

2025– U.A. Union Local No. 290 Plumber, Steamfitter & Shipfitter Industry Health and Welfare Plan Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier:

Humana

Medical	You pay
Deductible	\$250
Maximum Out of Pocket (MOOP)	\$2,500
Office Visit: Primary Care	4%
Office Visit: Specialist	4%
Inpatient Hospital	4%
Outpatient Hospital	4%
Home Health Care	0% after deductible is met.
Skilled Nursing Facility	3% per day, Days 1-20 4% per day, Days 21-365
Emergency Room	4% - Deductible Does Not Apply - Waived if Admitted within 24 hours
Urgent Care	4% - Deductible Does Not Apply

Ambulance Service	4%
Lab Services	4%
Radiology Services	4%
Durable Medical Equipment	4%
Preventative Screenings	0%
Chiropractic	\$0 - 30 visits per year
Acupuncture	\$0 - 30 visits per year
Podiatry	4% - Medicare covered services only.
Vision	4% - Medicare covered services only.
Hearing	4% - Medicare covered services only.
Foreign Travel (World-wide) Coverage	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Fitness Benefit	SilverSneakers

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
Annual Deductible: \$0			
Tier 1 Generic	\$10	\$20	\$20
Tier 2 Preferred Brand	\$30	\$60	\$60
Tier 3 Non-Preferred Brand	\$60	\$120	\$120
Tier 4 Specialty	\$60	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. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Self-Funded Medicare-eligible retirees and/or dependents must change over to this plan or enroll in the Kaiser Senior Advantage Plan during annual open enrollment. The Self-Funded plan will no longer be available.

3. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current medical and prescription drug plan it is unlikely that you would not want to participate in this new robust plan. However,

you have the option to opt-out and decline this medical and prescription coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

U.A. Union Local No. 290 Plumber, Steamfitter & Shipfitter Industry Health and Welfare Plan did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$250 Medical Deductible
- You pay 4% after deductible for Primary Care and Specialist visits.
- You pay 4% for Emergency Room and Urgent Care Services. Deductible does not apply.
- You pay \$0 copay for Chiropractic Services. 30 visits per year.
- You pay \$0 copay for Acupuncture Services. 30 visits per year.
- Foreign Travel coverage \$100 Deductible, 20% coinsurance, \$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first.
 - Limited to emergency Medicare covered services.
- Access to SilverSneakers Fitness Benefit.
- \$0 Prescription Deductible
- Prescription discount with 90-day Retail or 90-day Mail Order fills.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

5. 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.

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

Please call RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (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.

7. If I leave the plan, will it affect any of my other benefits?

Yes, it may.

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

U.A. Union Local No. 290 Plumber, Steamfitter & Shipfitter Industry Health and Welfare Plan Trust Office can be reached at 503-486-2104 or 866-796-2305 to answer any billing questions.

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

Please call RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (TTY 711)** to reach your dedicated U.A. Union Local No. 290 Plumber, Steamfitter & Shipfitter Industry Health and Welfare Plan Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Medical Questions

10. Is there a medical deductible?

There is a \$250 medical deductible.

11. Is there co-insurance or copays?

Yes, refer to the plan design on pages 1 and 2 of this document for your medical cost share.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certifications.

14. 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.

15. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill Humana.

16. 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 Humana ID Card for medical and prescriptions.

17. 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 **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there is no prescription deductible.

19. Is there co-insurance or copays?

Yes, refer to the plan design on page 3 of this document for your prescription cost share.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 62,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

22. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at 800-379-0092 (PST). You can also call RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (TTY 711)** with questions about mail order prescriptions.

23. 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.

24. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(503) 854-6740 (TTY 711) or toll free (855) 299-5861 (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.

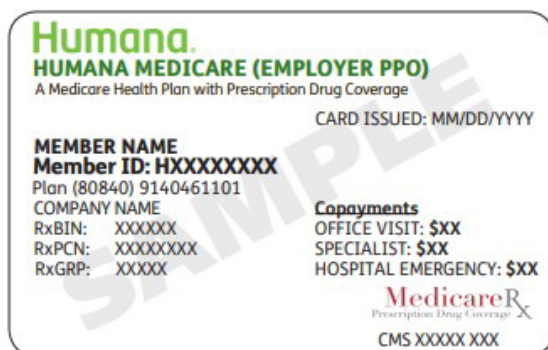
26. What is the catastrophic phase and is there coverage?

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. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Humana Medicare Advantage with Prescription Drug (MAPD)

PPO Plan Card Sample:

Front:



Back:



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.