

Notice of Prescription Drug Coverage and Medicare Part D

If you or your spouse, children, and dependents aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

This notice has information about your prescription drug coverage provided through the medical coverage offered under the Littelfuse, Inc. Flexible Benefit Plan to people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

- Medicare prescription drug coverage is available to everyone with Medicare.
- Littelfuse has determined for 2023 that the prescription drug coverage offered as part of the Littelfuse medical coverage is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Read this notice carefully. It explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because the Littelfuse medical coverage provides benefits that on average are comparable to the standard Medicare prescription drug coverage, you can keep your Littelfuse medical coverage and not owe extra Medicare Part D premiums (a penalty) if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals with Littelfuse medical coverage may be eligible for a Medicare Special Enrollment Period to sign up for a Medicare prescription drug plan. However, because your Littelfuse medical coverage is Creditable Coverage for Medicare purposes, you can choose to wait and enroll in a Medicare prescription drug plan later.

The medical coverage offered by Littelfuse pays for other health expenses, in addition to prescription drugs. You will still be eligible to receive benefits in the Littelfuse medical coverage if you enroll in a Medicare prescription drug plan, provided you enroll and pay for Littelfuse medical coverage. If you decided to enroll in a Medicare prescription drug plan and you are an active associate or the eligible spouse, civil union partner, child or dependent of an active associate, you may also continue your Littelfuse medical coverage. In this case, the Littelfuse medical coverage will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan.

If you waive or drop Littelfuse medical coverage, Medicare will be your only payer. You can re-enroll in the Littelfuse medical coverage at annual Open Enrollment or if you have a special enrollment event. **Note:** If you drop or lose your medical coverage with Littelfuse and don't enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may owe more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is comparable to Medicare's prescription drug coverage, your monthly premium may go up at least 1% per month for every month that you did not have that

coverage. For example, if you go nineteen months without coverage, your premium may be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next October to enroll.

[For more information about this notice or your prescription drug coverage...](#)

For further information, contact the Littelfuse, Inc. Benefits Department at 773-628-1000 or UBenefits@Littelfuse.com, or at the address below. **Note:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if Littelfuse medical coverage changes. You also may request a copy, at no charge, by contacting:

Littelfuse, Inc. Benefits Department
8755 W. Higgins Road, Suite 500
Chicago, IL 60631
Tel: 773-628-1000
UBenefits@Littelfuse.com

[For more information about your options under Medicare prescription drug coverage...](#)

More detailed information about Medicare plans that offer prescription drug coverage is available at [medicare.gov](https://www.medicare.gov) and by downloading the Medicare & You handbook. You can also call your State Health Insurance Assistance Program (see the inside back cover of the Medicare & You handbook for the telephone number) for personalized help. And you can also obtain information by calling 800.MEDICARE (800-633-4227). TTY users should call 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 at www.socialsecurity.gov or call 800-772-1213 (TTY 800-325-0778).

Important Notice from Littelfuse, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Littelfuse 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. Littelfuse has determined that the prescription drug coverage offered by Littelfuse 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 to 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.

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 current Littelfuse coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Littelfuse coverage, be aware that you and your dependents will be able to get this coverage back.

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 Littelfuse 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% 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% 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.

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

Contact the person listed below for further information. **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 Littelfuse changes. You also may request a copy of this notice at any time.

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
- 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, 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).

Date:	October 3, 2023
Name of Entity/Sender:	Littelfuse, Inc.
Contact--Position/Office:	Benefits Manager / Benefit Department, Human Resources
Address:	8755 W. Higgins Road Suite 500 Chicago, IL 60631

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.