

2025 Hagerstown Community College Medicare Supplement with Prescription Drug Plan



Medical Carrier:



Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health 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, Medicare covered services only
Acupuncture	\$0, Medicare covered services only

Podiatry	\$0, Medicare covered services only
Foreign Travel (World-wide) Coverage	Emergency care outside the U.S is covered at 80%coinsurance of the billed charges after a \$250 deductible for the year- Lifetime Max \$50,000
Hearing	\$0, Medicare covered services only
Vision	\$0, Medicare covered services only
Dental	\$0, Medicare covered services only

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			
Prescription Out-of-Pocket Maximum: \$1,500			
Tier 1 Generic	\$10	\$25	\$25
Tier 2 Preferred Brand	\$30	\$75	\$75
Tier 3 Non-Preferred Brand	\$50	\$125	\$125
Tier 4 Specialty	\$50	N/A	N/A
<p>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.</p>			

FAQ – The New Plan for Retirees

1. Will I be automatically enrolled in the new plan?

Yes. Your effective date is February 1, 2025 and will automatically renew each year on January 1. This is a change from your historical July 1 renewal date. As in the past, you will not need to take any action to remain in the plan.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees or dependents must change over to this plan. Your current plan will no longer be available.

3. Can I opt-out of this plan?

Yes. We are required by law to give you the choice of opting out of the new plan. You have the option to opt-out and decline this medical and prescription coverage. If you would like to opt-out, please call RetireeFirst at **240.224.9390 (TTY 711) or toll free 855.250.7909 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Hagerstown Community College did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Medicare-covered medical services are \$0 cost to you.
- The United American Medicare Supplement Plan has \$0 deductible.
- The Humana Prescription Drug Plan has \$0 deductible.
- RetireeFirst dedicated advocacy team can assist with Medical and Prescription plan questions and can be contacted at **240.224.9390 (TTY 711) or toll free 855.250.7909 (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 receive their own card. Please note that each enrollee may not receive their plan information on the same day.

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

Please call RetireeFirst at **240.224.9390 (TTY 711) or toll free 855.250.7909 (TTY 711)**, to obtain a new one. RetireeFirst will mail you a temporary card and call your pharmacy or providers if needed.

7. Will my cost as a retiree increase under the plan?

No.

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

Please call RetireeFirst at **240.224.9390 (TTY 711) or toll free 855.250.7909 (TTY 711)**, to reach your dedicated Hagerstown Community College Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

9. Is there a medical deductible?

No, this plan does not have a medical deductible.

10. Does this plan require referrals?

No, this plan does not require referrals.

11. Does this plan require pre-certifications?

Some services may require pre-certifications.

12. Does this plan have a network?

No, you can go to any willing Medicare provider, hospital, or facility.

13. Can I go to my current providers?

You can see any provider that accepts Medicare and is willing to bill United American.

14. Do I still use my Medicare card?

Yes, you will use both your Medicare card and your United American ID Card at your provider's office.

Prescription Questions

15. Is there a prescription deductible?

No, this plan does not have a prescription deductible.

16. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **240.224.9390 (TTY 711) or toll free 855.250.7909 (TTY 711)**, if you need help looking up your prescriptions.

17. 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. You will need to show both your Medicare and your new Humana prescription card.

18. Is there a mail order pharmacy?

Yes. There is a mail order pharmacy called CenterWell Pharmacy which can be reached at (800) 379-0092 EST. You can also call your dedicated RetireeFirst Advocates at **240.224.9390 (TTY 711) or toll free 855.250.7909 (TTY 711)**, with questions about mail order prescriptions.

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 prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **240.224.9390 (TTY 711) or toll free 855.250.7909 (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.

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

Once your out-of-pocket costs for prescription drugs reaches \$1,500, 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.

United American Medicare Supplement Plan Card Sample:

Front:



UA United American Insurance Company
Since 1947

P.O. BOX 8080 MCKINNEY, TX 75070 1-800-730-4648

Certificate Number: 123456789 Certificate Effective: 5-1-2012
Name: **John Doe**

Retiree of: Group Name
Medicare Supplement: **Plan F**
Automatic Claims Effective After 5-1-2012

Back:



Medicare Supplement CLAIM FILING

Hospital Instructions:
Send copy of UB-92/UB-04 and hospital's MEDICARE REMITTANCE ADVICE.

Part B Provider Instructions:
After the Automatic Claims Filing effective date shown on the front of the card, we will receive most claims automatically from Medicare Part B. Your Remittance Advice will indicate if Medicare has sent us the claim. Payment will be sent directly to the provider if Medicare assignment is accepted.

F870

Humana Group Medicare Prescription Drug Plan Card Sample:

Front:

Back:

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: XXXXXX

Copayments
OFFICE VISIT: ~~XXX~~
SPECIALIST: ~~XXX~~
HOSPITAL EMERGENCY: ~~XXX~~

Medicare^{Rx}
Prescription Drug Coverage
CMS XXXXX XXXX



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

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.