

2025 – City of Grapevine Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions


Plan Design

Medical Carrier:



Medical	LOW OPTION	HIGH OPTION
Monthly Premium	\$115	\$134
Deductible	\$150	\$0
Office Visit: Primary Care	4%	\$0
Office Visit: Specialist	4%	\$0
Inpatient Hospital	\$0	\$0
Outpatient Care	4%	\$0
Skilled Nursing Facility	0% (Days 1-100)	\$0 (Days 1-100)
Emergency Room	\$65, waived if admitted	\$0
Urgent Care	\$25	\$0
Ambulance Service	4%	\$0
Durable Medical Equipment	4%	\$0

Foreign Travel (World-wide) Coverage	\$65, Emergency Room -waived if admitted \$25, Urgently Needed Care	\$0, Emergency Room & Urgently Needed Care
Hearing	\$0, Routine Hearing Exam - 1 every year \$500, Hearing Aid Reimbursement - once every 36 months	\$0, Routine Hearing Exam - 1 every year \$500, Hearing Aid Reimbursement - once every 36 months Acupuncture Coverage Details Fitness Benefit
Vision	\$0, Routine Eye Exam - 1 every 12 months	\$0, Routine Eye Exam - 1 every 12 months
Fitness Benefit	SilverSneakers	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			
Tier 1 Generic	\$5	\$10	\$10
Tier 2 Preferred Brand	\$40	\$80	\$80
Tier 3 Non-Preferred Brand	\$75	\$150	\$150
Tier 4 Specialty	33%	N/A	N/A
<p>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.</p>			

Ancillary Premium Amounts – Specific to retiree

Ancillary Plans	2024 Monthly Deduction
Dental	
Vision	
Life	

Plan Questions

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

- Your monthly premium will be \$134 per month for the **HIGH** option.
- Your monthly premium will be \$115 per month for the **LOW** option.

Your monthly rate for your MAPD plan and ancillary benefits will be handled by Retiree First via ACH. Please see your ancillary premiums deduction amounts in the chart above. Please complete the enclosed ACH form and return to Retiree First. Retiree First can be reached at **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** to answer any additional rate questions.

2. 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.

3. 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.

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 **817.345.7031(TTY 711) or toll free 844.742.8547(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. How much do I have to pay for the plan?

- Your monthly premium will be \$134 per month for the HIGH option
- Your monthly premium will be \$115 per month for the LOW option.

Your monthly rate for your MAPD plan and ancillary benefits will be handled by Retiree First via ACH. Please see your ancillary premiums deduction amounts in the chart above. Please complete the enclosed ACH form and return to Retiree First. Retiree First can be reached at **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** to answer any additional rate questions.

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

Please call RetireeFirst at **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** to reach your dedicated City of Grapevine Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

8. Is there a medical deductible?

- High Option: \$0 Deductible.
- Low Option: \$150 Part B Deductible.

9. Is there co-insurance or copays?

- High Option: There are no co-insurance or copays on Medicare approved medical services.
- Low Option: Most services have a 4% coinsurance. Urgent care: \$25 copayment, and Emergency Services have a \$65 copayment which is waived if admitted.

10. Does this plan require referrals?

No, this plan does not require referrals.

11. Does this plan require pre-certifications?

Some services may require pre-certifications.

12. 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.

13. Can I go to my current providers?

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

14. 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 Aetna ID Card for medical and prescriptions.

15. 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 **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

16. Is there a prescription deductible?

No, there is no prescription deductible on either plan option.

17. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** if you need help looking up your prescriptions.

18. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

19. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark which can be reached at (833) 620-8808. You can also call RetireeFirst at **817.345.7031(TTY 711) or toll free 844.742.8547(TTY 711)** with questions about mail order prescriptions.

20. 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.

21. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **817.345.7031(TTY 711) or toll free 844.742.8547(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.

23. 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. This coverage phase kicks in when you reach a true out of pocket total of \$2000 for prescription drugs.

24. 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 will be \$0. You will remain in this phase of coverage for the rest of the plan year.

City of Grapevine Card Sample:

Front:

Back:

aetna[®] Medicare PPO

MEDICARE (C04) ESA PPO
HIGH PLAN
GRP#: 466920

MEMBER SINCE 2018
RX

ID MEBQ3BCP
NAME EDWARD E RODGERS JR
RxBIN 610502 RxPCN MEDDAET
RxGRP# RXAETD
ISSUER (80840)

MedicareRx
Prescription Drug Coverage

PCP 0 ER 0
SP 0 HO 0/A
AS 0

PRINTED ON: 12/22/2018 CMS- H5521 802

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www.aetnaretireplans.com

Customer Service:
Medical and Behavioral Health 1-888-267-2637
Prescription Drug 1-855-287-7406
24 Hour Nurse Line 1-800-556-1555
Provider Line 1-800-624-0756
TDD/TTY 711

Send claims to:
Aetna Medicare
PO BOX 981106
EL PASO, TX 79996-1106

This card does not guarantee coverage.
Payer ID# 60054 Medicare limiting charges apply. 7002-12/17

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.

