment letter is required. By selecting this option, you are choosing to enroll in the State Health Plan's Medicare prescription drug program. This coverage is considered creditable coverage. Medicare rules state that recipients with creditable coverage who later sign up for Medicare Part D will not be penalized with higher Part D premiums. PEBA automatically enrolls most Medicare-eligible retirees and dependents in this coverage.

Initial here to select this option: _____

- Disenroll from the Medicare prescription drug program and enroll in the State Health Plan's prescription drug program.**

This option is available during the Medicare Part D open enrollment period only, which is October 15 to December 7 each year. Requests made outside of this period may not be processed. By selecting this option, you are choosing to disenroll from the Plan's Medicare prescription drug program and enroll in the State Health Plan prescription drug program. This coverage does not include the additional benefits of the Medicare prescription drug program but is still considered creditable coverage. Medicare rules state that recipients with creditable coverage who later sign up for Medicare Part D will not be penalized with higher Part D premiums.

Initial here to select this option: _____

- Disenroll from all State Health Plan Medicare Part D prescription drug coverage.**

By selecting this option, you are refusing all prescription drug coverage offered by PEBA. You will not have any creditable coverage for prescriptions through the State Health Plan. Medicare rules state that recipients without creditable coverage who later sign up for Medicare Part D may be penalized with higher Part D premiums.

Initial here to select this option: _____

Signature: _____ Date: _____