



Frequently Asked Questions

Plan Design

Medical Carrier:

Humana

Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$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, 20 visits per year
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.
Hearing	\$0 Routine Hearing Exam - 1 per year \$1,500 Max Hearing aid allowance - 1 per ear every 3 years Must Use TruHearing
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			
Annual Maximum Out of Pocket (MOOP): \$2,000			
Tier 1 Generic	\$20	\$40	\$40
Tier 2 Preferred Brand	\$40	\$80	\$80
Tier 3 Non-Preferred Brand	\$70	\$140	\$140
Tier 4 Specialty	10% - \$120 Max	N/A	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 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. You must enroll in Medicare Part A and enroll in and pay for Medicare Part B. There is nothing else you need to do to be enrolled in the Humana plan.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or their Dependents must change over to the Humana plan. Your benefits under the current plan will no longer be available.

3. Can I opt-out of this plan?

Yes, you have the option to opt-out and decline this medical and prescription drug coverage. If you would like to opt-out, please call RetireeFirst at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

Idaho Pipe Trades Health and Welfare Trust 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.
- \$0 Medical and Prescription Deductible.
- One routine Hearing Exam per year is \$0 cost to you.
- \$1,500 Max Hearing Aid allowance per ear every 3 years- Must use TruHearing.
- Enhanced drug formulary to include lifestyle and bonus drugs.
 - This may include drugs used for erectile dysfunction, weight loss, and some vitamins.
- Access to Silver Sneakers Fitness Benefit.
- 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 **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (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 opt out, will it affect any of my other Plan benefits?

Yes, you will also lose your vision and dental coverage. .

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

To view your monthly rate, please see the October 2024 Summary of Material Modifications being sent to you separately by mail. Idaho Pipe Trades Health and Welfare Trust can be reached at (208) 288-1610 to answer any billing questions.

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

Please call RetireeFirst at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)** to reach your dedicated Idaho Pipe Trades Health and Welfare Trust Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

10. Can I visit a MultiCare Health System provider?

Yes, your Employer Group PPO Medicare Advantage plan with Humana allows for out-of-network (OON) coverage and we've received confirmation from Humana they've reached an agreement with MultiCare Health System to continue seeing patients OON. While network contracts and agreements are subject to evolve or change over time, you are currently able to visit MultiCare and they will bill your plan.

Medical Questions

11. Is there a medical deductible?

No, this plan does not have a medical deductible.

12. Is there co-insurance or copays for medical (non-prescription drug) coverage?

No, all Medicare approved medical services are \$0.

13. Does this plan require referrals?

No, this plan does not require referrals.

14. Does this plan require pre-certifications?

Some services may require pre-certifications.

15. Does this plan have a network?

No, you can go to any willing Medicare provider, hospital, or facility.

16. Can I go to my current providers?

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

17. 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.

18. 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 **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

19. Is there a prescription deductible?

No, this plan does not have a prescription deductible.

20. Is there a prescription co-insurance or copays?

Yes, there are copays associated with your plan. Please refer to the prescription plan design on page 2 of this document to learn more about the costs associated with the plan.

21. Are my prescriptions covered?

Most likely yes. the prescription drug list is intended to be a broad formulary, but the Humana plan does not cover every drug. Please call RetireeFirst at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)** if you need help looking up your prescriptions.

22. Can I go to the same retail pharmacy?

Most likely, yes. The list of pharmacies is intended to be broad, but the Humana plan does not cover every pharmacy. Humana has more than 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills. Please call RetireeFirst at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)** if you need help finding a pharmacy.

23. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at (800) 379-0092. You can also call your dedicated RetireeFirst Advocates at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (TTY 711)** with questions about mail order prescriptions.

24. 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 from your provider. If you use mail order, you WILL need to obtain new prescriptions from your provider.

25. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(208) 268-1125 (TTY 711) or toll free (855) 255-9928 (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.

27. What is the catastrophic phase and is there coverage?

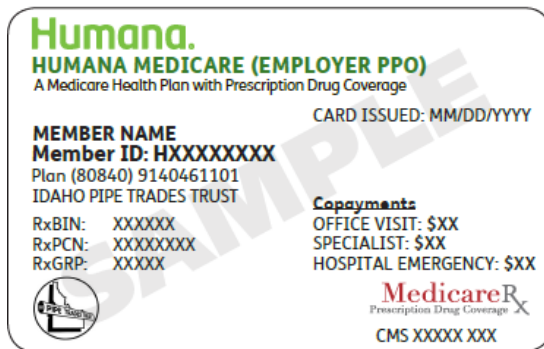
The catastrophic phase is a phase of Medicare coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan during which your copays will be \$0. The catastrophic phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs and continues for the remainder of the year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your true out-of-pocket total.

28. What is the annual maximum out-of-pocket (MOOP) and how does it work?

Once your out-of-pocket costs for prescription drugs reaches \$2,000, your copays for the rest of the year will be \$0.

Humana Medicare Advantage with Prescription Drug (MAPD) PPO 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.