


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)

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 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.

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.

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?

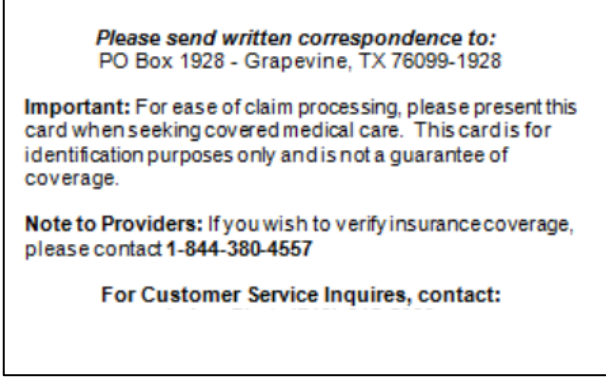
Yes. You will use both your Medicare card and The Hartford ID Card at your provider's office.

The Hartford Medicare Supplement Plan Card Sample:

Front:



Back:



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.