

2024 – Cupertino Union School District Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0, per admit – Unlimited Days
Outpatient Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0
Durable Medical Equipment	\$0
Chiropractic	\$0, 24 Visits per year - combined with Acupuncture

Acupuncture	\$0, 24 Visits per year - combined with Chiropractic
Podiatry	\$0, 12 Visits per year
Foreign Travel (World-wide) Coverage	\$0, Emergency Room & Urgently Needed Care - \$50,000 Limit per year
Hearing	\$0 routine hearing exam, 1 per year. \$2,000 allowance (both ears/combined) every 2 years.
Fitness Benefit	FitOn

Prescription Carrier



Prescription	30-day Retail You pay up to	100-day Retail You pay up to	100-day Mail Order You pay up to
Prescription Deductible \$0			
Tier 1 Preferred Generic	\$5	\$10	\$10
Tier 2 Generic	\$5	\$10	\$10
Tier 3 Preferred Brand	\$20	\$40	\$40
Tier 4 Non-Preferred Brand	\$50	\$100	\$100
Tier 5 Specialty Drug	\$50	N/A	N/A
Tier 6 Select Care Drug	\$5	\$10	\$0
Insulin Medications	\$35	\$70	\$70

Plan Questions

1. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or Medicare eligible dependents will be automatically enrolled into the plan effective 1/1/2024. 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 Medicare eligible 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 at **(408) 907-5678 (TTY 711) or toll free (833) 265-2657 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

Cupertino Union School District Retiree did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical Maximum Out-of-Pocket.
- \$0 Copay for Medicare-approved medical services.
- \$0 routine hearing exam, 1 per year. \$2,000 allowance (both ears/combined) every 2 years.
- FitOn Fitness Benefit included.
- 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 at **(408) 907-5678 (TTY 711)** or toll free **(833) 265-2657 (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. For questions, please call RetireeFirst at **(408) 907-5678 (TTY 711)** or toll free **(833) 265-2657 (TTY 711)**

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

\$275 per month, please call RetireeFirst **(408) 907-5678 (TTY 711)** or toll free **(833) 265-2657 (TTY 711)** to reach your Dedicated Cupertino Union School District Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

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

Please call RetireeFirst at **(408) 907-5678 (TTY 711)** or toll free **(833) 265-2657 (TTY 711)** to reach your dedicated Cupertino Union School District Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Medical Questions

10. Is there a medical deductible?

No, there is not a medical deductible on the new Alignment Healthcare plan.

11. Is there co-insurance or copays?

No, there is no medical co-insurance or copays on the new Alignment Healthcare plan.

12. Does this plan require referrals?

No, this plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certification.

14. 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.

15. Can I go to my current providers?

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

16. 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 Alignment ID Card for medical and prescriptions.

17. 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 **(408) 907-5678 (TTY 711) or toll free (833) 265-2657 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there is not a prescription deductible.

19. Is there co-insurance or copays?

Yes, there are prescription copays. Please reference the chart above.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(408) 907-5678 (TTY 711) or toll free (833) 265-2657 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

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

22. Is there a mail order pharmacy?

There is a mail order pharmacy called AllianceRx Walgreens which can be reached at 1-800-345-1985 EST. You can also call RetireeFirst at **(408) 907-5678 (TTY 711) or toll free (833) 265-2657 (TTY 711)** with questions about mail order prescriptions.

23. 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.

24. 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.

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

Some prescriptions may require prior authorization. Please contact RetireeFirst at **(408) 907-5678 (TTY 711) or toll free (833) 265-2657 (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.

26. What is the donut hole and is there donut hole coverage?

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

27. 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. You may have cost sharing for excluded prescriptions that are covered under this plan.

Alignment Health Plan Medicare Advantage with Prescription (PPO) Card Sample:

Front:

 Alignment Health Plan **PPO**

ALIGNMENT HEALTH RETIREE OPTIONS (PPO)
A Medicare Health Plan with Prescription Drug Coverage

JOHN SMITH
Member ID: **0000000000**
Plan Code: **801-002**
RxGRP: H4961G
RxBIN: 610455
RxPCN: AHPPARTDG
RxID: 00000238603
Effective Date: **01/01/2023**

In-Network	Out-of-Network
Office Visit: \$0	Office Visit: \$0
Specialist: \$0	Specialist: \$0
Emergency: \$0	Emergency: \$0

MedicareRx
Prescription Drug Coverage

Back:

**ALL CLAIMS MUST BE MAILED TO:**
[Alignment Health Plan
P.O. Box 14010, Orange, CA 92863]

**Member Services:** 1-866-634-2247 (TTY 711)
Pharmacy Technical Help Desk: (844) 227-7615
Member Pharmacy Help: (844) 227-7616
Provider Services: (888) 517-2247

Medicare limiting charges apply. For more information on benefit cost shares please call member services or visit our website.

WWW.ALIGNMENTHEALTHPLAN.COM