

2025 – American Chemical Society Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Questions

1. Are there any plan changes?

American Chemical Society did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- You have a \$0 Medical and Prescription Deductible
- You have a \$1,500 Medical Maximum Out of Pocket
- You pay \$15 copay for Primary Care Visit
- You pay \$35 copay for Specialist Visit
- You pay \$35 copay for Urgent Care
- You pay \$65 copay for Emergency Room, waived if admitted within 24 hrs.
- \$300 allowance for Wigs (Medically Necessary)
- One routine eye exam per year is \$0 cost to you - Must use EyeMed providers
- One routine hearing exam per year is \$0 cost to you
 - \$1,000 allowance for hearing aid(s) – all types up to 2 every 3 years
 - Includes 80 batteries per aid and 3 year warranty - Must use TruHearing
- You pay \$35 copay for Podiatry Services, 6 visits per year
- You pay 20% coinsurance for Acupuncture Services, unlimited visits per year
- Prescription drugs are discounted when Mail Order pharmacy is used.
- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

2. 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.

3. 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.

4. 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 **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (TTY 711)**, Monday-Friday, 8am-5pm EST.

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 **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (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. How much do I have to pay for the plan?

Please reach out to the ACS Benefits team at benefits@acs.org if you have any premium related questions.

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

Please call RetireeFirst at **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (TTY 711)** to reach your dedicated American Chemical Society Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

9. Is there a medical deductible?

No, there is no medical deductible on this plan.

10. Is there co-insurance or co-pays?

Yes, there are co-pays and coinsurance associated with this plan. Please refer to the medical benefit chart starting on page 5 of this document.

11. Does this plan require referrals?

No, this plan does not require referrals.

12. Does this plan require pre-certifications?

Some services may require pre-certifications.

13. 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.

14. Can I go to my current providers?

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

15. 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.

16. 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 **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

17. Is there a prescription deductible?

No, there is no prescription deductible on this plan.

18. Is there co-insurance or co-pays?

Yes, there are co-pays associated with this plan. Please refer to the prescription benefit chart starting on page 7 of this document.

19. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (TTY 711)** if you need help looking up your prescriptions.

20. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at (800-379-0092). You can also call RetireeFirst at **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (TTY 711)** with questions about mail order prescriptions.

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 **(614) 333-5385 (TTY 711)** or toll free **(855) 267-6117 (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 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.

26. What is the annual maximum out-of-pocket (MOOP) and how does it work?

Once your out-of-pocket costs for prescription drugs reaches \$2,000, 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.

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$1,500
Office Visit: Primary Care	\$15
Office Visit: Specialist	\$35
Inpatient Hospital	\$0 per admit
Outpatient Surgery	\$125
Home Health Care	\$0
Skilled Nursing Facility	\$0, days 1-20; \$50 per day, days 21-100
Emergency Room	\$65, waived if admitted within 24 hrs
Urgent Care	\$35
Ambulance Service	\$175
Lab Services	\$0
Radiology Services	\$15

Durable Medical Equipment	20%
Preventative Screenings	\$0
Chiropractic	\$20, Medicare Covered Services Only
Acupuncture	20%, Unlimited Visits
Podiatry	\$35, 6 visits per year
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
Hearing	\$0, Routine Hearing Exam - 1 per year \$1,000 Allowance - for hearing aid(s) (all types) up to 2 every 3 years. •Note: Includes 80 batteries per aid and 3 year warranty - Must Use TruHearing
Vision	\$0, Routine Eye Exam - 1 per year (\$175 OON) – must use EyeMed providers.
Dental	\$35, Medicare Covered Services Only
Fitness Benefit	SilverSneakers

Prescription Carrier



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	\$30	\$20
Tier 2 Preferred Brand	\$35	\$105	\$70
Tier 3 Non-Preferred Brand	\$55	\$165	\$110
Tier 4 Specialty	\$100	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.

Humana Medicare Advantage with Prescription Drug (MAPD) PPO Plan ID Card Sample:

Front:

Humana
HUMANA MEDICARE (EMPLOYER PPO)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
COMPANY NAME
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

MedicareRx
Prescription Drug Coverage
CMS XXXX XXX

Back:



Member/Provider Service: 1-XXX-XXX-XXXX
If you use a TTY, call 711
Retiree First Advocacy Team: 1-XXX-XXX-XXXX
Pharmacist/Physician Rx Inquiries: 1-800-865-8715
Claims, PO Box 14601, Lexington, KY 40512-4601
Medicare limiting charges apply
Please visit us at **Humana.com**

Additional Benefits: DENXXX VISXXX HERXXX

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.