



## 2024 – IATSE Local 22/772 Medicare Advantage with Prescription Drug Plan (MAPD)

### 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
Acupuncture	\$0
Podiatry	\$0
Foreign Travel (World-wide) Coverage	\$0 (Up to \$50,000 annual maximum benefit Emergency only)
Hearing	\$0 routing hearing exam every 12 months \$0 hearing aid/fitting evaluation every 3 years \$1,400 hearing aid allowance every 3 years
Vision	\$0
Dental	N/A
Fitness Benefit	Silver&Fit
Additional Benefit	Wigs for Hair Loss due to cancer - \$750 allowance per year

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: \$100			
Tier 1 Generic	\$15	\$30	\$30
Tier 2 Preferred Brand	\$30	\$60	\$60
Tier 3 Non-Preferred Brand	\$50	\$100	\$100
Tier 4 Specialty	\$50	N/A	N/A
Insulin Medications	\$35		

## Plan Questions

### 1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application and authorized representative form, will need to be completed and returned to RetireeFirst in the included pre-paid envelope.

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 be able to participate in this new robust plan. However, you have the option to opt-out and decline this coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at

**301.238.5970 (TTY) or toll free 855.460.7314 (TTY 711)** Monday-Friday, 8am-5pm EST.

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

IATSE Local 22/772 did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Medicare-covered medical services are \$0 cost to you.
- One routine hearing exam per year is \$0 cost to you.
- Access to Silver&Fit Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

## **4. 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.

## **5. What do I do if I lose my card?**

Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (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.

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

Yes, it may.

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

IATSE LOCAL 22/772 can be reached at 410.319.7264 to answer any billing questions.

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

Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY 711)** to reach your dedicated IATSE LOCAL 22/772 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

**9. Is there a medical deductible?**

No, there is no medical deductible.

**10. Is there co-insurance or copays?**

No, there are no copays or coinsurance.

**11. Does this plan require referrals?**

No, this plan does not require referrals.

**12. Does this plan require pre-certifications?**

Some services may require pre-certification.

**13. 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.

**14. Can I go to my current providers?**

Yes, you can see any provider that accepts Medicare and is willing to bill CIGNA.

**15. 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 CIGNA ID Card for medical and prescriptions.

**16. 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 **301.238.5970 (TTY) or toll free 855.460.7314 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**17. Is there a prescription deductible?**

No, there is no prescription deductible.

**18. Is there co-insurance or copays?**

Yes, please see above chart.

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

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY 711)** if you need help looking up your prescriptions.

## **20. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. CIGNA has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

## **21. Is there a mail order pharmacy?**

There is a mail order pharmacy called Express Scripts Mail Order which can be reached at (888) 219-6135 EST. You can also call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY 711)** with questions about mail order prescriptions.

## **22. 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.

## **23. 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.

## **24. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (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.

## **25. 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.

## 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. You may have cost sharing for excluded prescriptions that are covered under this plan.

## Cigna True Choice Medicare (PPO) Card Sample:

Front:

		<Plan Name> <Plan Type> <Employer Name>	
Name	<Customer Full Name>	<Contract/PBP[segment]>	
ID	<Customer ID>		
Health Plan	(80840)		
[Effective Date <Effective Date>]		Part B Drugs	
[No PCP Required]		[RxBIN <XXXXXXX>]	
[No Referral Required]		[RxPCN <XXXXXXX>]	
COPAYS (IN / OON)		[RxGRP <XXXXXXX>]	
PCP	<\$xx>	Specialist	<\$xx>
Emergency	<\$xx>	Urgent Care	<\$xx>

Back:

**This card does not guarantee coverage or payment.**

Services may require an authorization by the Health Plan.  
 Medicare limiting charges apply

**Customer Service** 1-888-219-6135 (TTY 711)  
**Retiree First Member Advocate Line**