



Frequently Asked Questions

Plan Design

Medical Carrier:

The logo for Humana, consisting of the word "Humana" in a green, sans-serif font with a registered trademark symbol.

Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$400
Office Visit: Primary Care	\$10
Office Visit: Specialist	\$10
Inpatient Hospital	\$0 per admission
Outpatient Surgery	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-120
Emergency Room	\$75
Urgent Care	\$10
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0

Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$10, 30 visits maximum
Acupuncture	\$10, unlimited
Podiatry	Medicare covered services only
Foreign Travel (World-wide) Coverage	\$10 Urgent Care, \$75 Emergency Room-waived if admitted within 24 hours. Limited to Emergency Medicare-covered services.
Hearing	\$0 hearing exam, 1 per year, \$699 for each Advanced level Hearing Aid - 1 per ear. \$999 for each Premium level Hearing aid - 1 per ear. Includes 80 batteries per aid and 3-year warranty through TruHearing.
Vision	\$0, Routine eye exam, 1 per year, \$175 maximum.
Dental	Medicare covered services only
Wig Allowance	\$500, every 2 years
Compression Stockings	\$0, unlimited
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			
Annual Maximum Out of Pocket (MOOP): \$ 1,351			
Tier 1 Generic	\$10	\$30	\$5
Tier 2 Preferred Brand	\$22	\$60	\$28
Tier 3 Non-Preferred Brand	\$44	\$132	\$55
Tier 4 Specialty	\$44	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 Humana Medicare Advantage Prescription Drug (MAPD) Plan effective January 1, 2024. **To process your enrollment, you must complete the enclosed ACH form and return it with a voided check to RetireeFirst by December 5, 2023, to process your enrollment.**

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 **toll free at (855) 221-5705 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

The Township of Springfield did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- One Humana ID Card for your Medical and Prescription Drug needs.
- Medical max out of pocket - \$400.
- Primary Care and Specialist visits- \$10 copay.
- Hearing Benefit: \$0 copay for hearing exam – 1 per year.
 - \$699 for each Advanced level Hearing Aid - 1 per ear.
 - \$999 for each Premium level Hearing aid - 1 per ear.
 - Includes 80 batteries per aid and 3-year warranty through TruHearing.
- Additional covered services: \$500 allowance for wigs, every 2 years.
 - Unlimited allowance for Compression stockings at no cost.
- Enhanced drug formulary to include lifestyle and bonus drugs. This may include drugs used for erectile dysfunction, weight loss, hair loss, and some vitamins.
- Full donut hole coverage.
- Access to 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 **toll free at (855) 221-5705 (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?

No, if you leave the plan, it will not impact any other benefit you are enrolled in under the Township of Springfield.

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

The Township of Springfield can be reached at (973) 912-2221 to answer any billing questions.

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

Please call RetireeFirst **toll free at (855) 221-5705 (TTY 711)** to reach your dedicated Township of Springfield Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible on this plan.

11. Is there co-insurance or copays?

Yes, the Humana MAPD plan does include copays for some services. Please refer to the plan's copay structure seen on page 1 of this document.

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 **toll free at (855) 221-5705 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there is no prescription deductible on this plan.

19. Is there co-insurance or copays?

Yes, your prescription plan does include copays for prescription medications. Please refer to the plan's copay structure seen on page 2 of this document. Keep in mind the tiers may change from year to year as well as the cost of drugs copays can vary based on inflation, contracts, supply, etc.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst **toll free at (855) 221-5705 (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 65,000 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 which can be reached at 800-379-0092 EST. You can also call RetireeFirst **toll free at (855) 221-5705 (TTY 711)** with 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 a prior authorization. Please contact RetireeFirst **toll free at (855) 221-5705 (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.

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 above.

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 Prescription Drug (MAPD) 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
TOWNSHIP OF SPRINGFIELD

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

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

 **MedicareRx**
Prescription Drug Coverage
CMS XXXX XXX

Back:



Member/Provider Service: 1-866-396-8810
If you use a TTY, call 711
RetireeFirst Advocacy Team: 1-855-221-5705
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: VISXXX HERXXX