

## 2025 – City of Fall River Medicare Advantage with Prescription Drug Plan (MAPD)



## Frequently Asked Questions


### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Unlimited Days
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0, No Maximum Benefit Period
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0

Preventative Screenings	\$0
Chiropractic	\$0, Medicare Covered Benefits Only
Acupuncture	\$0, Medicare Covered Benefits Only
Podiatry	\$0, Medicare Covered Benefits Only
Foreign Travel (World-wide) Coverage	\$0, Waived if Admitted
Hearing	\$0 Routine Annual Hearing Exam \$800 Hearing Aid Allowance (both ears) every 36 months through Nations Hearing
Vision	\$0 Routine Annual Eye Exam \$75 Eyewear Allowance every 24 months
Dental	\$0, Medicare Covered Benefits Only
Fitness Benefit	\$300 Annual Reimbursement with submission of Aetna reimbursement form, itemized receipt and proof of payment method for gym membership, home gym equipment, and/or weight loss programs

Prescription Carrier			
		<b>Note: CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2025.</b>	
Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Tier 1 Generic	\$5	\$15	\$12
Tier 2 Preferred Brand	\$20	\$60	\$40
Tier 3 Non-Preferred Brand	\$35	\$105	\$70
Tier 4 Specialty	\$35	N/A	N/A
Insulin Medications	\$35		

## Plan Questions

### 1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application and authorized representative form need to be completed and returned to RetireeFirst in the included pre-paid envelope.

### 2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

### 3. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card.

Please note that each enrollee may not receive their plan information on the same day; this is normal.

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

Please call RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

**5. If I leave the plan, will it affect any of my other benefits?**

Yes, it may. If you Opt Out of this Plan, the City of Fall River will determine if you are able to return.

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

Each retiree's 2024 monthly premium is \$81.00 and is paid through the City of Fall River. The City of Fall River can be reached at (508) 324-2661 to answer any billing questions.

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

Please call RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (TTY 711)** to reach your dedicated City of Fall River Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

**8. Is there a medical deductible?**

No, there is no medical deductible.

**9. Is there co-insurance or copays?**

No, there is no co-insurance or copayments for Medicare Covered Services.

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

No, this plan does not require referrals.

**11. Does this plan require pre-certifications?**

Some services may require pre-certifications.

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

Yes, but you can go to any willing Medicare provider, hospital, or facility. This plan's in and out of network benefits are the same.

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

Yes, you can see any provider that accepts Medicare and is willing to bill AETNA.

**14. Do I still use my Medicare card?**

No, put your Medicare card in a safe place in case you need it later. You will only use your AETNA ID Card for medical and prescriptions.

**15. What if my provider says they do not accept this plan?**

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**16. Is there a prescription deductible?**

No, there is no prescription deductible.

**17. Is there co-insurance or copays?**

Yes, please refer to the table above.

**18. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (TTY 711)** if you need help looking up your prescriptions.

**19. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. AETNA has over 75,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

## **20. Is there a mail order pharmacy?**

There is a mail order pharmacy called CVS Caremark Mail Order which can be reached at (833) 620-8808 EST. You can also call RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (TTY 711)** with questions about mail order prescriptions.

## **21. Will my prescriptions transfer from the old plan?**

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

## **22. Can I still go to the Veterans Affairs (VA) for my prescriptions?**

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

## **23. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(508) 300-9697 (TTY 711) or toll free (855) 835-5847 (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.

## **24. What is the donut hole and is there donut hole coverage?**

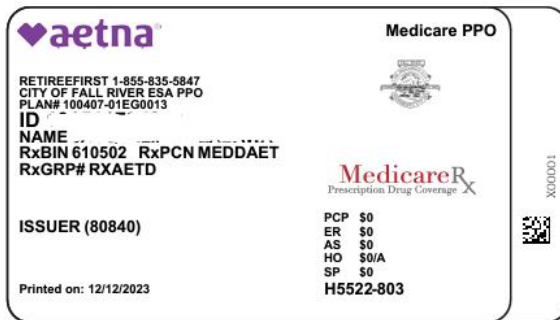
The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs.

## **25. What is the annual maximum out-of-pocket (MOOP) and how does it work?**

Once your out-of-pocket costs for prescription drugs reach \$2,000, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year.

## Aetna Group Medicare Advantage PPO and Prescription Drug (MAPD) Plan Card Sample:

Front:



Back:



Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.