



### Frequently Asked Questions

#### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3400
Office Visit: Primary Care	\$10
Office Visit: Specialist	\$10
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$75, waived if admitted within 72 hours
Urgent Care	\$10, waived if admitted within 72 hours
Ambulance Service	\$50 per one way trip
Lab Services	\$0
Radiology Services	\$10

Durable Medical Equipment	\$10
Preventative Screenings	\$10
Chiropractic	\$10 copay per visit – Medicare Covered Services Only
Acupuncture	\$10 copay per visit – Medicare Covered Services Only
Podiatry	NO – Medicare Covered Services Only
Foreign Travel (World-wide) Coverage	\$75 Emergency Outpatient Care, waived if admitted within 72 hours. \$10 Urgently Needed Services, waived if admitted within 72 hours. \$0 Inpatient Care, 60days per lifetime
Hearing	NO – Medicare Covered Services Only
Vision	\$10 copay per visit – Medicare Covered Services Only
Dental	\$10 copay per visit – Medicare Covered Services Only
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			
Tier 1 Generic	\$5	\$5	\$5
Tier 2 Brand	\$8	\$8	\$8
Tier 3 Non-Preferred Brand	\$10	\$10	\$10
Tier 4 Specialty	20\$	N/A	N/A
Insulin Medications	\$35	\$105	\$105

## Plan Questions

**1. How do I enroll in this plan?**

To finalize your enrollment into the plan, the enclosed application, authorized representative form, need 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. 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.

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

Please call RetireeFirst at **718.215.5091(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.

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

Yes, it may. Please contact the Fund at 212.505.5050

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

Marble Local 7 can be reached at 212.505.5050 to answer any billing questions.

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

Please call RetireeFirst at **718.215.5091(TTY 711)** to reach your dedicated Marble Local 7 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

**8. Is there a medical deductible?**

No, the plan does not have a deductible, it does have a Medical Out-of-Pocket maximum of \$3400.

**9. Is there co-insurance or copays?**

Yes, the plan has copays. Please see the plan design above.

**10. Does this plan require referrals?**

No, this plan does not require referrals.

**11. Does this plan require pre-certifications?**

Some services may require pre-certification.

**12. 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.

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

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

**14. 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 Anthem ID Card for medical and prescriptions.

**15. 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 **718.215.5091(TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**16. Is there a prescription deductible?**

No, there is no prescription deductible.

**17. Is there co-insurance or copays?**

Yes, the prescription benefit does have copays.

**18. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **718.215.5091(TTY 711)** if you need help looking up your prescriptions.

**19. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

**20. Is there a mail order pharmacy?**

There is a mail order pharmacy called CenterWell Mail Order which can be reached at (800) 379-0092. You can also call RetireeFirst at **718.215.5091(TTY 711)** with questions about mail order prescriptions.

## **21. 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.

## **22. 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.

## **23. Do I need prior authorizations for certain prescription medicines?**



Some prescriptions may require prior authorization. Please contact RetireeFirst at **718.215.5091 (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.

## **24. 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 \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

## Anthem Preferred Medicare (PPO) Card Sample:

Front:

<b>Anthem</b> 		Anthem Medicare Preferred (PPO)	
		<b>Local 7 Marble</b>	
Member ID:			
Group:	<b>NY039GRS</b>	Office Visit Copay:	<b>\$10</b>
Issuer ID (80840):	<b>9101000302</b>	Specialist Visit Copay:	<b>\$10</b>
Part B RxBIN:	<b>020115</b>	Emergency Room Copay:	<b>\$75</b>
Part B RxPCN:	<b>NS</b>	Preventive Copay:	<b>\$0</b>
RxGRP:	<b>WM3A</b>		
		CMS H4036-802	
<small>Marble Local 7 Industry Welfare Fund will utilize RetireeFirst to handle member contact for health plan administration. See back for contact information.</small>			

Back:

<b>Anthem</b> 	<a href="http://anthem.com">anthem.com</a>
<small>Providers: Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply.</small>	RetireeFirst Advocacy* 1-718-215-5091 Member Services: 1-833-910-4432 TDD/TTY: 711 Provider Services: 1-833-910-4432 24/7 NurseLine: 1-800-700-9184 *Contracts directly with group sponsor
<small>Members: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.</small>	
<small>Possession of this card does not guarantee eligibility for benefits. Anthem Providers can submit claims to Availability.com or Medical, P.O. Box 1407, Church Street Station, New York, NY 10008-1407</small>	<small>Anthem Blue Cross Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association.</small>
Issued:	


## Humana Group Medicare Prescription Drug (PDP) Plan Card

Sample:

Front:

<b>Humana</b>	
<b>HUMANA MEDICARE (EMPLOYER PDP)</b>	
Prescription Drug Plan	
RxBIN: XXXXXX	CARD ISSUED: MM/DD/YYYY
RxPCN: XXXXXXXX	
RxGRP: XXXXX	
Plan (80840) 9140461101	
<b>Member ID: HXXXXXXXXX</b>	
<b>MEMBER NAME</b>	
LOCAL 7 Marble	
	<b>MedicareRx</b> Prescription Drug Coverage CMS XXXXX XXX

Back:

	
<b>CUSTOMER SERVICE:</b>	<b>1-800-733-9064</b>
If you use a TTY, call 711	
RetireeFirst Advocacy Team:	1-718-215-5091
Pharmacist/Physician Rx Inquiries:	1-800-865-8715
Mail Delivery Pharmacy:	1-844-467-9511
<b>Submit Rx Claims only to:</b> Humana Claims, PO Box 14140, Lexington, KY 40512-4140	
See pharmacy and drug list at <b>Humana.com</b>	

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.