

2022 – District Council 3 IUPAT Medicare Eligible Medical and Prescription Drug Coverage



FREQUENTLY ASKED QUESTIONS

PLAN DESIGN:

Humana Group Medicare Advantage with Prescription Drug

MEDICAL	YOU PAY
Deductible	\$0
Inpatient Services	\$0
Emergency Care	\$0
Ambulance Services	\$0
Urgent Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Home Health Care	\$0
Preventative Services	\$0
Office Visit	\$0
Specialist Visit	\$0
Therapy (Occupational/Physical/Speech)	\$0
Diagnostic Procedure/Tests	\$0
Lab Services	\$0
Part B Medications	\$0
Hearing	Routine Hearing Exam - \$0, every 12 months; Hearing Aid Allowance - \$500 every 12 months
Vision	\$0, routine exam and refraction every 12 months \$250 Annual Lens and Frame Allowance
Podiatry	\$0, 6 visits per year
Fitness Benefit	Silver Sneakers Included



Prescription	30-day Retail You Pay up to	90-day Retail You Pay up to	90-day Mail Order You Pay up to
Annual Deductible \$0			
Annual Maximum Out of Pocket \$5,100			
Tier 1 (Generic)	\$10	\$25	\$25
Tier 2 (Preferred Brand)	25% (\$25 minimum out of pocket per prescription)	25% (\$60 minimum out of pocket per prescription)	25% (\$60 minimum out of pocket per prescription)
Tier 3 (Non-Preferred Brand)	25% (\$40 minimum out of pocket per prescription)	25% (\$100 minimum out of pocket per prescription)	25% (\$100 minimum out of pocket per prescription)
Tier 4 (Specialty)	33% (\$40 minimum out of pocket per prescription)	N/A	N/A

PLAN QUESTIONS:

- 1. Are there any plan changes?**
No. This plan is identical to your previous Humana plan prior to moving to Cigna.
- 2. Do I need to do anything to enroll?**
No. All Medicare eligible retirees and/or Medicare eligible dependents will automatically be enrolled into this plan.
- 3. Can I stay on the current plan?**
No. All Medicare eligible retirees and/ or Medicare eligible dependents must change over to this plan. Your current plan will no longer be available, eff. May 1, 2022.
- 4. Can I leave the plan and come back?**
No. You cannot leave the plan and come back at a later time.

5. **When will I receive my ID card/ Welcome Kit?**

New ID cards and welcome kits should be received in late April. You will see a Humana logo on these cards. Your Humana ID number will be the same as it was in the previous years. Members and Medicare eligible dependents will each receive their own card with their own unique ID number. Please note that each enrollee may receive their plan information and cards on different days. This is normal.

6. **What do I do if I lose my card?**

Please call your dedicated Labor First Retiree Advocacy Team at **816-307-0060** or Toll-Free at **844-818-1001 (TTY 711)** We will obtain a new card on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

7. **How much do I have to pay for the plan?**

Your current monthly premium will remain the same. Wilson McShane can be reached at **816.756.3313** to answer any premium questions.

8. **Who do I call if I need assistance with the plan?**

Please call dedicated Labor First Retiree Advocacy Team at **816-307-0060** or Toll-Free at **844-818-1001 (TTY 711)** for questions or concerns between the hours of 8:00am to 5:00pm CST.

MEDICAL QUESTIONS:

9. **Is there a Part A and/or Part B Deductible?**

No. There is no deductible on this plan.

10. **Is there Co-insurance or Copays?**

No. There is no co-insurance or copays with this plan.

11. **Does this plan require referrals?**

No. This plan does not require referrals.

12. **Does this plan have a network?**

Yes, but you can go to **any** willing provider, hospital, or facility that accepts Medicare. This plan has In and Out of Network Benefits where you pay the same.

13. **Can I go to my current providers?**

Yes. You can see any provider that accepts Medicare and is willing to bill Humana®.

14. What if my Provider says they do not accept this plan?

Please call your dedicated Labor First Retiree Advocacy Team at **816-307-0060** or Toll-Free at **844-818-1001 (TTY 711)** to assist. We can reach out to your provider to educate them on your plan.

PRESCRIPTION QUESTIONS:

15. Is there a Prescription Deductible?

No. There is no Prescription deductible on this plan.

16. Is there an Annual Maximum Out-of-Pocket cost?

Yes. Your maximum annual out-of-pocket cost is \$5,100.

17. Is there a Donut Hole Coverage?

Yes. The plan has full Donut Hole Coverage.

18. Is there Catastrophic Coverage?

You will pay the greater of 5% or \$3.95 for generics or \$9.85 for brand medications in the Catastrophic phase. There is a \$40 maximum out of pocket per prescription for 30-day Retail or Mail Order and a \$100 maximum out of pocket per prescription for 90-day Retail or Mail Order. You will pay \$0 after your annual Maximum Out of Pocket of \$5,100 has been met.

19. Are my drugs covered?

Most likely yes, the formulary is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Welcome Kit and cards. Please call your dedicated Labor First Retiree Advocacy Team at **816-307-0060** or Toll-Free at **844-818-1001 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

20. Can I go to the same Retail Pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Humana® Pharmacy Network has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy fills.

21. Will my prescriptions transfer from the old plan?

If you use a Retail Pharmacy, and have fills remaining, you do NOT need to obtain new scripts. If you currently use a Mail Order pharmacy, you WILL need to obtain new prescriptions from your provider.

22. Does Humana offer a Mail Order Pharmacy?

Yes, Humana offers mail order through Humana Mail Order. You can also use the Retail Pharmacy for the same 90 Day fill for only 2 copays. You WILL need new prescriptions if you prefer to use the Mail Order Service.

23. Can I still go to the VA for my drugs?

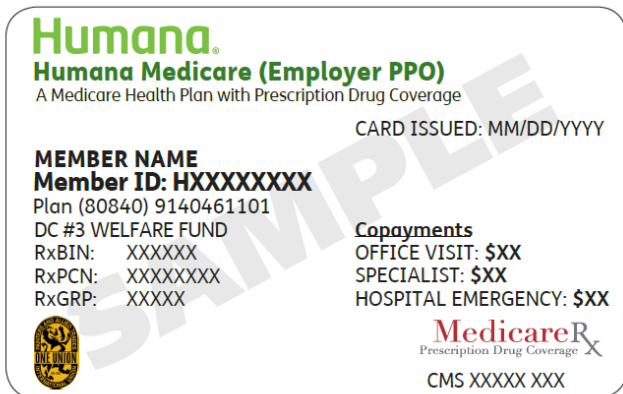
Yes. If you obtain some drugs from the VA, you may continue to do so.

24. Do I need Prior Authorizations for certain prescription medicines?

Some drugs may require a Prior Authorization. Please contact your dedicated Labor First Retiree Advocacy Team at 816-307-0060 or Toll-Free at 844-818-1001 (TTY 711) if you have questions or need assistance with Prior Authorizations as well as any other requirements such as Step Therapy, Quantity Limit, or Formulary Exceptions.

Card Sample:

Front:




Humana
Humana Medicare (Employer PPO)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
DC #3 WELFARE FUND
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

MedicareRx
Prescription Drug Coverage
CMS XXXX XXX



Back:





Member/Provider Service: 1-800-733-9064
If you use a TTY, call 711

Pharmacist/Physician Rx Inquiries: 1-800-865-8715
Claims, PO Box 14601, Lexington, KY 40512-4601
Medicare limiting charges apply
Please visit us at **Humana.com**

Additional Benefits: DENXXX VISXXX HERXXX