Sheet Metal Workers Local 104 Health Care Plan Humana Group Medicare Prescription Drug (PDP) Plan



# **Frequently Asked Questions (FAQ)**

## **PLAN DESIGN**

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		
Annual Deductible \$0					
Maximum Out of Pocket \$2500					
Tier 1 Generic	\$15	\$45	\$30		
Tier 2 Preferred Brand	25% - \$15 Min / \$50 Max	25% - \$45 Min / \$150 Max	50% - \$30 Min / \$100 Max		
Tier 3 Non-Preferred Brand	25% - \$15 Min	25% - \$45 Min	50% - \$30 Min		
Tier 4 Specialty	20% - \$15 Min / \$50 Max	Limited to one-month supply	Limited to one-month supply		

### **PRESCRIPTION PLAN QUESTIONS**

#### 1. Will I be automatically enrolled in the new Medicare Drug plan?

Yes, all Medicare-eligible retirees and/or dependents will be enrolled in this plan.

#### 2. Can I stay on 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 on 7/1/2023.

#### 3. Are there any plan changes?

Sheet Metal Workers Local 104 Health Care Plan did their best to match the current plan design and mitigate any disruption. Your copay structure is remaining the same.

#### 4. When will I receive my ID card / Welcome Kit?

ID Cards and your Welcome Kit should be received in the middle to end of June. Medicareeligible 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; <u>this is normal</u>.

#### 5. Do I need to do anything to enroll?

No, Medicare-Eligible retirees and/or dependents currently enrolled in the Sheet Metal Workers Local 104 Prescription plan will be automatically enrolled into the Humana Group Medicare Prescription Drug (PDP) Plan. There is nothing you need to do to be enrolled.

#### 6. What do I do if I lose my card?

Please call RetireeFirst at 925-218-0719 (TTY 711) or Toll-Free 855-433-1626 (TTY 711) and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy if needed.

#### 7. What is opt-out?

While you are going to be automatically enrolled, you can choose to opt-out of the plan. However, if you do opt-out you will have no drug coverage through the Sheet Metal Workers Local 104 Health Care Plan and need to obtain your own coverage. Please call RetireeFirst at **925-218-0719** (TTY 711) or Toll-Free 855-433-1626 (TTY 711) if you would like to opt-out.

#### 8. Can I leave the plan and come back?

Yes. You may elect to temporarily opt out of the Sheet Metal Workers Local 104 Prescription plan if you are covered under your spouse's group health plan. You must inform this Plan in writing at the time of retirement that you are declining coverage because you are covered under your spouse's plan. When the other coverage ceases, you may opt back into the Sheet Metal Workers Local 104 Health Care Plan with proof of credible continuous coverage from the date of retirement and active within the Prescription Plan within 30 days of lost coverage.

#### 9. If I leave the Plan, will it affect any of my other benefits?

Yes, it may. Please reach out to the Trust Fund Office at 925-208-9994 for more information.

#### 10. Is there a Prescription Deductible?

No, there is not a prescription deductible.

#### 11. Are my drugs covered?

Most likely, yes. The Humana Prescription Drug Plan has a Comprehensive Formulary meaning most FDA-approved medications are covered. You will receive an Abridged Formulary with your Welcome Kit. Please call RetireeFirst 925-218-0719 (TTY 711) or Toll-Free 855-433-1626 (TTY 711) if you need assistance looking up your drugs or if your drugs are not listed on the provided formulary.

#### 12. Is my Copay/Coinsurance structure staying the same?

Your copay/coinsurance structure remains the same. Please keep in mind the tiers may change from year to year as well as the cost of drug copay/coinsurance can vary based on inflation, contracts, and/or supply.

#### 13. Can I go to the same Retail Pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Humana Prescription Drug Plan has over 65,000 pharmacies In-Network. You do NOT need new prescriptions for retail pharmacy refills.

#### 14. Is there a Mail Order Pharmacy?

Yes. Humana has a dedicated Mail Order Pharmacy you may utilize beginning July 1, 2023. Your active prescriptions with refills remaining will <u>NOT</u> transfer. If you prefer to use the Mail Order Pharmacy service, you WILL need to obtain new prescriptions from your provider.

#### 15. 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.

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

The Trust Fund Office can be reached at 925-208-9994 to answer any premium questions.

#### 17. Can I still go to the VA (Veteran Affairs) for my drugs?

Yes, if you obtain some drugs from the VA, you may continue to do so

#### 18. Do I need Prior Authorization for certain prescription medicines?

Some drugs may require Prior Authorization. Please contact RetireeFirst at 925-218-0719 (TTY 711) or Toll-Free 855-433-1626 (TTY 711).

#### 19. Who do I call if I need assistance with the prescription plan?

Please call RetireeFirst at **925-218-0719 (TTY 711) or Toll-Free 855-433-1626 (TTY 711)** to reach your Dedicated Sheet Metal Workers Local 104 Health Care Plan Retiree Advocate team Monday – Friday from the hours of 8:00 am to 5:00 pm PST.

### **Card sample:**

**Front:** 

Back:

HUMANA MEDICARE (EMPLOYER PDP) Prescription Drug Plan		
RxBIN: XXXXXX CARD ISSUED: MM/DD/YYYY RxPCN: XXXXXXX RxGRP: XXXXXX	CUSTOMER SERVICE: If you use a TTY, call 711 Retiree First Advocacy Team:	1-800-733-9064 1-855-433-162
Plan (80840) 9140461101 Member ID: HXXXXXXXX MEMBER NAME	Pharmacist/Physician Rx Inquiries: Mail Delivery Pharmacy: Submit Rx Claims only to: Humana C	1-800-865-871 1-844-467-951
SMW LOCAL 104 HEALTH PLAN	Lexington, KY 40512-4140 See pharmacy and drug list at Humana.com	

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