

2023 – Medicare Eligible International Alliance of  
Theatrical Stage Employees Local 22/772 Welfare  
Fund MAPD Coverage

## Frequently Asked Questions (FAQ)

### PLAN DESIGN

| CARRIER   |  |
|---|--|
|  | <b>True Choice Medicare<br/>PPO Plan</b> |
| MEDICAL   | MEMBER PAYS                              |
| Deductible  | \$0                                      |
| Office Visit  | \$0                                      |
| Specialist  | \$0                                      |
| Diagnostic Procedure/Tests  | \$0                                      |
| Lab Services  | \$0                                      |
| Therapy (Occupational/Physical/Speech)  | \$0                                      |
| Inpatient Hospital Care   | \$0                                      |
| Outpatient Surgery  | \$0                                      |
| Inpatient Mental Health & Substance Abuse   | \$0 (190 Days lifetime max)              |
| Outpatient Mental Health & Substance Abuse  | \$0                                      |
| Skilled Nursing Facility  | \$0 (Days 1-100)                         |
| Urgent Care   | \$0                                      |
| Emergency Care  | \$0                                      |
| Ambulance Services  | \$0 (Medicare-approved)                  |

| ANCILLARY BENEFITS          | MEMBER PAYS   |
|-----------------------------|---|
| Foreign Travel Coverage     | \$0 (Up to \$50,000 annual maximum benefit, emergency only)   |
| Hearing                     | \$0 Routine hearing exam every 12 months<br>\$0 Hearing aid/fitting evaluation every 3 years<br>\$1,400 Hearing aid allowance every 3 years |
| Chiropractic                | \$0 (Unlimited visits)  |
| Acupuncture                 | \$0 (Unlimited visits)  |
| Additional Covered Services | Wigs Following Chemotherapy (\$750 Annual allowance)  |
| Fitness Benefit             | Silver & Fit  |

| Carrier  |                                 |                                 |                                     |
|--|---------------------------------|---------------------------------|-------------------------------------|
|  |                                 |                                 |                                     |
| Prescription   | 30-Day Retail Member Pays Up To | 90-Day Retail Member Pays Up To | 90-Day Mail Order Member Pays Up To |
| Annual Deductible: \$100   |                                 |                                 |                                     |
| Tier 1 (Generic)   | \$15                            | \$30                            | \$30                                |
| Tier 2 (Preferred Brand)   | \$30                            | \$60                            | \$60                                |
| Tier 3 (Non-Preferred Brand)   | \$50                            | \$100                           | \$100                               |
| Tier 4 (Specialty)   | \$50                            | N/A                             | N/A                                 |

# MEDICAL QUESTIONS

**1. Who is eligible for this plan?**

Only Medicare eligible retirees and/or dependents are eligible for this plan. You must be enrolled into Medicare Parts A and B to participate.

**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 in 2023.

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

The International Alliance of Theatrical Stage Employees Local 22/772 Welfare Fund did their best to match the plan design to your current plan design and mitigate any disruption. There are some plan improvements:

- **A lower monthly premium**
- **\$500 Medical deductible eliminated**
- **\$1,400 Hearing aid allowance added**
- **Enhanced acupuncture coverage**
- **A 90-day supply of prescriptions can be obtained at other retail pharmacies outside of CVS pharmacy.**
- **Silver & Fit is included in the plan, which is a health and fitness program designed for adults 65+.**

**4. Is there a Part A and/or Part B Deductible?**

No.

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

No. All Medicare-approved medical services are covered at 100%

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

No. This plan does not require referrals.

**7. Does this plan require Pre-certifications?**

Some services may require Pre-certification.

**8. Does this plan have a network?**

Yes, but you can go to any provider, hospital, or facility that accepts Medicare and is willing to bill Cigna.

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

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill Cigna.

**10. Do I still use my Medicare Card?**

Put your Medicare card in a safe place in case you need it at a later date. You will use only your Cigna ID Card for Medical and Drug with the exception of COVID-19 vaccines and COVID testing, which will require your Medicare card.

**11. 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 or not they are considered in or out of network. Please call Labor First at **301.238.5970 (TTY 711)** or **Toll-Free at 855.460.7314 (TTY 711)** to assist. We can reach out to your provider to explain.

## PRESCRIPTION QUESTIONS

**12. Is there a Prescription Deductible?**

Yes. There is a \$100 prescription deductible.

**13. Is there Donut Hole Coverage?**

Yes. The plan has Full Donut Hole Coverage.

**14. Is there Catastrophic Coverage?**

Yes. The plan has Custom Catastrophic Coverage. Your copays will not exceed those listed on the above plan design chart.

**15. Are my drugs covered?**

Most likely yes. The formulary is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Welcome Kit and cards. Please call Labor First at **301.238.5970 (TTY 711)** or **Toll-Free at 855.460.7314 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

**16. Is my copay/coinsurance structure staying the same?**

Your copay/coinsurance structure is remaining the same. Please keep in mind the tiers may change from year to year as well as the cost of drugs copay/coinsurance can vary based on inflation, contracts, supply, etc., so you may see a slight change in copay/coinsurance.

**17. Can I go to the same Retail Pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Cigna has over 60,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

**18. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?**

There is Mail Order and a discount at Mail Order, but you can also use most Retail Pharmacies for the same 90-day fill for only 2 retail 30-day copay prices. You DO need new prescriptions if you prefer to use the Express Scripts Mail Order Pharmacy.

**19. 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.

**20. Can I still go to the Veterans Affairs (VA) for my drugs?**

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

**21. Do I need Prior Authorizations for certain prescription medications?**

Some drugs may require a Prior Authorization. Please contact Labor First at [301.238.5970 \(TTY 711\)](tel:301.238.5970) or Toll-Free at [855.460.7314 \(TTY 711\)](tel:855.460.7314) 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.

## PLAN QUESTIONS

**22. Will I be automatically enrolled in the new Medicare Advantage plan? 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.

**23. What is this 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 medical or drug coverage through International Alliance of Theatrical Stage Employees Local 22/772 Welfare Fund and you may no longer be able to participate in other benefits. Please call Labor First at [301.238.5970 \(TTY 711\)](tel:301.238.5970) or Toll-Free at [855.460.7314 \(TTY 711\)](tel:855.460.7314) if you would like to opt-out.

**24. When will I receive my card/ Welcome Kit?**

Cards and Welcome Kits should be received by the middle to end of December. Members 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.

**25. What do I do if I lose my card?**

Please call Labor First at [301.238.5970 \(TTY 711\)](tel:301.238.5970) or Toll-Free at [855.460.7314 \(TTY 711\)](tel:855.460.7314) and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

**26. Can I leave the plan and come back?**

No. You cannot leave the plan and return.

**27. If I leave the plan will it affect any of my other benefits?**

Yes, it may.

**28. Does this plan include vision or dental coverage?**

The Cigna True Choice Medicare PPO plan covers Medicare-covered vision and dental services only. Your vision benefits through VSP and dental benefits through Delta Dental will remain in place for 2023 under the International Alliance of Theatrical Stage Employees Local 22/772 Welfare Fund.

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

The Fund can be reached at [410.319.7264](tel:410.319.7264) or Toll-Free at [800.941.2752](tel:800.941.2752) to answer any premium questions.

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

Please call Labor First at [301.238.5970 \(TTY 711\)](tel:301.238.5970) or Toll-Free at [855.460.7314 \(TTY 711\)](tel:855.460.7314) to reach your Dedicated International Alliance of Theatrical Stage Employees Local 22/772 Welfare Fund Retiree Advocate team from the hours of 8:00am-5:00pm EST.

### 31. Card Sample:

#### Front:

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
|  | <b>&lt;Plan Name&gt;</b>              |                                 |
|   | <b>&lt;Plan Type&gt;</b>              |                                 |
|   | <b>&lt;Employer Name&gt;</b>          |                                 |
|   | <b>&lt;Contract/PBP[(segment)&gt;</b> |                                 |
| <b>Name</b>   | <b>&lt;Customer Full Name&gt;</b>     |                                 |
| <b>ID</b>   | <b>&lt;Customer ID&gt;</b>            |                                 |
| <b>Health Plan</b>  | <b>(80840)</b>                        |                                 |
| <b>[Effective Date &lt;Effective Date&gt;]</b>                                    | <b>Part B Drugs</b>                   |                                 |
| <b>[No PCP Required]</b>  | <b>[RxBIN &lt;XXXXXXX&gt;]</b>        |                                 |
| <b>[No Referral Required]</b>   | <b>[RxPCN &lt;XXXXXXX&gt;]</b>        |                                 |
| <b>COPAYS (IN / OON)</b>  | <b>[RxGRP &lt;XXXXXXX&gt;]</b>        |                                 |
| <b>PCP</b>  | <b>&lt;\$xx&gt;</b>                   | <b>Specialist &lt;\$xx&gt;</b>  |
| <b>Emergency</b>  | <b>&lt;\$xx&gt;</b>                   | <b>Urgent Care &lt;\$xx&gt;</b> |

#### Back:

**This card does not guarantee coverage or payment.**

Services may require an authorization by the Health Plan.  
Medicare limiting charges apply.

**Customer Service 1-888-219-6135 (TTY 711)**  
**Labor First Member Advocate Line**