2025 – Suburban Teamsters of Northern Illinois Welfare Fund 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
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 Services Only
Acupuncture	\$0 – Medicare Covered Services Only
Podiatry	\$0 (6 Visits per year)
Foreign Travel (World-wide) Coverage	\$0 Emergency Room and Urgently Needed Care
Hearing	\$0 Routine Hearing exam every year \$5000 Hearing aid allowance combined – unlimited - every 4 years
Vision	\$0 Routine Eye Exam - every 12 months
Fitness Benefit	SilverSneakers®

Prescription Carrier

UHC UnitedHealthcare	Prescription Services		
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: \$			
Tier 1 Generic	25% (\$5 Min/\$100 Max)	20% (\$10 Min/\$100 Max)	20% (\$10 Min/\$100 Max)
Tier 2 Preferred Brand	25% (\$5 Min/\$100 Max)	20% (\$10 Min/\$100 Max)	20% (\$10 Min/\$100 Max)
Tier 3 Non-Preferred Brand	25% (\$5 Min/\$100 Max)	20% (\$10 Min/\$100 Max)	20% (\$10 Min/\$100 Max)
Tier 4 Specialty	20% (\$10 Min/\$100 Max)	N/A	N/A
Brand with Generic	100%	100%	100%
Insulin Medications	\$35	N/A	N/A

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 630.233.8135(TTY 711) or toll free 855.460.7491(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. if you cancel or opt out of the Suburban Teamsters of Northern Illinois Welfare Fund medical and drug plan, you will also be waiving the Suburban Teamsters of Northern Illinois Welfare Fund ancillary benefits.

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

Suburban Teamsters of Northern Illinois Welfare Fund can be reached at 630.293.5218 to answer any billing questions.

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

Please call RetireeFirst at **630.233.8135(TTY 711) or toll free 855.460.7491(TTY 711)** to reach your dedicated Suburban Teamsters of No. Illinois Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

- Is there a medical deductible? No, there are no medical deductibles.
- Is there co-insurance or copays? No, there are no medical co-insurance or copays.

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-certifications.

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 UnitedHealthcare $\ensuremath{\mathbb{R}}$

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 UnitedHealthcare® ID Card for medical services and your UnitedHealthcare® and Sav-Rx cards for 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 630.233.8135(TTY 711) or toll free 855.460.7491(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, there are prescription co-insurances and copays.

18. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at 630.233.8135(TTY 711) or toll free 855.460.7491(TTY 711) if you need help looking up your prescriptions.

19. What is my copay for insulin medications?

Under the Inflation Reduction Act, your copay for your insulin medication will be no more than \$35 for a 30-day supply.

20. 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. Some pharmacies such as Walmart may be excluded depending on plan design.

21. 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 402-753-2800.

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 **630.233.8135(TTY 711) or toll free 855.460.7491(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 donut hole and is there donut hole coverage?

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

26. 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. You may have cost sharing for excluded prescriptions that are covered under this plan.

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

Front:



Back:



Sav-Rx Secondary Wrap Plan Card Sample Front:

Back:

SAMPLE ID	CARD Medicare PPO	
SOUTHERN NJ EMP BENEFITS FUND MEDICARE (C04) ESA PPO PLAN# 200-EG S00000751 ID NAME RXBIN 610502 RXPCN MEDDAET RXGRP# RXAETD	SAMPLE RX	X00001
ISSUER (80840)	PCP \$10 ER \$0 AS \$0 HO \$0/A SP \$10 H5521-802	

Customer Service	1-888-267-2637
Prescription Drug	1-866-241-0357
24 Hour Nurse Line	1-855-493-7019
Provider Services	1-800-624-0756
TDD/TTY	711
Send claims to:	
Aetna Medicare	
O Box 981106 El Paso, TX 79998-1106	
LIPaso, 1X78880-1100	
	does not guarantee coverage.
Payer ID#60054	
Medicare limiting cha	arges apply.

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.