

Frequently Asked Questions

2024 – Painters & Allied Trades DC 35 United American Medicare Supplement Plans

Plan Design

Medical Carrier:



Medical	Plan N You pay	Plan F You pay
Part A Deductible	\$0	\$0
Part B Deductible	\$240	\$0
Office Visit: Primary Care	\$0	\$0
Office Visit: Specialist	\$0	\$0
Inpatient Hospital	\$0	\$0
Outpatient Care	\$0	\$0
Home Health Care	\$0	\$0
Skilled Nursing Facility (Days 1-100)	\$0	\$0
Emergency Room	\$0	\$0
Urgent Care	\$0	\$0
Ambulance Service	\$0	\$0
Lab Services	\$0	\$0
Radiology Services	\$0	\$0
Durable Medical Equipment	\$0	\$0
Preventative Screenings	\$0	\$0
Part B Excess Charges	Not Covered	Covered

Medical Questions

1. Is there a medical deductible?

Plan N has a \$240 Part B deductible. Plan F does not have a deductible.

2. Is there co-insurance or copays?

No. All Medicare-approved services are covered at 100% after meeting applicable deductibles.

3. Do these plans require referrals?

No, these plans do not require referrals.

4. Do these plans require pre-certifications?

No, these plans do not require pre-certifications.

5. Do these plans have a network?

No, you can go to any Medicare provider, hospital, or facility.

6. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare.

7. Do I still use my Medicare card?

Yes, you will present both your Medicare card and your United American ID Card to medical providers.

2024 – Painters & Allied Trades DC 35 AARP Medicare Rx Prescription Drug Plans (PDPs) Plan Design

Prescription Carrier:



Prescription AARP® Medicare Rx Basic PDP*				Prescription AARP® Medicare Rx Preferred PDP		
Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
	Annual Deductible: \$545			Annual Deductible: \$0		
Tier 1 Preferred Generic	\$8	\$24	\$6	\$15	\$45	\$0
Tier 2 Generic	\$10	\$30	\$24	\$20	\$60	\$0
Tier 3 Preferred Brand	15%	15%	15%	\$47	\$141	\$126
Tier 4 Non-Preferred Brand	42%	42%	39%	45%	45%	40%
Tier 5 Specialty	25%	N/A	N/A	33%	N/A	N/A
Insulin Medications	\$35	\$105	\$105	\$35	\$105	\$105

*Please note that this plan design is for Massachusetts residents. If you reside in another state, please contact RetireeFirst at (617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711) Monday-Friday, 8am-5pm EST to confirm the plan design and rate for your state.

Prescription Questions

1. Is there a prescription deductible?

The AARP® Medicare Rx Basic PDP has a \$545 deductible. The AARP® Medicare Rx Preferred PDP does not have a deductible.

2. Is there co-insurance or copays?

Yes, there are copays. Please refer to the above plan design chart.

3. Are my prescriptions covered?

Most likely yes. The prescription lists are comprehensive formularies. Please call RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** if you need help looking up your prescriptions.

4. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. AARP® has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

5. Is there a mail order pharmacy?

There is a mail order pharmacy called Optum Rx Pharmacy which can be reached at (888) 658-0539 (TTY 711) 24 hours a day, 7 day a week. You can also call RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** with questions about mail order prescriptions.

6. Will my prescriptions transfer from my 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.

7. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (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.

9. 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.

2024 – Painters & Allied Trades DC 35 Humana Medicare Advantage with Prescription Drug Plan (MAPD)

Plan Design

Medical Carrier:

Humana

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 (Days 1-100)	\$0
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Acupuncture	\$0 (20 Visits per year)
Foreign Travel (World-wide) Coverage	\$0 Emergency and urgently needed care only
Hearing	\$0 Routine hearing exam each year \$2,000 Hearing aid allowance combined each year
Vision	\$0 Routine eye exam each year

	\$100 Eyewear allowance each year
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			
Tier 1 Generic	\$5	\$15	\$10
Tier 2 Preferred Brand	\$15	\$45	\$30
Tier 3 Non-Preferred Brand	\$30	\$90	\$60
Tier 4 Specialty	\$30	N/A	N/A
Insulin Medications	\$35	\$105	\$105

Medical Questions

- 1. Is there a medical deductible?**
No, there is no medical deductible.
- 2. Is there co-insurance or copays?**
No, all Medicare-approved medical services are covered at 100%.
- 3. Does this plan require referrals?**
No, this plan does not require referrals.
- 4. Does this plan require pre-certifications?**
Some services may require pre-certifications.
- 5. 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.

6. Can I go to my current providers?

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

7. 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.

8. 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 **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

9. Is there a prescription deductible?

No, there is no prescription deductible.

10. Is there co-insurance or copays?

Yes, there are copays. Please refer to the above plan design chart.

11. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary. Please call RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** if you need help looking up your prescriptions.

12. 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.

13. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Mail Order Pharmacy which can be reached at (800) 379-0092 (TTY 711) Monday-Friday, 8am-11pm EST and Saturday 8am-6:30pm EST. You can also call RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** with questions about mail order prescriptions.

14. Will my prescriptions transfer from my 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.

15. 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.

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

Some prescriptions may require prior authorization. Please contact RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (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.

17. 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 above.

18. 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.

Plan Questions

1. How do I enroll?

To enroll in the new plan, please contact RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)**. You will be required to complete an application and an ACH form for your monthly rate payment.

2. How much do I have to pay for the plan(s)?

Your monthly rate will be determined by the plan options you choose. Please note that rates may vary by state of residence and age. Please contact RetireeFirst

(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711) for additional information.

Plan Name	2024 Monthly Rate Per Person
United American Medicare Supplement Plan F	\$186.00 (ages 65-69), \$208.00 (ages 70-74), \$240.00 (ages 75-79), or \$263.00 (ages 80+)
United American Medicare Supplement Plan N	\$154.00 (ages 65-69), \$174.00 (ages 70-74), \$207.00 (ages 75-79), or \$229.00 (ages 80+)
AARP® Medicare Rx Preferred Prescription Drug Plan (Massachusetts)	\$110.20
AARP® Medicare Rx Basic Prescription Drug Plan (Massachusetts)	\$34.50
Humana® Group Medicare Advantage PPO and Prescription Drug (MAPD) Plan (All states and ages)	\$265.39

3. Who do I call if I need assistance with the plan(s)?

Once you are enrolled you can contact RetireeFirst at **(617) 202-9235 (TTY 711) or toll free (833) 289-4403 (TTY 711)** to reach your dedicated Painters & Allied Trades DC 35 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

4. Who is RetireeFirst?

RetireeFirst is a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider’s office, and pharmacy. RetireeFirst Advocates build real relationships with you and truly care about helping you navigate Medicare, understand your benefits, and connect you to programs that can improve your health and wellbeing.