

2025 – Operating Engineers Local 101 Health and Welfare Plan Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier



Medical	You pay
Medical Deductible	\$400
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 Per admit
Outpatient Care	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per admit (190 Day lifetime maximum)
Outpatient Mental Health & Substance Abuse	\$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) \$0 (30 Routine visits per year)
Acupuncture	\$0 (Medicare covered services) \$0 (30 Routine visits per year)
Podiatry	\$0 (Medicare covered services) \$0 (6 Routine visits per year)
Foreign Travel (World-wide) Coverage	\$0 Emergency & Urgently Needed Care
Hearing	\$0 Routine hearing exam (Every 12 months) \$1,150 Combined hearing aid allowance (Every 36 months)
Vision	\$0 Routine eye exam (Every 12 months)
Wigs	\$400 Allowance each year
Transportation Service	\$0 (24 one-way trips per year, up to 60 miles per trip)
Meal Delivery	Up to 14 meals following hospitalization
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	Preferred 30-Day Retail You Pay Up To	Preferred 90-Day Retail You Pay Up To
Annual Deductible: \$135					
Tier 1 Generic	10% (\$15 Min)	\$25	\$20	10% (\$15 Min)	\$20
Tier 2 Preferred Brand	25% (\$35 Min)	\$95	\$95	25% (\$35 Min)	\$95
Tier 3 Non-Preferred Brand	30% (\$40 Min)	\$100	\$100	30% (\$40 Min)	\$100
Tier 4 Specialty	30% (\$40 Min/ \$100 Max)	N/A	N/A	30% (\$40 Min/ \$100 Max)	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, 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 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 **(816) 205-8353 (TTY 711)** or toll free **(855) 460-4377 (TTY 711)**, Monday-Friday, 8am-5pm CDT. Please note, if you leave the plan, you cannot return.

4. Are there any plan changes?

Operating Engineers Local 101 Health and Welfare Plan did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$400 Medical Deductible
- \$0 Medicare covered medical services after meeting Medical Deductible
- \$135 Prescription Deductible
- \$0 Routine eye exam every 12 months
- \$0 Routine hearing exam every 12 months
- \$1,150 Combined hearing aid allowance every 36 months
- \$0 Routine podiatry services (6 Visits per year)
- \$0 Routine chiropractic services (30 Visits per year)
- \$0 Routine acupuncture services (30 Visits per year)
- Meal delivery following hospitalization (up to 14 meals)
- \$0 Copay for transportation service (up to 24 one-way trips per year)
- \$0 Copay for wigs (\$400 allowance every year)
- SilverSneakers Fitness Benefit
- Continued 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 **(816) 205-8353 (TTY 711) or toll free (855) 460-4377 (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 affect other benefits through the Operating Engineers Local 101 Health and Welfare Plan. Please reach out to the Fund at **(816) 737-5959** to discuss how other benefits may be affected.

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

The Fund can be reached at **(816) 737-5959** to answer any billing questions.

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

Please call RetireeFirst at **(816) 205-8353 (TTY 711) or toll free (855) 460-4377 (TTY 711)** to reach your dedicated Operating Engineers Local 101 Retiree Advocacy Team Monday-Friday, 8am-5pm, CDT.

Medical Questions

10. Is there a medical deductible?

Yes. There is a \$400 medical deductible.

11. Is there co-insurance or copays?

After you meet the medical deductible, you will pay \$0 for Medicare covered medical services for the remainder of the year.

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?

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

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 Aetna 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 **(816) 205-8353 (TTY 711) or toll free (855) 460-4377 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

Yes. There is a \$135 prescription deductible.

19. Is there co-insurance or copays?

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

20. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(816) 205-8353 (TTY 711) or toll free (855) 460-4377 (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. Aetna has over 66,000 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 CVS Caremark® Mail Order Pharmacy which can be reached at **(877) 238-6211 (TTY 711)**. You can also call RetireeFirst

at **(816) 205-8353 (TTY 711)** or toll free **(855) 460-4377 (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 a prior authorization. Please contact RetireeFirst at **(816) 205-8353 (TTY 711)** or toll free **(855) 460-4377 (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 \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Aetna MAPD Card Sample:

Front:

	Medicare PPO
PLAN SPONSOR NAME RETIREEFIRST 1-8XX-XXX-XXXX PLAN# XXX-EG00000000X ID 101XXXXXXXXXX NAME SAMPLE SAMPLETON RxBIN 610502 RxPCN MEDDAET RxGRP# RXAETD	
ISSUER (80840) PCP/Office Name: Dr. Sample 999-999-9999 XXXXXXXXX	PCP \$xx ER \$xx AS \$xx HO \$xx/A SP \$xx
Printed on: xx/xx/xxxx	HXXXX-PBP

Back:

AetnaRetireePlans.com	
Customer Service	1-8XX-XXX-XXXX
Prescription Drug	1-8XX-XXX-XXXX
24 Hour Nurse Line	1-8XX-XXX-XXXX
Provider Services	1-8XX-XXX-XXXX
TDD/TTY	711
Send claims to: Aetna Medicare PO Box 981106 El Paso, TX 79998-1106	This card does not guarantee coverage.
Payer ID# 60054	

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.