RetireeFirst

2024 – City of Burleson Medicare Supplement Plan BURLESON



Frequently Asked Questions

Plan Design

Medical Carrier:



Medical Medicare Supplement	You pay
Deductible	\$240 for 2024
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$0
Urgent Care	\$0
Foreign Travel (World-wide) Coverage	\$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum.

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Plan Questions

1. How do I enroll?

Please call RetireeFirst at (817) 210-6275 (TTY 711) or toll free (866) 280-6255 (TTY 711) to request enrollment materials. You will be required to complete an application and ACH form for your monthly rate payment to be enrolled.

2. How much does the plan cost?

The premium for the plan is \$229.50 per retiree per month.

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

If you choose to enroll, please call RetireeFirst at (817) 210-6275 (TTY 711) or toll free (866) 280-6255 (TTY 711) to reach your dedicated City of Burleson Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

4. Who is RetireeFirst?

RetireeFirst is a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy. RetireeFirst Advocates build real relationships with you and truly care about helping you navigate Medicare, understand your benefits, and connect you to programs that can improve your health and wellbeing.

Medical Questions

5. Is there a medical deductible?

Yes, CMS Standard Part B Deductible. For the plan year 2024, the deductible will be \$240.00.

6. Is there co-insurance or copays?

Once you have met your Part B deductible, all of your Medicare approved services are covered for \$0 with the exception of foreign travel. The specific foreign travel details can be found on the chart on page 1.

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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-certification.

9. Does this plan have a network?

No, you can go to any willing Medicare provider, hospital, or facility.

10. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare.

11. Do I still use my Medicare card?

Yes, you will present both your Medicare card and your United American ID Card to medical providers.

United American Insurance Company Med Supp Card Sample:

Front:



Back:

Medicare Supplement CLAIM FILING

Hospital Instructions: Send copy of UB-92/UB-04 and hospital's MEDICARE REMITTANCE ADVICE.

Part B Provider Instructions:

After the Automatic Claims Filing effective date shown on the front of the card, we will receive most claims automatically from Medicare Part B. Your Pemittance Advice will indicate if Medicare has sent us the claim. Payment will be sent directly to the provider if Medicare assignment is accepted.

F870