



## Frequently Asked Questions (FAQ)

### Plan Design

Carrier	
<b>Humana</b> <sup>®</sup>	
MEDICAL	YOU PAY
Deductible	\$0
Primary Care Visit	\$0
Specialist Visit	\$0
Diagnostic Procedure/Tests/Lab Services	\$0
Mental Health and Substance Abuse Treatment	\$0
Preventative Services	\$0
Therapy (Occupational/Physical/Speech)	\$0
Allergy Shots	\$0
Inpatient Services	\$0
Outpatient Services	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Urgent Care	\$0
Emergency Care	\$0
Ambulance Services	\$0 (Medicare-approved)
Durable Medical Equipment	\$0

ANCILLARY BENEFITS	YOU PAY
Foreign Travel Coverage	\$0 Emergency and Urgently Needed Care (Medicare-approved)
Chiropractic (Routine Services)	\$0 (20 Visits per year)
Acupuncture (Routine Services)	\$0 (20 Visits per year)
Over-the-counter drugs and supplies	\$25 Per quarter (No roll-over)
Fitness Benefit	SilverSneakers®

Carrier			
			
Prescription	30-Day Retail and Mail Order 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: \$2,000			
Tier 1 Generic	20% (\$5 Min/\$15 Max)	20% (\$15 Min/\$45 Max)	20% (\$10 Min/\$30 Max)
Tier 2 Preferred Brand	20% (\$15 Min/\$47 Max)	20% (\$45 Min/\$141 Max)	20% (\$30 Min/\$94 Max)
Tier 3 Non-Preferred Brand	20% (\$30 Min/\$100 Max)	20% (\$90 Min/\$300 Max)	20% (\$60 Min/\$200 Max)
Tier 4 Specialty	20% (\$100 Max)	N/A*	N/A*

\*Specialty medications are limited to a 30-day supply

## Medical Questions

### 1. Are there any plan changes?

Administrative District Council 1 Welfare Fund did their best to match the plan design to your current plan design and mitigate any disruption. The highlights of the new plan include the following:

- \$0 Deductible
- \$0 Copays for Medicare-approved medical services
- \$0 Chiropractic services (20 visits per year)
- \$0 Acupuncture services (20 visits per year)
- Allowance for over-the-counter drugs and supplies (\$25 per quarter)
- SilverSneakers® fitness benefit
  - Access to over 15,000 gyms and fitness locations across the nation
  - You can visit [www.silversneakers.com](http://www.silversneakers.com) to find locations and classes.
  - Includes fitness classes, weight equipment, exercise machines, pools, and more
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

### 2. Is there a Part A and/or Part B deductible?

No. There is no Part A or Part B deductible.

### 3. Is there co-insurance or copays?

No. All Medicare-approved medical services are covered at 100%.

### 4. Does this plan require referrals?

No. This plan does not require referrals.

### 5. Does this plan require Pre-certifications?

Some services may require Pre-certification.

### 6. 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.

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

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill Humana.

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

No. Put your Medicare card in a safe place in case you need it at a later date. You will use only your Humana ID Card for medical services and prescription drugs.

**9. 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. Please call RetireeFirst at **(630) 206-9216 (TTY 711) or Toll Free (855) 430-7093 (TTY 711)** to assist. We can reach out to your provider to explain.

## Prescription Questions

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

No. There is no prescription deductible.

**11. Is there Donut Hole Coverage?**

Yes. The plan has Full Donut Hole Coverage. Your copays for covered drugs will not exceed those listed on your plan design chart.

**12. Is there Catastrophic Coverage?**

Yes. The plan has Catastrophic Coverage. If you reach the Catastrophic Phase, you will pay \$0 for covered drugs for the remainder of the year.

**13. Are my drugs covered?**

Most likely yes. The drug list is a comprehensive formulary just as before. You will receive an abridged formulary with your Welcome Kit and cards. Please call RetireeFirst at **(630) 206-9216 (TTY 711) or Toll Free (855) 430-7093 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

**14. Is my copay/coinsurance structure staying the same?**

Your copay/coinsurance structure is remaining the same. Please keep in mind the tiers may change from year to year as well as the cost of drug copay/coinsurance can vary based on inflation, contracts, supply, etc., so you may see a slight change in copay/coinsurance.

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

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

**16. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?**

There is Mail Order and a discount at Mail Order, but you can also use most retail pharmacies for the same 90-day fill for 3 retail 30-day copay prices. You DO need new prescriptions if you prefer to use the CenterWell Mail Order Pharmacy.

**17. 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.

**18. Can I still go to the Veterans Affairs (VA) for my drugs?**

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

**19. Do I need Prior Authorizations for certain prescription medications?**

Some drugs may require a Prior Authorization. Please contact RetireeFirst at [\(630\) 206-9216 \(TTY 711\)](tel:6302069216) or Toll Free [\(855\) 430-7093 \(TTY 711\)](tel:8554307093) 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.

## Plan Questions

**20. Will I be automatically enrolled in the new Medicare Advantage plan?**

**Do I need to do anything to enroll?**

All Medicare eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

**21. Can I stay on 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 in 2024.

**22. Can I opt-out of the Medicare Advantage plan?**

While you are going to be automatically enrolled, you can choose to opt-out of the plan. However, if you do opt-out you will have no medical or drug coverage through the Administrative District Council 1 Welfare Fund and you may no longer be able to participate in other benefits. Please call RetireeFirst at **(630) 206-9216 (TTY 711)** or **Toll Free (855) 430-7093 (TTY 711)** if you would like to opt-out.

**23. When will I receive my ID card and Welcome Kit?**

Cards and Welcome Kits should be received by the middle to end of December. Members 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.

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

Please call RetireeFirst at **(630) 206-9216 (TTY 711)** or **Toll Free (855) 430-7093 (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.

**25. Can I leave the plan and come back?**

No. You cannot leave the plan and return.

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

Yes. If you leave the plan, you will no longer be eligible for the hearing benefits through Administrative District Council 1 Welfare Fund.

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

The Fund can be reached at **(630) 617-8660** to answer any billing questions.

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

Please call RetireeFirst at **(630) 206-9216 (TTY 711)** or **Toll Free (855) 430-7093 (TTY 711)** to reach your Dedicated Administrative District Council 1 Welfare Fund Retiree Advocate team from the hours of 8:00am to 5:00pm CST.

# ID CARD SAMPLE

**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

**COMPANY NAME**  
RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

**Capayments**  
OFFICE VISIT: \$XX  
SPECIALIST: \$XX  
HOSPITAL EMERGENCY: \$XX

<Logo>

**Medicare**<sup>Rx</sup>  
Prescription Drug Coverage  
CMS XXXXX XXX



**Member/Provider Service:** 1-XXX-XXX-XXXX  
If you use a TTY, call 711  
Retiree First Advocacy Team: 1-XXX-XXX-XXXX  
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