

2024 – Gratiot County Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$1,500
Office Visit: Primary Care	\$15
Office Visit: Specialist	\$25
Inpatient Hospital	\$0 Per admit
Outpatient Surgery	\$0 Outpatient Hospital \$15 Primary Care Office \$25 Specialist Office
Home Health Care	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Emergency Room	\$65 (Waived if admitted)
Urgent Care	\$25
Ambulance Service	\$0 (Medicare-approved)
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	10%

Preventative Screenings	\$0
Chiropractic	\$20 (Medicare covered services only)
Acupuncture	\$25 (Medicare covered services only)
Podiatry	\$0 (Medicare covered services only)
Foreign Travel (World-wide) Coverage	\$100 Deductible, 20% coinsurance \$25,000 Maximum annual benefit or 60 consecutive days, whichever is reached first. (Limited to emergency Medicare-covered services)
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	\$10	\$30	\$20
Tier 2 Preferred Brand	\$20	\$60	\$40
Tier 3 Non-Preferred Brand	\$40	\$120	\$80
Tier 4 Specialty	\$40	N/A*	N/A*
Insulin Medications	\$35	\$105	\$105

***Specialty medications are limited to a 30-day supply**

Plan Questions

1. Are there any plan changes?

Your Humana Group Medicare Advantage PPO and Prescription Drug (MAPD) Plan is not changing. You will now have access to RetireeFirst Advocates for assistance with understanding and using your benefits.

2. Will I be receiving a new ID card?

Yes. New ID cards with your dedicated Gratiot County Retiree Advocacy Team phone number should arrive prior to January 1st. **Your ID number will remain the same.** Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their card on the same day; **this is normal.**

3. What do I do if I lose my card?

Please call RetireeFirst at **989.250.7506 (TTY 711) or toll free 866.280.6049 (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.

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

Please call RetireeFirst at **989.250.7506 (TTY 711) or toll free 866.280.6049 (TTY 711)** to reach your dedicated Gratiot County Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

5. Is there a medical deductible?

No, there is no medical deductible.

6. Is there co-insurance or copays?

Yes. Some services may require a copay. Please refer to the above plan design chart. If you reach your medical maximum out of pocket of \$1,500, you will pay \$0 for covered medical services for the remainder of the year.

7. Does this plan require referrals?

No, this plan does not require referrals.

8. Does this plan require pre-certifications?

Some services may require pre-certification.

9. 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.

10. Can I go to my current providers?

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

11. 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 Humana ID Card for medical and prescriptions.

12. 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 **989.250.7506 (TTY 711) or toll free 866.280.6049 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

13. Is there a prescription deductible?

No, there is no prescription deductible.

14. Is there co-insurance or copays?

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

15. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary. Please call RetireeFirst at **989.250.7506 (TTY 711) or toll free 866.280.6049 (TTY 711)** if you need help looking up your prescriptions.

16. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

17. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Mail Order Pharmacy which can be reached at 1.800.379.0092 (TTY 711) Monday-Friday, 8am-11pm EST and Saturday 8am-6:30pm EST. You can also call RetireeFirst at **989.250.7506 (TTY 711)** or toll free **866.280.6049 (TTY 711)** with questions about mail order prescriptions.

18. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **989.250.7506 (TTY 711)** or toll free **866.280.6049 (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.

20. 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.

21. 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.