



# Automobile Mechanics' Local #701 Welfare Fund

## 2023 Medicare Eligible High Humana MAPD Plan and Low Humana MAPD Plan Coverage Comparison


### PLAN DESIGN:

 <b>MEDICAL</b>	<b>*Automatically Enrolled* High MAPD Plan</b>	<b>Low MAPD Plan</b>
	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>
Deductible	\$0	\$233
Maximum Out-of-Pocket	\$0	\$233
Primary Care Office Visit	\$0	\$0
Specialist Visit	\$0	\$0
Inpatient Hospital Care	\$0	\$0
Outpatient Surgery	\$0	\$0
Inpatient Mental Health & Substance Abuse	\$0	\$0
Outpatient Mental Health & Substance Abuse *190 days Lifetime max	\$0	\$0
Skilled Nursing Facility	\$0, Days 1-100	\$0, Days 1-100
Urgent Care Center	\$0	\$0
Emergency Care	\$0	\$0
Ambulance Services	\$0	\$0
Durable Medical Equipment	\$0	\$0
Foreign Travel	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.

 <b>PRESCRIPTION</b>	*Automatically Enrolled*	
	High MAPD Plan	Low MAPD Plan
Annual Deductible	\$0	\$505
<b>30 Day Retail Pharmacy</b>		
Tier 1 Generic	\$5	\$5
Tier 2 Preferred Brand	\$45	\$45
Tier 3 Non-Preferred Brand	\$80	\$80
Tier 4 Specialty	33%	25%
<b>90 Day Retail Pharmacy</b>		
Tier 1 Generic	\$0	\$0
Tier 2 Preferred Brand	\$80	\$80
Tier 3 Non-Preferred Brand	\$120	\$120
Tier 4 Specialty	N/A	N/A
<b>90 Day Mail Order Pharmacy</b>		
Tier 1 Generic	\$0	\$0
Tier 2 Preferred Brand	\$80	\$80
Tier 3 Non-Preferred Brand	\$120	\$120
Tier 4 Specialty	N/A	N/A
<b>Plan Specifications</b>		
Coverage Gap	Full Coverage	Generic Full coverage only and 25% copay for Brands
Catastrophic Coverage	The Greater of 5% or standard CMS Copays, to a maximum of the copays above	CMS Standard

<b>Monthly Premium</b>	*Automatically Enrolled*	
	High MAPD Plan	Low MAPD Plan
	\$231.97	\$143.77

# VOLUNTARY ANCILLARY BENEFITS

	Voluntary Delta Dental PPO Plus Premier		
	In Network		Out-of-Network
	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used
<b>Annual Maximum (per person)</b>	\$2,000	\$2,000	\$2,000
<b>Annual Deductible</b> Per Person Family Maximum Waived for	\$25 \$75 Preventive & Diagnostic	\$25 \$75 Preventive & Diagnostic	\$25 \$75 Preventive & Diagnostic
<b>Preventive &amp; Diagnostics</b> Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (frequency limitations apply); Full Mouth X-Rays; Space Maintainers; Sealants	100%	100%	100%
<b>Basic</b> Fillings; Periodontics; Root Canals (endodontics); Simple Extractions; Oral Surgery; Cone Beam Radiographs	50%	50%	50%
<b>Major</b> Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures	50%	50%	50%

Dental Monthly Premium	Retiree	Retiree and Spouse
	\$32.03	\$68.21



In partnership with VSP®

### Voluntary Delta Vision Plan

Plan name	DeltaVision-Essential
Network	Choice
Exam/Lens/Frame frequency (months)	12/12/24
Contacts frequency (in lieu of glasses)	12

### In Network allowances

Benefits	Covered up to
Exam copay	\$10
Materials copay	\$25
Frame allowance - Walmart/Sam's Club/Costco	\$130 (\$70 Walmart/Sam's Club & Costco)
Elective contact lens allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	\$60
Both frames and contacts in the same year	No; allows contacts in lieu of frames

### Lens enhancements

Benefits	Costs your plan covers
Anti-glare coating	\$41 single/\$41 multifocal
Impact-resistant lenses — adult	\$31 single/ \$35 multifocal (covered for children)
Progressive lenses	Standard Progressive lenses are covered
Light-reactive lenses	\$75 single vision/ \$75 multifocal
Scratch-resistant coating	\$17 single vision/\$17 multi focal

### Out-of-network allowances

Benefits	Covered up to
Examination	\$45
Single vision lenses	\$30
Bifocal lenses	\$50
Trifocal lenses	\$65
Progressive lenses	\$50
Lenticular lenses	\$100
Frame	\$70
Elective contact lenses	\$105
Necessary contact lenses	\$210

## Additional savings

Benefits	Plan details
Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full.

Vision Monthly Premium	Retiree	Retiree and Spouse
	\$3.72	\$7.45

## MEDICAL QUESTIONS:

**1. Can I stay on the current plan available through Via Benefits/Willis Towers Watson?**

No. All Medicare eligible retirees and/or dependent spouses will be automatically enrolled into the High Humana Medicare Advantage Prescription Drug (“MAPD”) Plan for January 1, 2023. If you are not satisfied with the High Humana MAPD Plan Option, you can choose to enroll into the Low Humana MAPD Plan by calling Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711) as soon as possible, but no later than November 15, 2022.** Labor First will also be offering voluntary dental and vision plans you can enroll in for January 1, 2023. **To receive HRA benefits from the Fund, you and your dependent spouse must transition over from Via Benefits/Willis Towers Watson to Labor First effective January 1, 2023.**

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

You are being automatically enrolled into the High Humana MAPD Plan that does not have a Part A or Part B deductible; however, if you wish to enroll into the Low Humana MAPD Plan, you will have a \$233 Deductible.

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

You are being automatically enrolled into the High Humana MAPD Plan that does not have a co-insurance or copay on Medicare approved services; however, if you wish to enroll into the Low Humana MAPD Plan, you will first have to meet your \$233 Deductible before your co-insurance and copays will be \$0.

**4. Do these plans require referrals?**

Both the High Humana MAPD Plan and Low Humana MAPD Plan do not require referrals.

**5. Do these plans require Pre-certifications?**

Some services may require Pre-certification on both the High Humana MAPD Plan and Low Humana MAPD Plan.

**6. Do these plans have a network?**

Yes, but you can go to any willing provider, hospital or facility that accepts Medicare whether they are in or out of the Humana Medicare Network.

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

Yes, you can utilize any willing Medicare provider.

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

No, you will only use your Humana ID card. Please put your Medicare card in a safe place in the event you will need to present it for certain covid related services.

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

If your provider accepts Medicare, you will **pay the same** whether or not they are considered in or out of network. Please call Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** to assist. We can reach out to your provider to explain.

## PRESCRIPTION QUESTIONS:

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

You are being automatically enrolled into the High Humana MAPD Plan that does **not** have a prescription deductible; however, if you wish to enroll into the Low Humana MAPD Plan you will have a \$505 prescription deductible.

**11. Is there a Donut Hole Coverage?**

You are being automatically enrolled into the High Humana MAPD Plan that has full donut hole coverage. This means throughout the donut hole phase you will continue to pay the same copays as listed in the chart on page 2. If you wish to enroll into the Low Humana MAPD Plan, you will have donut hole coverage for generic medications only. This means when you enter the donut hole, you will pay up to a \$5 copay for 30-day supplies, \$0 copay for 90-day supplies, and 25% of the cost for brand medications.

**12. Is there Catastrophic Coverage?**

You are being automatically enrolled into the High Humana MAPD Plan that has custom catastrophic coverage. This means throughout the catastrophic phase the most you will pay is the copays listed in the chart on page 2. If you wish to enroll into the Low Humana MAPD Plan, you will have standard catastrophic coverage. This means when you enter the catastrophic phase, you will pay the greater of 5% of \$4.15 for generics and multi-source medications and \$10.35 for all other medications.

**13. Are my medications covered?**

Most likely yes, the formulary is a comprehensive Formulary. You will receive an Abridged Formulary with your Pre-Enrollment Kit and cards. Please call Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** if you do not see your medication(s) listed or need help looking up your medication(s).

**14. Can I go to the same Retail Pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 65,000 pharmacies in network. If you have active prescriptions with refills, you do NOT need new prescriptions for retail pharmacy fills.

**15. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?**

Yes, CenterWell is the Humana Mail Order Facility. You can receive a discount at both the retail pharmacy and mail order for your 90-day supplies. If you wish to use the retail pharmacy and you have active prescriptions with refills, you do NOT need new prescriptions; however, if you wish to use mail order, you will need new prescriptions.

**16. Can I still go to the VA for my medications?**

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

**17. Do I need Prior Authorizations for certain prescription medicines?**

Some medications may require a prior authorization. Please contact Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (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.

## PLAN QUESTIONS:

**18. Will I be automatically enrolled in the new Medicare Advantage plan? Do I need to do anything to enroll?**

All Medicare eligible retirees and dependent spouses will be automatically enrolled into the High Humana MAPD Plan for January 1, 2023. If you are satisfied with this option, you do not have to take any action. If you are not satisfied with the High Option, you can choose to enroll into the Low Humana MAPD Plan by calling Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711) as soon as possible but no later than November 15, 2022.** Labor First will also be offering voluntary dental and vision plans you can enroll in for January 1, 2023. If you are



interested in enrolling into one of the ancillary benefit options, please contact Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)**. You may be required to complete an application.

**19. What is this opt-out?**

While you are going to be automatically enrolled into the High Humana MAPD Plan, you can also choose the Low Humana MAPD Plan or to opt-out of the plan.

**However, if you do opt-out, you and your dependent spouse will no longer be entitled to the HRA benefit and will need to obtain your own coverage.** Please

note multiple medical only or pharmacy only plans can be made available to you, if applicable. Please call Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** if you would like to opt-out or inquire about the additional plan options.

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

ID Cards and Welcome Kits should arrive in December. Medicare eligible retirees and dependent spouses will each receive their own card. Please note that each enrollee may not receive their plan information on the same day. This is normal.

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

Please call Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (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.

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

No, eligible retirees and dependent spouses cannot come back if they leave the plan.

**23. How do I pay for this plan and how much do I pay for the plan?**

You will continue to receive a monthly HRA benefit from the Fund, use your current HRA balance, if applicable, and any remainder must be paid via automatic monthly deductions from your designated checking or savings account. **The current monthly HRA benefit provided by the Fund is \$63 per month. Please note this amount is subject to change every January 1.**

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

Please call Labor First at **(708) 406-6965 (TTY 711) or Toll Free (855) 434-4151 (TTY 711)** to reach your Dedicated Automobile Mechanics' Local #701 Welfare Fund Retiree Advocate team from the hours of 8:00 AM to 5:00 PM CST.

25. Card Sample:

**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

RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

**Copayments**

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

**MedicareRx**  
Prescription Drug Coverage

CMS XXXXX XXX



**Member/Provider Service: 1-800-733-9064**

If you use a TTY, call 711

Labor First Advocacy Team: 1-855-766-2443

Pharmacist/Physician Rx Inquiries: 1-800-865-8715

Claims, PO Box 14601, Lexington, KY 40512-4601

Medicare limiting charges apply

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