2025 – Wisconsin Masons' Health Care Fund Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier:



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	\$0 (days 1-100)
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0

Durable Medical Equipment	\$0	
Preventative Screenings	\$0	
Chiropractic	\$0 Medicare covered; up to 20 routine visits combined in/out of network	
Acupuncture	\$0 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	
Podiatry	\$0 Medicare covered; up to 6 routine visits combined in/out of network	
Foreign Travel (World-wide) Coverage	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare- covered services	
Hearing	\$0 for routine hearing exams 1 per year; \$2000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 4 years	
Vision	\$0 for routine exam, which includes refraction up to 1 per year	
Dental	\$0 Medicare covered	
Fitness Benefit	SilverSneakers®	



Prescription Carrier

Humana.

Prescription Plan	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Tier 1 Generic	10% (\$10 min, \$30 max) 10% (\$10 min, \$30 max)	10% (\$30 min, \$90 max)	\$20
Tier 2 Preferred Brand	20% (\$30 min, \$60 max)	20% (\$90 min, \$180 max)	\$60
Tier 3 Non-Preferred Brand	20% (\$60 min, \$120 max)	20% (\$180 min, \$360 max)	\$120
Tier 4 Specialty	\$20% (\$60 min, \$120 max)	Limited to one- month Supply	Limited to one- month Supply

Plan Questions

1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application, authorized representative form, needs to be completed and returned to RetireeFirst in the included pre-paid envelope.

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. Are there any plan changes?

Wisconsin Masons' Health Care Fund 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.

- One routine eye exam per year is \$0 cost to you.
- Access to SilverSneakers Fitness Benefit.
- Meal Benefit after overnight inpatient stay, meals delivered at no cost.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

4. 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.

5. What do I do if I lose my card?

Please call RetireeFirst at 608.403.4402(TTY 711) or toll free 855.347.0938(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.

6. If I leave the plan, will it affect any of my other benefits?

Yes, it may. You should contact Benesys, the plan administrators, at **(608) 278-9500 or Toll Free (800) 236-1272** to answer any additional questions about your other benefits.

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

WISCONSIN MASONS' HEALTH CARE FUND can be reached at 608.278.9500 to answer any billing questions.

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

Please call RetireeFirst at 608.403.4402(TTY 711) or toll free 855.347.0938(TTY 711) to reach your dedicated WISCONSIN MASONS' HEALTH CARE FUND Retiree Advocacy Team, Monday-Friday, 8am-5pm, TIMEZONE.

Medical Questions

9. Is there a medical deductible?

Not for Medicare covered services. A \$100 deductible applies to Foreign Travel.

10. Is there co-insurance or copays?

Not for Medicare covered services. See above table for Foreign Travel.

11. Does this plan require referrals?

No, this plan does not require referrals.

12. Does this plan require pre-certifications?

Some services may require pre-certifications.

13. 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.

14. Can I go to my current providers?

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

15. 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.

16. 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 608.403.4402(TTY 711) or toll free 855.347.0938(TTY 711) to assist; we can reach out to your provider to explain.

Prescription Questions

17. Is there a prescription deductible?

No.

18. Is there co-insurance or copays?

Yes. Please reference the Prescription Plan table above.

19. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at 608.403.4402(TTY 711) or toll free 855.347.0938(TTY 711) if you need help looking up your prescriptions.



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20. 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.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell which can be reached at (800) 379-0092 (CST). You can also call RetireeFirst at **608.403.4402(TTY 711) or toll free 855.347.0938(TTY 711)** with questions about mail order prescriptions.

22. 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.

23. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at 608.403.4402(TTY 711) or toll free 855.347.0938(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.

25. 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. This coverage phase kicks in when you reach a true out of pocket total of \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

26. What is the annual maximum out-of-pocket (MOOP) and how does it work? Once your out-of-pocket costs for prescription drugs reaches \$2000, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.



Wisconsin Masons MAPD PPO Card Sample:

Back: Front:

Humana. **HUMANA MEDICARE (EMPLOYER PPO)** A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME Member ID: HXXXXXXXX Plan (80840) 9140461101

WISCONSIN MASONS RxBIN: XXXXXX RxPCN: XXXXXXXX

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

> MedicareR. CMS XXXXX XXX

Member/Provider Service: 1-800-733-9064 If you use a TTY, call 711

RetireeFirst Advocacy Team: 1-608-403-4402 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

Additional Benefits: VISXXX HERXXX

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.