

# 2023 – Pipe Fitters Welfare Fund, Local 597 Medicare-Eligible Retirees MAPD Coverage



## Frequently Asked Questions (FAQ)

### PLAN DESIGN

CARRIER	
Humana® Medicare Advantage Prescription Drug (MAPD) Plan	
MEDICAL COVERAGE	RETIREE PAYS
Medical Deductible	\$0
Medical Maximum Out-of-Pocket	\$0
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0
Outpatient Hospital Care	\$0
Skilled Nursing Facility	\$0 (days 1-100)
Urgent Care Center	\$0
Inpatient / Outpatient Mental Health and Substance Abuse	\$0
Emergency Room	\$0
Ambulance Services	\$0
Durable Medical Equipment	\$0

ANCILLARY BENEFIT COVERAGE	RETIREE PAYS
Foreign Travel Coverage	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Vision Benefit	\$0 Routine Eye Exam - 1 per year \$250 allowance for Contact Lenses, Glasses and Frames - per year
Hearing Benefit	\$0 Routine Hearing Exam \$1,000 allowance for each hearing aid - 1 per ear, per year Includes 80 batteries per aid and 3-year warranty
Fitness Benefit	Silver Sneakers

CARRIER
<b>Humana® Medicare Advantage Prescription Drug (MAPD) Plan</b>

PRESCRIPTION	30-DAY RETAIL MEMBER PAYS UP TO	90-DAY RETAIL MEMBER PAYS UP TO	90-DAY MAIL ORDER MEMBER PAYS UP TO
Annual Deductible \$0			
Maximum out of Pocket \$2,500			
Tier 1 Generic	20% (\$5 Min/ \$15 Max)	20% (\$15 Min/ \$45 Max)	20% (\$10 Min/ \$30 Max)
Tier 2 Brand	20% (\$15 Min/ \$47 Max)	20% (\$45 Min/ \$141 Max)	20% (\$30 Min/ \$94 Max)
Tier 3 Non-Preferred Brand	20% (\$30 Min/ \$100 Max)	20% (\$90 Min/ \$300 Max)	20% (\$60 Min/ \$200 Max)
Tier 4 Specialty	20% (\$100 Max)	Limited to one-month supply	Limited to one-month supply

## MEDICAL QUESTIONS

**1. Can I stay on my current plan?**

No. All Medicare-eligible retirees and/or dependents must change over to the new Humana® Medicare Advantage Prescription Drug (MAPD) Plan or opt out of coverage through the Pipe Fitters Welfare Fund, Local 597. Your current plan will no longer be available for use on January 1, 2023.

**2. Is there a Part A and/or Part B Deductible?**

No, there is no Part A or Part B Deductible on the new Humana® Medicare Advantage Prescription Drug (MAPD) Plan.

**3. Is there Co-insurance or Copays?**

Yes, there are some Copays and Coinsurance for specific benefits, please refer to your Humana Summary of Benefits for more detail.

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

No, this plan does not require referrals.

**5. Does this plan require Pre-certifications?**

Some Medical Services may require Pre-certification.

**6. Does this plan require Prior Authorizations?**

Some Medical Services may require Prior Authorizations.

**7. 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.

**8. Can I continue to utilize to my current providers?**

Yes, you can see any willing Medicare provider.

**9. Do I still use my Medicare Card?**

Prior to January 1, 2023, you will receive a welcome kit and a Humana® card for your Medicare Advantage Prescription Drug (MAPD) plan. This is the ID card you will bring with you to the doctor. You will need this new ID card to ensure that claims will be filed correctly by your providers. Make sure you keep your original Medicare card somewhere safe and only use it for Covid-19 related testing.

**10. What if my Provider says they do not accept this plan?**

If your provider accepts Medicare, they will be **paid the same** by the plan whether they are considered in or out of network. Please call Labor First Toll-free at **(855) 460-7039 (TTY 711)** to assist. We can reach out to your provider to explain.

## PRESCRIPTION QUESTIONS

**11. Is there a Prescription Deductible?**

No, there is no prescription deductible.

**12. What Prescription ID cards will I use?**

Beginning January 1, 2023, you will utilize your new Humana® ID card when you go to the retail pharmacy.

**13. Is there Donut Hole coverage?**

Yes. The plan has Full Donut Hole Coverage. This means you will never pay more than the plan copays shown in the table above.

**14. Is there Catastrophic Coverage?**

Yes. The plan has Catastrophic Coverage. This means you will pay the greater of 5% or the CMS Standard Copays, to a maximum of the copays in the chart on page 3 when you have reached the Catastrophic phase.

**15. Are my medications covered?**

Most likely yes, the formulary is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Welcome Kit and cards. You can call your dedicated Labor First Advocate at **(855) 460-7039 (TTY 711)** to look up your medications, see if there are any restrictions, and learn your copay price.

**16. Is my copays/Coinsurance structure staying the same?**

Your copay/coinsurance structure is remaining the same. Please keep in mind the tiers may change from year to year as well as the cost of drugs copay/coinsurance can vary based on inflation, contracts, supply, etc. so you may see a slight change in copay/coinsurance.

**17. Can I utilize 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 fills.**

**18. Is there a Mail Order Pharmacy?**

There Is Mail Order Pharmacy through CenterWell® Mail Order. **You DO need new prescriptions if you prefer to use the Mail Order Service.**

**19. Will my prescriptions transfer from the old plan?**

New prescriptions are only required for the use of Mail Order. Your current mail order prescriptions will not transfer, you will need to obtain all new prescriptions from your provider if you choose to use Mail Order. Your doctor will need to call the new prescription into Humana® at (800) 967-9830. If you have refills available at your local pharmacy, simply show them your new Humana® card beginning 1/1/2023.

**20. Can I still go to the VA for my drugs?**

Yes. If you obtain some drugs from the VA, you may continue to do so.

**21. Do I need Prior Authorizations for certain medication?**

Some drugs may require a Prior Authorization. Please contact Labor First at [\(855\) 460-7039 \(TTY 711\)](tel:8554607039) 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.

## PLAN QUESTIONS

**22. Will I be automatically enrolled in the new Humana® Medicare Advantage plan? 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.**

**23. What is an opt-out?**

While you are going to be automatically enrolled, you can choose to opt-out of the plan. However, if you do opt-out you will have no medical or drug coverage through Pipe Fitters Welfare Fund, Local 597 and you will not be able to re-enroll per Pipe Fitters Welfare Fund, Local 597 policy. Please call the Fund office at [312-633-0597](tel:3126330597) 7:00- 3:30 CST if you would like to opt-out.

**24. When will I receive my card/ Welcome Kit?**

Cards and Welcome Kits should be received in the middle to end of December.

Members 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.

**25. What do I do if I lose my card?**

Please call Labor First at **(855) 460-7039 (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.

**26. Can I leave the plan and come back?**

No, if you choose to leave the Pipe Fitters Welfare Fund, Local 597 you will not be able to re-enroll into the Pipe Fitters Welfare Fund, Local 597. Please call the Fund office at **312-633-0597** 7:00- 3:30 CST.

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

The Fund can be reached at **312-633-0597** 7:00- 3:30 CST to answer any premium questions.

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

Please call Labor First at **(855) 460-7039 (TTY 711)** to reach your Dedicated Pipe Fitters Welfare Fund, Local 597 Retiree Advocate team from the hours of 8:00AM to 5:00PM CST.

## Sample ID Card

### FRONT

**Humana.**  
**HUMANA MEDICARE (EMPLOYER PPO)**  
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**  
Plan (80840) 9140461101  
PIPE FITTERS LOCAL 597

**Copayments**  
OFFICE VISIT: \$XX  
SPECIALIST: \$XX  
HOSPITAL EMERGENCY: \$XX

RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

**MedicareRx**  
Prescription Drug Coverage

**CHICAGO**  
**Pipefitters**  
LOCAL 597

CMS XXXXX XXX

### BACK



**Member/Provider Service: 1-800-733-9064**  
If you use a TTY, call 711  
Labor First Advocacy Team: 1-855-460-7039  
Pharmacist/Physician Rx Inquiries: 1-800-865-8715  
Claims, PO Box 14601, Lexington, KY 40512-4601  
Medicare limiting charges apply  
Please visit us at **Humana.com**

Additional Benefits: DENXXX VISXXX HERXXX