RetireeFirst

2025 – Scantic Valley Regional Health Trust Prescription Drug Plan (PDP)

Frequently Asked Questions

Plan Design

Prescription Carrier

Humana.

Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to	Preferred 30- day Retail You pay up to	Preferred 90- day Retail You pay up to
Annual Deductible: \$0					
Tier 1 Generic	\$10	\$30	\$20	N/A	N/A
Tier 2 Preferred Brand	\$20	\$60	\$40	N/A	N/A
Tier 3 Non- Preferred Brand	\$35	\$105	\$70	N/A	N/A
Tier 4 Specialty	\$35	N/A	N/A	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. 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 413.240.2280(TTY 711) or toll free 833.265.8656(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 call RetireeFirst at 413.240.2280(TTY 711) or toll free 833.265.8656(TTY 711) for additional information.

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

Please contact your town or school's local benefit coordinator to answer any premium questions.

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

Please call RetireeFirst at 413.240.2280(TTY 711) or toll free 833.265.8656(TTY 711) to reach your dedicated SCANTIC VALLEY REGIONAL

RetireeFirst

HEALTH TRUST Retiree Advocacy Team, Monday-Friday, 8am-5pm, TIMEZONE.

Prescription Questions

8. Is there a prescription deductible?

No, there is no prescription deductible.

9. Is there co-insurance or copays?

Yes, there are prescription copays. Reference the table above.

10. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at 413.240.2280(TTY 711) or toll free 833.265.8656(TTY 711) if you need help looking up your prescriptions.

11. 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.

12. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell which can be reached at (800) 379-0092. You can also call RetireeFirst at 413.240.2280(TTY 711) or toll free 833.265.8656(TTY 711) with questions about mail order prescriptions.

13. 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.

14. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at 413.240.2280(TTY 711) or toll free 833.265.8656(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.

16. 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.

17. 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.

Scantic Valley Regional Health Trust Card Sample:

Front: Back:





RetireeFirst

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.