

2025 – IUOE Local 99 Prescription Drug Plan (PDP) Frequently Asked Questions



Prescription Carrier			
Humana®			
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 (Preferred Generic)	\$3.33	\$9.99	\$9.99
Tier 2 (Generic)	\$10	\$20	\$20
Tier 3 (Preferred Brand)	\$30	\$48	\$48
Tier 4 (Non Preferred Brand)	\$48	\$72	\$72
Tier 5 (Specialty Drugs)	20%	N/A	N/A

PLAN QUESTIONS:

1. **How do I enroll in this plan?** To finalize your enrollment into the plan, the enclosed application, authorized representative form, and ACH form need to be completed and returned to RetireeFirst in the included pre-paid envelope.
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?**
IUOE Local 99 did their best to match or enhance your current benefits. Below are a few highlights of your new plan:
 - \$0 Annual Deductible
 - Same Cost for Retail or Mail Order 90 day supply
 - 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 **410.220.0811(TTY 711) or toll free 833.265.8651(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?**
Possibly, contact RetireeFirst for detailed information
7. **How much do I have to pay for the plan?**
IUOE Local 99 can be reached at 410.254.2030 to answer any billing questions.
8. **Who do I call if I need assistance with the plan?**

Please call RetireeFirst at **410.220.0811(TTY 711) or toll free 833.265.8651(TTY 711)** to reach your dedicated IUOE Local 99 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST

PRESCRIPTION QUESTIONS:

9. Is there a prescription deductible?

No.

10. Is there co-insurance or copays?

Yes

11. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **410.220.0811(TTY 711) or toll free 833.265.8651(TTY 711)** if you need help looking up your prescriptions.

12. 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.

13. Is there a mail order pharmacy?

There is a mail order pharmacy called Centerwell which can be reached at (800) 379.0092 (EST) The specialty medication number is 800.486.2668. You can also call RetireeFirst at **410.220.0811(TTY 711) or toll free 833.265.8651(TTY 711)** with questions about mail order prescriptions.

14. 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.

15. 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.

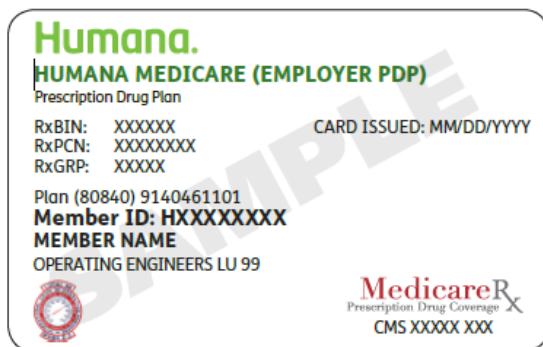
16. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **410.220.0811(TTY 711)** or **toll free 833.265.8651(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.

17.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 \$2,000. 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.

Humana Card Sample:



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.