2025 – Sheet Metal Workers Local 20 Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier:



| Medical | You pay | |
|------------------------------|---------------------------------------------|--|
| Deductible | \$147 | |
| Maximum Out of Pocket (MOOP) | \$147 | |
| Office Visit: Primary Care | \$0 | |
| Office Visit: Specialist | \$0 | |
| Inpatient Hospital | \$0 per admit - deductible does not apply | |
| Outpatient Care | \$0 | |
| Home Health Care | \$0 | |
| Skilled Nursing Facility | \$0, Days 1-100 - deductible does not apply | |
| Emergency Room | \$0 | |
| Urgent Care | \$0 | |
| Ambulance Service | \$0 | |
| Durable Medical Equipment | \$0 | |

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| Podiatry | \$0, 6 visits per year | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Foreign Travel (World-wide) Coverage | \$0, Emergency and Urgent Care | |
| Hearing | \$0 Routine Hearing Exam - 1 per year \$3,000 Hearing Aid Allowance - every 3 years You must obtain hearing aids from a provider in the UHC Hearing network to utilize this allowance. | |
| Vision | \$0 Routine Eye Exam - 1 every 12 months \$200 Eyeglasses Allowance - every 12 months or \$200 Contact Lenses Allowance | |
| Dental | \$50 Deductible (Does Not include Preventative &Diagnostic) \$0 Preventative &Diagnostic 20% Basic 50% Major \$1,500 Annual Max Benefit | |
| Fitness Benefit | SilverSneakers Included | |

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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 | \$0 | |
| Tier 2 Preferred Brand | \$20 | \$60 | \$40 | |
| Tier 3 Non- Preferred Brand | \$50 | \$150 | \$100 | |
| Tier 4 Specialty | \$80 | N/A | N/A | |

Note: CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2025.

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 want 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 (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (TTY 711), Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Sheet Metal Workers Local 20 did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Medicare Covered Medical Services are \$0 cost to you.
- Improved Foreign Travel Coverage: You now have a \$0 copay for emergency and urgent care while traveling abroad.
- Improved Hearing Coverage: One routine hearing exam per year is \$0 cost to you.
- You now have a \$3,000 hearing aid allowance every 3 years. You must obtain hearing aids from a provider in the UnitedHealthcare® Hearing network to utilize this allowance.
- Improved Vision Coverage: One routine eye exam per year is \$0 cost to you.
- You now have a \$200 allowance for eyeglasses OR contact lenses every 12 months
- Added Podiatry Coverage: 6 podiatry visits per year are \$0 cost to you.
- 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 (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (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, it may.

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

Sheet Metal Workers Local 20 can be reached at (317) 549-6005 to answer any billing questions.

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

Please call RetireeFirst at (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (TTY 711) to reach your dedicated Sheet Metal Workers Local 20 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

Yes, there is a medical deductible of \$147 with this plan.

11. Is there co-insurance or copays?

Once the \$147 deductible is met, your Medicare approved services will be \$0.

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?

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

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 UnitedHealthcare® 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 (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (TTY 711) to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there are no benefit changes to your renewing UnitedHealthcare® Prescription Drug Plan.

19. Is there co-insurance or copays?

Yes, there are copays associated with your plan. Please refer to the prescription plan design on pages 2 and 3 of this document to learn more about the costs associated with the plan.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at (317) 863-5623 (TTY 711) or (855) 255-9929 (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. UnitedHealthcare® 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 OptumRx which can be reached at 1-888-279-1828, TTY 711. You can also call RetireeFirst at (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (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 at (317) 863-5623 (TTY 711) or toll free (855) 255-9929 (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.

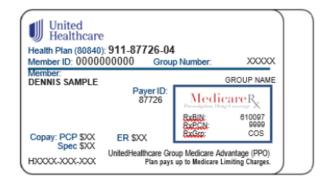
26. What is the catastrophic phase and is there coverage?

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. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.



UnitedHealthcare® Group Medicare Advantage Prescription Drug (MAPD) Plan Card Sample:

Front: Back:





Disclaimer: 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.