## **RetireeFirst**

## 2025 – Town of Enfield Medicare Supplement Plan



## 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)
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, \$500 Allowance per calendar year)
Acupuncture	\$0 (Medicare covered visits) \$25 (Non-Medicare covered visits, \$500 Allowance per calendar year)
Podiatry	\$0 (Medicare covered services only)
Annual Physical Exam	\$25
Foreign Travel (World-wide) Coverage	\$250 Deductible, 20% Coinsurance (Up to \$50,000 Lifetime Maximum)

### Plan Questions

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

Due to Florida Department of Insurance guidelines, we have included an Enrollment Form that will need to be completed in order to process your medical coverage under The Hartford Medicare Supplement Plan F, selected by the Town of Enfield. Please complete the form and return to RetireeFirst using the enclosed pre-stamped envelope by December 20, 2024 or by fax at (856) 437-4550.

#### 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 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 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.

### RetireeFirst

#### 4. Are there any plan changes?

The Town of Enfield 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
- 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 retired employee of the Town of Enfield's Medicare retiree medical plan will pay \$0 per month for their 2025 premium. Spouses will pay \$206.44 per month for their 2025 premium. If you have additional billing questions, please contact Advanced Benefit Strategies at **(860) 284-0429** or the Town of Enfield at **(860) 253-6346**.

#### 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 Town of Enfield Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

### **Medical Questions**

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

No. There is no medical deductible.

### **RetireeFirst**

#### 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.



### The Hartford Medicare Supplement Plan Card Sample:

### Front: Back:



Web TPA 1-844-380-4557 gr visit www.webtpa.com Please send written correspondence to: PO Box 1928 - Grapevine, TX 76099-1928

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.

Note to Providers: If you wish to verify insurance coverage, please contact 1-844-380-4557

For Customer Service Inquires, contact:

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.