

Frequently Asked Questions

Plan Design

Medical Carrier



Medical	You pay
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)
At Home Recovery	\$0 (3 Visits Per Week, \$500 Calendar Year Allowance)
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 visits) \$25 (Non-Medicare covered visits)
Acupuncture	\$0 (Medicare covered visits) \$25 (Non-Medicare covered visits, \$500 Allowance per calendar year)
Podiatry	\$0 (Medicare covered services only)
Foreign Travel (World-wide) Coverage	\$250 Deductible, 20% Coinsurance (Up to \$50,000 Lifetime Maximum)

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: \$100			
Tier 1 Generic	20%	20%	20%
Tier 2 Preferred Brand	20%	20%	20%
Tier 3 Non-Preferred Brand	20%	20%	20%
Tier 4 Specialty	20%	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. Will I be automatically enrolled in the new plan, 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.

2. 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.

3. 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 be able 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 **toll free at (855) 298-6520 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

The Enfield Board of Education did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical Deductible
- \$0 Medicare covered medical services
- \$100 Prescription Deductible
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

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 **toll free at (855) 298-6520 (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. If I leave the plan, will it affect any of my other benefits?

Yes, it may.

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

A participant of the Enfield Board of Education's Medicare retiree medical and prescription plans who was paying \$774.51 per month on Anthem will pay \$461.58 per month for the 2025 premium with The Hartford. Any stipend received from the Board of Education or the State Teacher's Retirement Board will continue to offset the cost. If you have additional billing questions, please contact Advanced Benefit Strategies at **(860) 284-0429** or the Enfield Board of Education at **(860) 253-6537**.

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

Please call RetireeFirst **toll free at (855) 298-6520 (TTY 711)** to reach your dedicated Enfield Board of Education Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No. There is no medical deductible.

11. Is there co-insurance or copays?

Medicare approved medical services are covered at 100%, with the exception of Foreign Travel. Additional ancillary benefits may require a copay. Please refer to the above plan design chart.

12. Does this plan require referrals?

No. This plan does not require referrals.

13. Does this plan require pre-certifications?

No. This plan does not require pre-certifications.

14. Does this plan have a network?

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

15. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare.

16. Do I still use my Medicare card?

Yes. You will use both your Medicare card and The Hartford ID Card at your provider's office.

Prescription Questions

17. Is there a prescription deductible?

Yes. There is a \$100 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 **toll free at (855) 298-6520 (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. Express Scripts has over 68,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills. You will need to show your new Express Scripts prescription card.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts Mail Order Pharmacy which can be reached at (888) 345-2560 24 hours a day, 7 days a week. You can also call your dedicated RetireeFirst Advocates **toll free at (855) 298-6520 (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 **toll free at (855) 298-6520 (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.

The Hartford Medicare Supplement Plan Card Sample:

Front:



	Hartford Life & Accident Insurance Company Issuer ID
	<hr/> Covered Person: FIRST MI LAST Member ID: Insured Person's MBI Group Name: Group Policy Number: For Claim Inquiries, contact: Web TPA 1-844-380-4557 or visit www.webtpa.com

Back:

<p><i>Please send written correspondence to:</i> PO Box 1928 - Grapevine, TX 76099-1928</p> <p>Important: For ease of claim processing, please present this card when seeking covered medical care. This card is for identification purposes only and is not a guarantee of coverage.</p> <p>Note to Providers: If you wish to verify insurance coverage, please contact 1-844-380-4557</p> <p>For Customer Service Inquires, contact:</p>

Express Scripts Medicare® PDP Card Sample:

Front:

	EXPRESS SCRIPTS® Medicare (PDP)
	Prescription ID Card
RxBIN 610014 RxPCN MEDDPRIME RxGrp XXXXXXXX Issuer (80840) 9151014609 ID No. AZZA27012308 Name JOHN Q. SAMPLE Issued XX/XX/XXXX	 CMS-S5660-801

Back:

Retiree Advocate Line TTY 711	
<hr/> Patient Customer Service: TDD:	1.888.345.2560 1.800.716.3231
Pharmacist Use Only:	1.800.922.1557
<hr/> SUBMIT PHARMACY CLAIMS TO: Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718	

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.