# 2025 – Compton Unified School District Medicare Advantage with Prescription Drug Plan (MAPD)

# Frequently Asked Questions

# Plan Design

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| Medical Carrier: |  | |
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| Medical | | You pay |
| Deductible | | $0 |
| Office Visit: Primary Care | | $0 |
| Office Visit: Specialist | | $0 |
| Inpatient Hospital | | $0 per admit |
| Outpatient 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, 20 visits per year |
| Acupuncture | | $0, 20 visits per year – in lieu of anesthesia |
| Podiatry | | $0, 12 visits per year |
| Foreign Travel (World-wide) Coverage | | $0, Emergency Room & Urgently Needed Care |
| Hearing | | $0, Routine Hearing Exam - 1 per year  $2,000 Reimbursement - once every 24 months |
| Vision | | $0, Routine Eye Exam - 1 per year  $130 Reimbursement for eyeglasses OR $100 Reimbursement for contact lenses - every 24 months |
| Fitness Benefit | | SilverSneakers Included |

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| 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 | | Preferred 30-day Retail  You pay up to | | Preferred 90-day Retail / Mail Order  You pay up to |
| Annual Deductible: $0 | | | | | | | | |
| Annual Maximum Out of Pocket (MOOP): $1000 | | | | | | | | |
| Tier 1 Generics | $5 | | $10 | $10 | | $4 | | $8 |
| Tier 2 Brands | $20 | | $40 | $40 | | N/A | | N/A |
| Tier 3 Non-Preferred Brands | $50 | | $100 | $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. | | | | | | | | |

# Plan Questions

1. **How do I enroll?**

To enroll in the new plan, you must complete the enclosed application and an ACH form for your monthly rate payment. If you have any questions or need assistance, please contact RetireeFirst at **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711).**

1. **Can I stay with the current plan?**

No, your current plan will no longer be available effective January 1, 2025. If you choose to not enroll into the Aetna MAPD Plan, you will not have Medical and Prescription Drug coverage through Compton Unified School District.

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

Compton Unified School District can be reached at (310) 639-4321 to answer any billing questions.

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

Please call RetireeFirst at **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711)** to reach your dedicated Compton Unified School District Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

1. **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.

# Medical Questions

1. **Is there a medical deductible?**

No, there is no medical deductible with this plan.

1. **Is there co-insurance or copays?**

No, there is no co-insurance or copays with this plan.

1. **Does this plan require referrals?**

No, this plan does not require referrals.

1. **Does this plan require pre-certifications?**

Some services may require pre-certification.

1. **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.

1. **Can I go to my current providers?**

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

1. **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 Aetna ID Card for medical and prescriptions.

1. **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 **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711)** to assist; we can reach out to your provider to explain.

# Prescription Questions

1. **Is there a prescription deductible?**

No, there is no prescription deductible with this plan.

1. **Is there co-insurance or copays?**

Yes, there are copays for prescriptions with this plan. These copays are listed in the table on page 3 of this document.

1. **Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary. Please call RetireeFirst at **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711)** if you need help looking up your prescriptions.

1. **Can I go to the same retail pharmacy?**

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

1. **Is there a mail order pharmacy?**

There is a mail order pharmacy called CVS Caremark Mail Order Pharmacy which can be reached at 1-877-238-6211 (TTY 711). You can also call RetireeFirst at **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711)** with questions about mail order prescriptions.

1. **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.

1. **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.

1. **Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(310) 691-8510 (TTY 711) or toll free (855) 203-2404 (TTY 711)** ifyou have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

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

Once your out-of-pocket costs for prescription drugs reaches $1000, 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.

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.