G.M.P. – Employers
RETIREE TRUST

5245 Big Pine Way, S.E., Fort Myers, Florida 33907-5998
Phone (239) 936-6242 • Fax (239) 936-3438 • www.gmptrust.com

October 2026 **CODE CC2027**

IMPORTANT INFORMATION

NOTICE OF CREDITABLE COVERAGE

Please read this entire letter carefully and save it for future reference.

Dear Trust Particpant,

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with G.M.P. - Employers Retiree Trust (the 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, compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of Medicare prescription drug plans available in your area. Information about where you can get help making decisions about prescription drug coverage appears at the end of this notice.

IMPORTANT: The Trust is not a supplement to Medicare Part D. If you enroll in Medicare Part D coverage, your Trust pharmacy coverage will be cancelled, although you may retain your other medical benefits coverage with the Trust.

There are two important things you need to know about your current Trust coverage and Medicare prescription drug coverage:

1. Medicare prescription drug coverage is available to everyone with Medicare. You can obtain this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan, such as an HMO or PPO, that includes prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer additional coverage for a higher monthly premium.

2. The Trust has determined that the prescription drug coverage it offers through Express Scripts 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 generally will not pay a higher premium, or penalty, if you later decide to join a Medicare prescription 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. If you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

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

- Participants whose former employer contributes to the Trust at the highest rate have a separate prescription drug benefit through the Trust. More detailed prescription drug benefit information, including the applicable deductible, coverage percentages, and mail-order requirements, is provided in the Plan of Benefits and Plan Summary of Coverage, as updated by the applicable annual Tribune Newsletter.

• *Union Trustees* •
Claude Beaudin
Bennett Sallemi
Thomas Gallagher

• *Executive Director* •
Jodi L. Hopper

• *Employer Trustees* •
Gary H. Morgan
Jaime Navarro
Wendy Larrison Wolfe

- Participants whose former employer contributes to the Trust below the highest rate may receive prescription drug discounts by showing their Trust I.D. card at the pharmacy. More detailed information about reimbursement requirements and applicable deductibles is provided in the Plan of Benefits and Plan Summary of Coverage, as updated by the applicable annual Gazette Newsletter.
- If you decide to join a Medicare drug plan and drop your current coverage through the Trust, you and your spouse may be able to obtain Trust coverage again if the other coverage ends.
- If you drop or lose your current Trust coverage and do not join a Medicare prescription drug plan within 63 continuous days after your Trust coverage ends, you may pay a higher premium, or penalty, if you join a Medicare prescription drug plan later.
- If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may increase by at least 1 percent of the Medicare base beneficiary premium for each month you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. You may also have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage:
Contact the Trust office at (239) 936-6242. You will receive this notice from the Trust each year. You will also receive it before the next period in which you can join a Medicare prescription drug plan and if your coverage through the Trust changes. You may request a copy of this notice at any time. It is also posted online at *www.gmptrust.com* under the Notices section.

For more information about your options under Medicare prescription drug coverage:
More detailed information about Medicare plans that offer prescription drug coverage is available in the Medicare & You handbook. Medicare mails a copy of the handbook each year. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug plans:
- Visit *www.medicare.gov* for more information.
- Call your State Health Insurance Assistance Program using the telephone number listed in the Medicare & You handbook for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048.

If you have limited income and resources, Extra Help paying for Medicare prescription drug coverage may be available. For more information, visit Social Security at *www.ssa.gov* or call 1-800-772-1213. TTY users may call 1-800-325-0778.

IMPORTANT! Keep this Creditable Coverage notice. If you decide to join a Medicare prescription drug plan, you may be required to provide a copy of this notice when you enroll to show whether you maintained creditable coverage and whether you are required to pay a higher premium, or penalty.

Name of Entity/Sender:	G.M.P. - Employers Retiree Trust
Contact:	Jodi L. Hopper, Executive Director
Address:	5245 Big Pine Way S.E., Fort Myers, FL 33907
Phone Number:	(239) 936-6242
Date of Notice:	October 2026