



Frequently Asked Questions

Plan Design

Medical Carrier



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,400
Office Visit: Primary Care	\$15
Office Visit: Specialist	\$15
Inpatient Hospital	\$0 Per admit
Outpatient Surgery	\$200
Inpatient Mental Health & Substance Abuse	\$0 Per admit (190 Days lifetime max)
Outpatient Mental Health & Substance Abuse	\$15
Virtual Office Visit	\$15
Virtual Visit (Medical, Preferred Provider)	\$0
Virtual Visit (Behavioral Health)	\$15
Telemedicine	\$15 (Through Doctor on Demand, Amwell, or Teladoc)
Home Health Care	\$0
Skilled Nursing Facility	\$0 (Days 1-20)

	\$50 Per day (Days 21-100)
Emergency Room	\$50 (Waived if admitted within 24 hours)
Urgent Care	\$25 (Waived if admitted within 24 hours)
Ambulance Service	\$100
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	20%
Preventative Screenings	\$0
Chiropractic	\$0 (Medicare covered services only)
Acupuncture	\$0 (Medicare covered services only)
Podiatry	\$15 (Medicare covered services) \$15 (6 Routine visits per year)
Foreign Travel (World-wide) Coverage	\$50 Emergency Room (Waived if admitted within 24 hours) \$25 Urgently Care (Waived if admitted within 24 hours)
Hearing	\$0 Routine hearing exam each year \$500 Hearing aid allowance every 3 years (Must use UHC Hearing Program)
Vision	\$0 Routine eye exam each year \$150 Eyewear allowance each year (For eyeglasses and contact lenses combined)
Dental	\$0 Deductible \$0 Preventative & Diagnostic Only <ul style="list-style-type: none"> • Oral Exam every 6 months • Cleaning every 6 months • Bite-Wing X-Ray every 12 months *Separate Comprehensive Coverage can be elected through Delta Dental
Wigs	N/A
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	\$20	\$20
Tier 2 Preferred Brand	\$30	\$60	\$60
Tier 3 Non-Preferred Brand	\$60	\$120	\$120
Tier 4 Specialty	25%	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

Sheet Metal #10 Benefit Fund enhanced your healthcare experience by partnering with RetireeFirst, a retiree benefits management solutions and advocacy service provider, gaining you access to a team of dedicated advocates available to assist you with understanding and using your benefits.

1. Do I need to do anything to continue my enrollment?

No. If you are satisfied with your current plan, no further action is required. You do not need to do anything, and you will continue to be enrolled in the UnitedHealthcare® Group Medicare Advantage Prescription Drug (MAPD) Core Plan.

If you are considering a change in the Plan option (High or Core):

- ✓ First, contact RetireeFirst at **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (TTY 711)** with any questions about the 2 plan options.
- ✓ Second, if you decide you would like to change your plan option for January 1, 2025, make RetireeFirst aware that you need a Plan Change

Form. A Plan Change Form will be sent to you, and you must submit the Change Form to the Benefit Office by November 30, 2024. Instructions on how to submit will be included.

2. Are there any plan changes?

Yes.

- Effective January 1, 2025, the Coverage Gap “Donut Hole” prescription stage has been eliminated. Once you reach a true out of pocket total of \$2,000 for prescription drugs, you will enter the Catastrophic Phase and pay \$0 for Medicare Part D covered drugs in the formulary for the rest of the plan year.
- The coverage for all other services is remaining the same.

3. What mailings should I expect?

You will receive an Annual Notice of Change (ANOC) from UnitedHealthcare®. Keep in mind you and your dependents may receive this item on different days; this is normal.

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

Please call RetireeFirst at **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (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.

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

Contact RetireeFirst for general rate information regarding the High or Core options. For more specific rate information, the Sheet Metal #10 Benefit Fund can be reached at **(651) 770-0991** or toll free **(800) 396-2903** to answer any billing questions.

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

Please call RetireeFirst at **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (TTY 711)** to reach your dedicated Sheet Metal #10 Retiree Advocacy Team, Monday-Friday, 8am-5pm, CDT.

Medical Questions

7. Is there a medical deductible?

No. There is no medical deductible.

8. Is there co-insurance or copays?

Yes. Some services may require a copay. Please refer to the above plan design chart.

9. Does this plan require referrals?

No. This plan does not require referrals.

10. Does this plan require pre-certifications?

Some services may require pre-certifications.

11. 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.

12. Can I go to my current providers?

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

13. 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 UnitedHealthcare® ID Card for medical and prescriptions.

14. 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 **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (TTY 711)** to assist; we can reach out to your provider to explain. Please note that some providers who are out of network may refuse to bill the plan, which is the provider's decision, not the decision of the plan or UnitedHealthcare®, as you have in and out of network benefits.

15. Can I Opt-Out of the Plan's sponsored coverage with UnitedHealthcare®?

Generally, No.

However, if you are experiencing a network disruption you may be eligible to opt-out. You are considered eligible to opt-out if (1) you have a claim within the

disrupted network within the last 24 months, or (2) if you reside in a geographical area that would require extensive travel for a provider that will bill UHC.

If you qualify for and elect to opt-out of coverage, please note that you will not be able to opt back into coverage under this Plan until either (1) open enrollment for the following year, or (2) upon the resolution of the network disruption.

16. Does this plan include dental coverage?

Yes, the plan includes coverage for preventative and diagnostic dental services only. Please refer to the above plan design chart. These services are covered at 100% for in-network dental providers. Out-of-network dental providers are paid based on Usual Customary and Reasonable fees. You are responsible for all fees in excess of this amount. You also have the option to add comprehensive dental through Delta Dental at \$49/person. You should contact the Benefit Office at **(651) 770-0991 or toll free (800) 396-2903** if you are interested in making a change during this open enrollment period.

Prescription Questions

17. Is there a prescription deductible?

No. There is no prescription deductible.

18. Is there co-insurance or copays?

Yes. There are copays. Please refer to the above plan design chart.

19. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(651) 967-7238 TTY 711) or toll free (855) 267-6114 (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. UnitedHealthcare® has over 67,000 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 OptumRx, which can be reached at

(888) 279-1828. You can also call RetireeFirst at **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (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 **(651) 967-7238 TTY 711** or toll free **(855) 267-6114 (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.

RetireeFirst

UnitedHealthcare® Group MAPD Card Sample:

Front:


Health Plan (80840): 911-87726-04
Member ID: 0000000000 Group Number: XXXXX
Member: DENNIS SAMPLE GROUP NAME
Payer ID: 87726
Copay: PCP \$XX ER \$XX
Spec \$XX
HX00X-XXX-XXX
UnitedHealthcare Group Medicare Advantage (PPO)
Plan pays up to Medicare Limiting Charges.

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxCOD: 9999
RxCSP: COS

Back:

Customer Service Hours: Mon - Fri 8 am - 8 pm Printed: 10/01/2020



For Members
Website: retire.uhc.com
Customer Service: 1-999-999-9999 TTY 711
TeleNurse: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711

For Providers www.UHCprovider.com 1-999-999-9999
Medical Claim Address: P.O. Box 99999, Salt Lake City, UT 84131-0362

UHC

For Pharmacists 1-888-888-8888
Pharmacy Claims OptumRx P.O. Box 999999, Dallas, TX 75265-0287

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.