

2024 – Bricklayers Local 1 of MD, VA, and DC Health and Welfare Fund Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier:

Humana

Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$2000
Office Visit: Primary Care	\$25
Office Visit: Specialist	\$25
Inpatient Hospital	19% Coinsurance per Admission
Inpatient Physician Services	20%
Outpatient Surgical Services	\$0
Home Health Care	\$0 (Excludes personal home care)
Skilled Nursing Facility	4% Coinsurance (days 1-20) 20% Coinsurance (days 21-100)
Emergency Room	10%; waived if admitted within 24 hours
Urgent Care	20%

Ambulance Service	20% per date of service (limited to Medicare-covered transportation)
Lab Services	\$0
Advanced Imaging Services	20%
Durable Medical Equipment	20%
Preventative Screenings	\$0
Chiropractic	\$25, 20 visits per year
Acupuncture	\$25, 20 visits per year
Podiatry	\$25, 6 visits per year
Foreign Travel (World-wide) Coverage	\$100 Deductible, 20% coinsurance, \$25,000 Max Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Fitness Benefit	SilverSneakers®

Prescription Carrier



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			
Maximum Out of Pocket: \$625			
Tier 1 Generic	\$5	\$10	\$10
Tier 2 Preferred Brand	\$25	\$50	\$50
Tier 3 Non-Preferred Brand	\$40	\$80	\$80
Tier 4 Specialty	\$40	N/A	N/A
Insulin Medications	\$35	\$105	\$105

Plan Questions

1. Will I be automatically enrolled, or 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.

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. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current medical and prescription drug plan it is unlikely that you would not be able to participate in this new robust plan. However, you have the option to opt-out and decline this medical and prescription coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **240-252-4535 (TTY 711) or toll free at 855-224-4379 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Bricklayers Local 1 of MD, VA and DC Health and Welfare Fund did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Deductible for Medicare-approved Medical Services
- Podiatry Benefit - \$25 Each Visit, 6 Visits per Year
- Chiropractic Benefit - \$25 Each Visit, 20 Visits per Year
- Acupuncture Benefit - \$25 Each Visit, 20 Visits per Year
- Private Duty Nursing Allowance, \$5000 per Year
- SilverSneakers Fitness Benefit
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

5. 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.

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

Please call RetireeFirst at **240-252-4535 (TTY 711) or toll free at 855-224-4379 (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.

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

Yes. If you opt out of the Fund's coverage, you will no longer have access to benefits from the Fund including but not limited to Health and Welfare, Prescription, Vision Dental, Death, etc. benefits.

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

The Trustees of the Bricklayers Local 1 of MD, VA and DC Health and Welfare Fund have not changed the monthly premium amounts for this coverage. For any billing questions or concerns, please contact the Fund Office at 240-799-2400.

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

Please call RetireeFirst at **240-252-4535 (TTY 711)** or **toll free at 855-224-4379** to reach your dedicated Bricklayers Local 1 of MD, VA and DC Health and Welfare Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No, there is not a medical deductible for this plan.

11. Is there co-insurance or copays?

Yes, there are co-insurance costs associated with your plan. Please refer to the plan design visible on the first three pages of this document to learn more about costs associated with your plan.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certification.

14. 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.

15. Can I go to my current providers?

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

16. 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 Humana ID Card for medical and prescriptions.

17. 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 **240-252-4535 (TTY 711) or toll free 855-224-4379 (TTY 711)** for assistance; we can contact your provider on your behalf to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there is no prescription deductible.

19. Is there co-insurance or copays?

Yes, there are co-insurance costs associated with your plan. Please refer to the plan design visible on the first three pages of this document to learn more about costs associated with your plan.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **240-252-4535 (TTY 711) or 855-224-4379 (TTY 711)**, if you need help looking up your prescriptions.

21. 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.

22. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at 1-800-379-0092 (TTY 711) Monday – Friday, 8:00 am-11:00 pm EST and Saturday, 8:00 am-6:30 pm EST. You can also call RetireeFirst at **240-252-4535 (TTY 711) or 855-224-4379 (TTY 711)** with any questions about mail order prescriptions.

23. 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.

24. 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.

25. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require prior authorization. Please contact RetireeFirst at **240-252-4535 (TTY 711) or 855-224-4379 (TTY 711)** if you have questions or need assistance with prior authorizations or any other requirements such as step therapy, quantity limit, or formulary exceptions.

26. What is the donut hole and is there donut hole coverage?

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table on page 3.

27. What is the catastrophic phase and is there 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. You may have cost sharing for excluded prescriptions that are covered under this plan.

Humana Medicare Advantage with Prescription Drug (MAPD) PPO Plan 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
COMPANY NAME
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

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

MedicareRx
Prescription Drug Coverage
CMS XXXXX XXX

Back:



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](https://www.humana.com)

Additional Benefits: DENXXX VISXXX HERXXX

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.