

## 2025 – NECA IBEW Family Medical Care Plan UnitedHealthcare® Group Medicare Advantage PPO & Prescription Drug (MAPD) Plan with Sav- Rx Wrap



## Frequently Asked Questions



### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$1,800
Office Visit: Primary Care	\$20
Office Visit: Specialist	\$20
Inpatient Hospital	\$0 per admit
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$65, waived if admitted within 24 hrs
Urgent Care	\$50, waived if admitted within 24 hrs
Ambulance Service	\$0
Lab Services	\$20

Radiology Services	\$20
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$20, 12 visits per year
Acupuncture	\$20, Medicare covered services only
Podiatry	\$20, 6 visits per year
Foreign Travel (World-wide) Coverage	\$65 Emergency Care and \$50 Urgent Care – both waived if admitted within 24 hrs
Hearing (must use UHC Hearing)	\$0 Routine Hearing Exam – 1 per year; \$500 Hearing Aid Allowance – every 3 years
Vision	\$0 Routine Eye Exam – 1 per year
Dental	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			
Maximum Out of Pocket: \$1000			
Tier 1 Generic	\$0	\$0	\$0
Tier 2 Preferred Brand	20% - Brands with Generics – Member pays difference	20%-Brands with Generics – Member pays difference	20% - Brands with Generics – Member pays difference
Tier 3 Non-Preferred Brand	30% - \$40 Min Brands with Generics – Member pays difference	30% - \$80 Min Brands with Generics – Member pays difference	30% - \$80 Min Brands with Generics – Member pays difference
Insulin Medications	\$35	\$70	\$70

## Plan Questions

### 1. 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 receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

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

Please call RetireeFirst at **706.229.8769 (TTY 711) or toll free 855.220.9437 (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.

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

NECA IBEW Family Medical Care Plan Customer Service line can be reached at 877.937.9602 to answer any billing questions.

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

Please call RetireeFirst at **706.229.8769 (TTY 711) or toll free 855.220.9437 (TTY 711)** to reach your dedicated NECA IBEW Family Medical Care Plan Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

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

No, there is no medical deductible.

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

Yes, there are some copays for certain medical services. Please refer to the benefit chart on page 1 and page 2.

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

No, this plan does not require referrals.

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

Some services may require pre-certifications.

**9. 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.

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

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

## **11. 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 services and your UnitedHealthcare® and Sav-Rx cards for prescriptions.

## **12. 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 **706.229.8769 (TTY 711) or toll free 855.220.9437 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

## **13. Is there a prescription deductible?**

No, there is no prescription deductible.

## **14. Is there co-insurance or copays?**

Yes, there are copays or co-insurance for prescriptions depending on the prescription tier. The cost share amounts can be found on page 3 of this document.

## **15. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **706.229.8769 (TTY 711) or toll free 855.220.9437 (TTY 711)** if you need help looking up your prescriptions.

## **16. 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. You will need to show **both** your UnitedHealthcare® and Sav-Rx ID cards.

## **17. Is there a mail order pharmacy?**

Yes, Sav-Rx will be your dedicated Mail Order pharmacy.

- Ask your doctor to send the prescription(s) electronically to Sav-Rx in Fremont, NE or, ask your doctor to fax your prescription(s) to Sav-Rx at 402.753.2809.
- Call Sav-Rx with your prescription drug names, strength, and dosing along with your physician's contact information. Sav-Rx will do the rest! Your dedicated Sav-Rx Member Service Telephone Number is 800.545.2810.

## **18. 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.

## **19. 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.

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


Some prescriptions may require a prior authorization. Please contact RetireeFirst at **706.229.8769 (TTY 711) or toll free 855.220.9437 (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.

## **21. 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. Under this plan, your out of pocket total is \$1000.

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

Front:

	
Health Plan (80840): <b>911-87726-04</b>	
Member ID: 999999999-99	Group Number: 50508
Member: <b>SUBSCRIBER BROWN</b>	
Payer ID: 87726	
Copay: PCP \$10 Spec \$45	ER \$80
H2001 PBP# 816	Medicare limiting charges apply.

Back:



Customer Service Hours: 8 am - 8 pm 7 days/week		Printed: 05/16/18
<b>For Members</b>		
Website:	www.UHCMedicareSolutions.com	
Customer Service:	1-800-711-8088 TTY 711	
NurseLine:	1-877-365-7949 TTY 711	
Behavioral Health:	1-800-985-2596 TTY 711	
<b>For Providers</b> www.UHCprovider.com 1-877-842-3210		
Medical Claim Address: P.O. Box 31362 Salt Lake City, UT 84131-0362		
Medicare Solutions		
<b>For Pharmacists</b> 1-877-889-6510		
<b>Pharmacy Claims</b> OptumRx PO Box 29045, Hot Springs, AR 71903		

## Sav-Rx Secondary Wrap Plan Card Sample

Front:

<b>NECA-IBEW Family Medical Care Plan</b>		<b>SAV-RX</b> 1-800-545-2810
Secondary Prescription Drug Benefits Administered by Sav-Rx		
ID:		
NAME:		
Rx Group:		
SUBMIT SECONDARY RX CLAIMS ONLINE TO SAV-RX		
THIS IS FULLY FUNDED SECONDARY PRESCRIPTION COVERAGE TO BE UTILIZED WITH A PART D PRIMARY.		<a href="http://www.savrx.com">www.savrx.com</a> BIN: 006558

Back:

<p>This is your secondary prescription card. Please show the pharmacy both your United Healthcare prescription card and this card, in order to receive your full benefits. If you have any questions, please contact Sav-Rx at 1-800-545-2810.</p> <p>Participating pharmacies must transmit prescription claims online to Sav-Rx. BIN 006558. For electronic claim submission inquiries, pharmacies call Sav-Rx at 1-800-627-4440.</p> <p>For all other plan questions please call Retiree First at 1-855-220-9437.</p>
 <div>Sav-Rx 224 North Park Ave. Fremont, NE 68025</div> 

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.