



# Automobile Mechanics' Local #701 Welfare Fund

## 2024 Medicare Eligible High Humana MAPD Plan, Low Humana MAPD Plan and Saver Humana MAPD Plan Coverage Comparison


### PLAN DESIGN:

 <b>MEDICAL</b>	High MAPD Plan	Low MAPD Plan	Saver MAPD Plan
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
Deductible	\$0	\$233	\$100
Maximum Out-of-Pocket	\$0	\$233	\$3,000
Primary Care Office Visit	\$0	\$0	\$10
Specialist Visit	\$0	\$0	\$35
Inpatient Hospital Care	\$0	\$0	\$165 Per Day, Days 1-5
Outpatient Surgery	\$0	\$0	\$125
Inpatient Mental Health & Substance Abuse	\$0	\$0	\$165 Per day, Days 1-5, 190-day lifetime limit
Outpatient Mental Health & Substance Abuse *190 days Lifetime max	\$0	\$0	\$40
Skilled Nursing Facility	\$0, Days 1-100	\$0, Days 1-100	\$0 Days 1-10, \$20 Days 11-20, \$150 Days 21-100
Urgent Care Center	\$0	\$0	\$35
Emergency Care	\$0	\$0	\$65
Ambulance Services	\$0	\$0	\$100
Durable Medical Equipment	\$0	\$0	20%
Foreign Travel	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.

 <b>PRESCRIPTION</b>	High MAPD Plan	Low MAPD Plan	Saver MAPD Plan
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
Annual Deductible	\$0	\$505	\$200
<b>30 Day Retail Pharmacy</b>			
Tier 1 Generic	\$5	\$5	25%
Tier 2 Preferred Brand	\$45	\$45	25%
Tier 3 Non-Preferred Brand	\$80	\$80	25%
Tier 4 Specialty	33%	25%	25%
<b>90 Day Retail Pharmacy</b>			
Tier 1 Generic	\$0	\$0	25%
Tier 2 Preferred Brand	\$80	\$80	25%
Tier 3 Non-Preferred Brand	\$120	\$120	25%
Tier 4 Specialty	N/A	N/A	N/A
<b>90 Day Mail Order Pharmacy</b>			
Tier 1 Generic	\$0	\$0	25%
Tier 2 Preferred Brand	\$80	\$80	25%
Tier 3 Non-Preferred Brand	\$120	\$120	25%
Tier 4 Specialty	N/A	N/A	N/A
<b>Plan Specifications</b>			
Coverage Gap	Full Coverage	Generic Full coverage only and 25% copay for Brands	Full Coverage
Catastrophic Coverage	Member Pays \$0	Member Pays \$0	Member Pays \$0

<b>Medical Monthly Premiums</b>	High MAPD Plan	Low MAPD Plan	Saver MAPD Plan
	\$231.97	\$143.77	\$63.00

# VOLUNTARY ANCILLARY BENEFITS

	Voluntary Delta Dental PPO Plus Premier		
	In Network		Out-of-Network
	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used
<b>Annual Maximum (per person)</b>	\$2,000	\$2,000	\$2,000
<b>Annual Deductible</b> Per Person Family Maximum Waived for	\$25 \$75 Preventive & Diagnostic	\$25 \$75 Preventive & Diagnostic	\$25 \$75 Preventive & Diagnostic
<b>Preventive &amp; Diagnostics</b> Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (frequency limitations apply); Full Mouth X-Rays; Space Maintainers; Sealants	100%	100%	100%
<b>Basic</b> Fillings; Periodontics; Root Canals (endodontics); Simple Extractions; Oral Surgery; Cone Beam Radiographs	50%	50%	50%
<b>Major</b> Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures	50%	50%	50%

Dental Monthly Premium	Retiree
	\$33.63



## Voluntary Delta Vision Plan

Plan name	DeltaVision-Essential
Network	Choice
Exam/Lens/Frame frequency (months)	12/12/24
Contacts frequency (in lieu of glasses)	12

### In Network allowances

Benefits	Covered up to
Exam copay	\$10
Materials copay	\$25
Frame allowance - Walmart/Sam's Club/Costco	\$130 (\$70 Walmart/Sam's Club & Costco)
Elective contact lens allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	\$60
Both frames and contacts in the same year	No; allows contacts in lieu of frames

### Lens enhancements

Benefits	Costs your plan covers
Anti-glare coating	\$41 single/\$41 multifocal
Impact-resistant lenses — adult	\$31 single/ \$35 multifocal (covered for children)
Progressive lenses	Standard Progressive lenses are covered
Light-reactive lenses	\$75 single vision/ \$75 multifocal
Scratch-resistant coating	\$17 single vision/\$17 multi focal

### Out-of-network allowances

Benefits	Covered up to
Examination	\$45
Single vision lenses	\$30
Bifocal lenses	\$50
Trifocal lenses	\$65
Progressive lenses	\$50
Lenticular lenses	\$100
Frame	\$70
Elective contact lenses	\$105
Necessary contact lenses	\$210

## Additional savings

Benefits	Plan details
Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full.

Vision Monthly Premium	Retiree
	\$3.91

# FREQUENTLY ASKED QUESTIONS

## MEDICAL QUESTIONS:

**1. Is there a Part A and/or Part B Deductible?**

The High Humana MAPD Plan does not have a Part A or Part B deductible. The Low Humana MAPD plan has a \$233 deductible. The Saver Humana MAPD plan has a \$100 deductible.

**2. Is there Co-insurance or Copays?**

The High Humana MAPD Plan does not have a co-insurance or copay on Medicare approved services. The Low Humana MAPD Plan, you will first have to meet the \$233 Deductible before the co-insurance and copays will be \$0. Lastly, the Saver Humana MAPD Plan, has copayments for services (listed on page 1) after you meet your \$100 Deductible.

**3. Do these plans require referrals?**

None of the Humana MAPD Plans offered (High, Low or Saver) require referrals.

**4. Do these plans require Pre-certifications?**

Some services may require Pre-certification on each the High Humana MAPD Plan, Low Humana MAPD Plan and Saver Humana MAPD Plan. Please reach out to RetireeFirst if you need assistance at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)**.

**5. Do these plans have a network?**

Yes, but you can go to any willing provider, hospital or facility that accepts Medicare whether they are in or out of the Humana Medicare Network.

**6. Can I go to my current providers?**

Most likely yes, you can utilize any provider if they accept Medicare and are willing to bill Humana.

**7. Do I still use my Medicare Card?**

No, you will only use your Humana ID card. Please put your Medicare card in a safe place in case you need to present it at a later date.

**8. What if my Provider says they do not accept this plan?**

If your provider accepts Medicare, you will pay the same whether or not they are considered in or out of network. Please call RetireeFirst at **(708) 406-6965 (TTY**

**711) or Toll Free (855) 434-4151 (TTY 711)** for assistance. We can reach out to your provider to explain.

## PRESCRIPTION QUESTIONS:

### 9. Is there a Prescription Deductible?

The High Humana MAPD Plan **does not** have a prescription deductible, the Low Humana MAPD Plan has a \$505 prescription deductible, and the the Saver Humana MAPD Plan has a \$200 prescription deductible.

### 10. Is there Donut Hole Coverage?

The High Humana MAPD Plan and the Saver Humana MAPD Plan both have full donut hole coverage. This means throughout the donut hole phase you will continue to pay the same copays as listed in the chart on page 2. The Low Humana MAPD Plan, you will have donut hole coverage for generic medications only. This means when you enter the donut hole, you will pay up to a \$5 copay for 30-day supplies, \$0 copay for 90-day supplies, and 25% of the cost for brand medications.

### 11. Is there Catastrophic Coverage?

Each of the Humana Plans offered, High MAPD, Low MAPD and Saver MAPD Plans, have catastrophic coverage. This means throughout the catastrophic phase you will pay \$0 for covered medications.

### 12. Are my medications covered?

Most likely yes, the formulary for each of the plans is a comprehensive Formulary. You will receive an Abridged Formulary with your Pre-Enrollment Kit and cards. Please call RetireeFirst at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** if you do not see your medication(s) listed or need help looking up your medication(s).

### 13. 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. If you have active prescriptions with refills, you do NOT need new prescriptions for retail pharmacy fills.

### 14. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?

Yes, CenterWell is the Humana Mail Order Facility. You can receive a discount at both the retail pharmacy and mail order for your 90-day prescriptions if you enroll in the High MAPD Plan or the Low MAPD Plan. If you wish to use the retail pharmacy and you have active prescriptions with refills, you do NOT need new prescriptions; however, if you wish to use mail order, you will need new prescriptions.

**15. Can I still go to the VA for my medications?**

Yes. If you obtain some medications from the VA, you may continue to do so.

**16. Do I need Prior Authorizations for certain prescription medicines?**

Some medications may require a Prior Authorization. Please contact your dedicated RetireeFirst advocate at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (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.

## PLAN QUESTIONS:

**17. Do I need to do anything to enroll?**

**If you wish to stay in the same plan you are enrolled in for 2023, you do not need to take any action.** If you are currently enrolled in one of the Humana plans and wish to switch plans or are interested in enrolling in one of the ancillary benefit options please contact RetireeFirst at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** as soon as possible. **The deadline to switch plans or enroll is November 15, 2023.**

**18. When will I receive my ID card/Welcome Kit?**

If you are switching plans for 2024, you will receive their ID Cards and Welcome Kits in December. Medicare eligible retirees and spouses will each receive their own card. Please note that each enrollee may not receive their plan information on the same day. This is normal.

**19. What do I do if I lose my card?**

Please call RetireeFirst at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (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.

**20. Can I leave the plan and come back?**

No, eligible retirees and spouses cannot come back if they leave the plan.

**21. How do I pay for this plan and how much do I pay for the plan?**

You will continue to receive a monthly HRA benefit from the Fund, use your current HRA balance, if applicable, and any remainder must be paid via automatic monthly deductions from your designated checking or savings account. **The current monthly HRA benefit provided by the Fund is \$63 per month. Please note this amount is subject to change every January 1.**



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

Please call RetireeFirst at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** to reach your Dedicated Automobile Mechanics' Local #701 Welfare Fund Retiree Advocate team from the hours of 8:00 AM to 5:00 PM CST.

**23. Card Sample:**

**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

**RxBIN:** XXXXXX  
**RxPCN:** XXXXXXXX  
**RxGRP:** XXXXX

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

**MedicareRx**  
Prescription Drug Coverage

CMS XXXXX XXX



**Member/Provider Service: 1-800-733-9064**  
If you use a TTY, call 711  
Labor First Advocacy Team: 1-855-766-2443  
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**