RetireeFirst

2024 – Town of Templeton Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:

aetna

Medical	You pay
Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400 Annually
Office Visit: Primary Care	$10
Office Visit: Specialist	$10
Therapy (Speech, Physical, and Occupational)	$0
Inpatient Hospital	$0 Per admit
Outpatient Surgery	$0
Home Health Care	$0
Skilled Nursing Facility	$0 Days 1-100
Emergency Room	$50 (Waived if admitted)
Urgent Care	$10
Ambulance Services	$0 Medicare-approved
Lab Services	$0
Radiology Services	$0
Durable Medical Equipment	$0
Preventative Screenings	$0
Chiropractic	$10 (Medicare covered services only)

Acupuncture	$10 (Medicare covered services only)
Podiatry	$10 (Medicare covered services only)
Dental	$10 (Medicare covered services only)
Foreign Travel (World-wide) Coverage	$50 Emergency care (Waived if admitted) $10 Urgently needed care
Hearing	$10 Routine hearing exam every 12 months $1,700 Hearing aid allowance every 24 months (Must use NationsHearing)
Vision	$0 Diabetic eye exam $10 Medicare covered eye exam $15 Routine eye exam every 12 months $150 Eyewear reimbursement every 12 months (in or out of network)
Wigs	$400 Allowance each year
Transportation Service	$0 (24 one-way trips per year, up to 60 miles per trip)
Meal Delivery	Up to 14 meals following hospitalization
Fitness Benefit Allowance	$150 Allowance each year (Fitness facilities membership, home gym equipment, weight loss program membership)

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Prescription Carrier:

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Prescription	Preferred 30-day Retail You pay up to	Standard 30-day Retail You pay up to	Preferred 90-day Retail You pay up to	Standard 90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: $0					
Tier 1 Generic	$8	$10	$20	$20	$20
Tier 2 Preferred Brand	$25	$30	$60	$60	$60
Tier 3 Non-Preferred Brand	$55	$65	$162.50*	$162.50*	$162.50*
Insulin Medications	$35	$35	$105	$105	$105

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

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 **(508) 744-6804 or toll free (833) 217-5312 (TTY 711)**, Monday-Friday, 8am-5pm EST. If you opt out of the new plan, you will not be able to return.

4. **Are there any plan changes?**
   The Town of Templeton did their best to match or enhance your current benefits. Below are a few highlights of your new plan:
   - $0 Deductible
   - $15 Routine eye exam every 12 months
   - $150 Eyewear reimbursement every 12 months
   - $10 Routine hearing exam every 12 months
   - $1,700 Hearing aid allowance every 24 months (must use NationsHearing)
   - Meal delivery following hospitalization (up to 14 meals)
   - $0 Copay for transportation service (up to 24 one-way trips per year)
   - $0 Copay for compression stockings (2 pairs every 6 months)
   - $0 Copay for wigs ($400 allowance every year)
   - Fitness benefit allowance ($150 allowance every year)
   - 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 **(508) 744-6804 or toll free (833) 217-5312 (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, you may keep other benefits you may have under the Town of Templeton.

8. **How much do I have to pay for the plan?**
   A participant of the Town of Templeton's Medicare retiree plan will pay $103.95 per month (33%) for their 2024 Medicare Advantage Plan premium. The Town of Templeton can be reached at **(978) 894-2765** to answer additional billing questions.

9. **Who do I call if I need assistance with the plan?**
   Please call RetireeFirst at **(508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711)** to reach your dedicated Town of Templeton Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. **Is there a medical deductible?**
    No, there is no medical deductible.

11. **Is there co-insurance or copays?**
    Yes, some services may require a copay. Please refer to the above plan design chart. If you reach your annual medical maximum out-of-pocket of $3,400, you will pay $0 for Medicare-approved medical services for the remainder of the year.

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-certifications.

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

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 Aetna ID Card for medical services 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 **(508) 744-6804 or toll free (833) 217-5312 (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.

19. Is there co-insurance or copays?

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

20. Are my prescriptions covered?

Most likely yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(508) 744-6804 or toll free (833) 217-5312 (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. Aetna 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 CVS Caremark® Mail Order Pharmacy which can be reached at **(833) 620-8808 (TTY 711)** 24 hours a day, 7 days a week. You can also call RetireeFirst at **(508) 744-6804 or toll free (833) 217-5312 (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 medications?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(508) 744-6804 or toll free (833) 217-5312 (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?

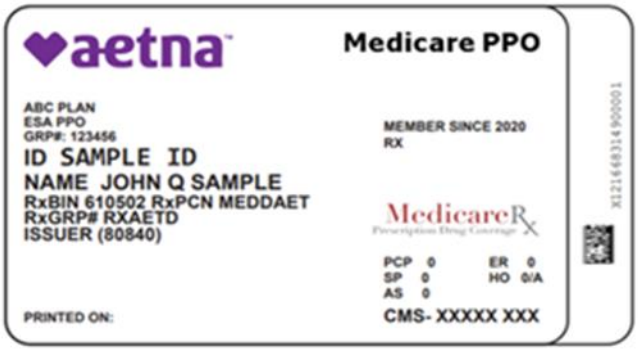
The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay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

Aetna Medicare Advantage PPO Card Sample:

Front:



Back:

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.