



## 2025 – Montgomery County, TX Medicare Advantage with Prescription Drug Plan – High (MAPD)

### Frequently Asked Questions

#### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$1,000
Maximum Out of Pocket (MOOP)	\$2,000
Office Visit: Primary Care	\$25
Office Visit: Specialist	\$25
Inpatient Hospital	10% per admit
Outpatient Surgery	10%
Home Health Care	10%
Skilled Nursing Facility	10%, days 1-120
Emergency Room	\$140, waived if admitted within 24 hours
Urgent Care	\$65, waived if admitted within 24 hours
Ambulance Service	10%
Lab Services	10%
Radiology Services	10%

Durable Medical Equipment	10%
Preventative Screenings	\$0
Chiropractic	\$20, 24 Visits per year
Acupuncture	Medicare covered services only
Podiatry	\$25, 6 Visits per year
Foreign Travel (World-wide) Coverage	\$140, Emergency Room \$65, Urgently Needed Care -both waived if admitted within 24 hours
Hearing	\$0, Routine Hearing Exam - 1 per year \$500 Allowance - combined - every 3 years. *Must purchase hearing aids through UnitedHealthcare®
Vision	\$0, Routine Eye Exam - 1 per year
Dental	Medicare covered services only
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	\$15	\$45	\$15
Tier 2 Preferred Brand	\$25	\$75	\$25
Tier 3 Non-Preferred Brand	\$35	\$105	\$35
Tier 4 Specialty	\$35	N/A	N/A
<p><b>Note:</b> CMS caps the 30-day supply cost for Insulin medications at \$35 Costs for a 30-day supply may be less but will not exceed \$35 for 2025.</p>			

## Plan Questions

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

To finalize your enrollment, you must complete the enclosed ACH form and return it with a voided check to RetireeFirst by December 13, 2024. **If you do not complete and return this ACH enrollment form to RetireeFirst, you will not be enrolled into the plan.**

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

Your monthly rate can be found under “Rate Payment ACH Options” on the enclosed Announcement Letter. The rate will be automatically deducted from your bank account monthly via RetireeFirst ACH on the 3rd of the effective month of coverage (or the next business day). For questions, please call RetireeFirst at **936.909.6467 (TTY 711) or toll free 855.263.4970 (TTY 711)**, Monday-Friday, 8am-5pm CST.

### 3. 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.

### 4. 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 want 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 **936.909.6467 (TTY 711) or toll free 855.263.4970 (TTY 711)**, Monday-Friday, 8am-5pm CST.

### 5. Are there any plan changes?

Montgomery County, TX did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$20 for up to 24 Chiropractic visits per year
- \$25 for 6 podiatry visits per year
- \$0, Routine Hearing Exam - 1 per year and \$500 Allowance - combined - every 3 years. \*Hearing aids must be purchased through UnitedHealthcare®
- One routine eye exam per year is \$0 cost to you.
- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

### 6. 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.

### 7. What do I do if I lose my card?

Please call RetireeFirst at **936.909.6467 (TTY 711) or toll free 855.263.4970 (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.

### 8. If I leave the plan, will it affect any of my other benefits?

Yes, it may.

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

Please call RetireeFirst at **936.909.6467 (TTY 711)** or toll free **855.263.4970 (TTY 711)** to reach your dedicated Montgomery County, Tx Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

## Medical Questions

### **10. Is there a medical deductible?**

Yes, there is a \$1,000 Medical deductible.

### **11. Are there co-insurance or copays?**

Yes, there are co-insurance and copays for medical services. Please refer to the medical plan design beginning on page 1.

### **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-certifications.

### **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 UnitedHealthcare®.

### **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 UnitedHealthcare® 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

**936.909.6467 (TTY 711) or toll free 855.263.4970 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

### **18. Is there a prescription deductible?**

No, there is no prescription deductible.

### **19. Are there co-insurance or copays?**

Yes, there are copays for your prescriptions. Please see the prescription plan design chart on page 3.

### **20. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **936.909.6467 (TTY 711) or toll free 855.263.4970 (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. UnitedHealthcare® has over 67,000 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 OptumRx which can be reached at (888) 279-1828 CST. You can also call RetireeFirst at **936.909.6467 (TTY 711) or toll free 855.263.4970 (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 **936.909.6467 (TTY 711) or toll free 855.263.4970 (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 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 \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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

Once your out-of-pocket costs for prescription drugs reaches \$2,000, 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.

UnitedHealthcare® Group Medicare Advantage Prescription  
Drug (MAPD) Plan Card Sample:

Front:

  
Health Plan (80840): 911-87726-04  
Member ID: 0000000000 Group Number: XXXXX  
Member: DENNIS SAMPLE GROUP NAME  
Payer ID: 87726  
  
RxBIN: 610097  
RxPCN: 9999  
RxGrp: COS  
Copay: PCP \$XX ER \$XX  
Spec \$XX  
HX000-XXX-XXX  
UnitedHealthcare Group Medicare Advantage (PPO)  
Plan pays up to Medicare Limiting Charges.

Back:

Customer Service Hours: Mon - Fri 8 am - 8 pm Printed: xx/xx/xxxx  
  
**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  

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**For Providers** www.UHCprovider.com 1-999-999-9999  
Medical Claim Address: P.O. Box 99999, Salt Lake City, UT 84131-0382  
**UHC**  
For Pharmacists 1-888-999-9999  
Pharmacy Claims OptumRx P.O. Box 99999, 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.