

## 2026 – Rutherford County Medicare Advantage with Prescription Drug Plan (MAPD)



## Frequently Asked Questions

### Plan Design

Medical Carrier:

**Humana.**

Medical	You pay
Deductible	\$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, 24 Visits per year
Acupuncture	\$0, Unlimited
Podiatry	\$0, 6 Visits per year
Foreign Travel (World-wide) Coverage	\$0, Emergency Room & Urgently Needed Care \$50,000 Maximum Annual Benefit Limited to emergency Medicare-covered services
Hearing	\$0, Routine Hearing Exam - 1 per year \$2,000 Max Benefit coverage amount for hearing aid(s) (all types) up to 2 per year. Note: Includes 80 batteries per aid and 3-year warranty Must use a provider within the TruHearing Network
Vision	\$0, Routine Eye Exam - 1 per year (\$175 OON) \$250 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames) Must use a provider within the EyeMed network

Dental	<ul style="list-style-type: none"> <li>•\$0 for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.</li> <li>•\$0 for panoramic film or diagnostic x-rays up to 1 every 5 years.</li> <li>•\$0 for bitewing x-rays up to 1 set(s) per year.</li> <li>•\$0 for emergency diagnostic exam, intraoral x-rays up to 1 per year.</li> <li>•\$0 for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning), simple or surgical extraction up to 2 per year.</li> <li>•\$0 for periodontal maintenance up to 4 per year.</li> <li>•\$0 for necessary anesthesia (inhalation of nitrous oxide/analgesia, anxiolysis) with covered service, simple or surgical extraction up to unlimited per year.</li> <li>•\$250 combined maximum benefit coverage amount per year for all preventive and comprehensive benefits</li> </ul>
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			
Tier 1 Generic	\$0	\$0	\$0
Tier 2 Preferred Brand	\$0	\$0	\$0
Tier 3 Non-Preferred Brand	35%	35%	35%
Tier 4 Specialty	33%	N/A	N/A
<b>Note:</b> 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 2026.			

## Plan Questions

### 1. Will I be automatically enrolled, or do I need to do anything to enroll in the new plan?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the Humana MAPD plan.

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current medical and prescription drug plan it is unlikely that you would not want to participate in this new plan. However, you have the option to opt-out and decline this medical and prescription coverage. If you would like to opt-out of the Humana Medicare Advantage with Prescription Drug Plan, please indicate this when you complete the enclosed 2026 Election Form and return it to the Rutherford County Insurance & Risk Management

Department at 303 N. Church Street, Ste. 100, Murfreesboro, TN 37130, Attn: Korrine Gunn no later than November 7, 2025.

## **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?**

Rutherford County 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.
- One routine Hearing exam per year is \$0 cost to you. Must use a provider in the TruHearing Network.
- \$2,000 Max Benefit coverage amount for hearing aid(s) (all types) up to 2 per year. Includes 80 batteries per aid and 3-year warranty. Must use a provider in the TruHearing Network.
- One routine Eye exam per year is \$0 cost to you. Must use a provider in the EyeMed Network.
- \$250 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Must use a provider in the EyeMed Network.
- Up to 6 Podiatry visits per year at \$0 cost to you.
- Up to 24 Chiropractic visits per year at \$0 cost to you.
- Unlimited Acupuncture visits at \$0 cost to you.
- Access to SilverSneakers Fitness Benefit.
- \$0 Copay for Tier 1 and Tier 2 prescriptions.
- Annual Prescription Plan Maximum Out-Of-Pocket will increase to \$2,100
- 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 December. 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 **(615) 216-6477 (TTY 711) or toll free (888) 511-9942 (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?**

Yes, it may. Without enrollment in a Rutherford County retirement medical plan, you will not be eligible to enroll in Rutherford County's retirement dental and vision plans. It's also important to know that once you leave Rutherford County's retirement medical plan, you will not be able to come back and re-enroll in it.

If you are enrolled in retirement life insurance and choose to leave the medical plan, your life insurance enrollment will not be affected.

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

Your 2026 medical plan premiums can be found in the 2026 Annual Enrollment letter, which, for retirees, is enclosed with this FAQ. The Rutherford County Insurance & Risk Management office can be reached at **(615) 898-7715** or [retiree@rutherfordcountyttn.gov](mailto:retiree@rutherfordcountyttn.gov) to answer any billing questions.

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

Please call RetireeFirst at **(615) 216-6477 (TTY 711) or toll free (888) 511-9942 (TTY 711)** to reach your dedicated RetireeFirst Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

## Medical Questions

**9. Is there a medical deductible?**

No, there is no medical deductible.

**10. Is there co-insurance or copays?**

No, there are no co-insurance or copays.

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

No, this plan does not require referrals.

**12. Does this plan require pre-certifications?**

Some services may require pre-certifications.

**13. Does this plan have a network?**

Yes, but you can go to any Medicare provider, hospital, or facility willing to bill Humana. This plan's in and out of network benefits are the same.

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

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

**15. 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.

**16. What if my provider says they do not accept this plan?**

If your provider accepts Medicare and is willing to bill Humana, 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 **(615) 216-6477 (TTY 711) or toll free (888) 511-9942 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**17. Is there a prescription deductible?**

No, there is no prescription deductible.

**18. Is there co-insurance or copays?**

There are no copays for Tier 1 and Tier 2 prescriptions. However, there is a cost share associated with this plan for Tier 3 and Tier 4 prescriptions drugs. Please refer to the prescription benefit chart on page 4 of this document to better understand the prescription co-insurance.

**19. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(615) 216-6477 (TTY 711) or (888) 511-9942 (TTY 711)** if you need help looking up your prescriptions.

**20. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Humana has over 62,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

**21. Is there a mail order pharmacy?**

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at 800-379-0092 EST. You can also call RetireeFirst at **(615) 216-6477 (TTY 711) or toll free (888) 511-9942 (TTY 711)** with questions about mail order prescriptions.

**22. 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.

**23. 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.

**24. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(615) 216-6477 (TTY 711) or toll free (888) 511-9942 (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.

**25. 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 \$2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.



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

Once your out-of-pocket costs for prescription drugs reaches \$2,100, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

## Humana Medicare Advantage with Prescription Drug (MAPD)

### PPO Plan Card Sample:

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  
COMPANY NAME  
RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

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

**MedicareRx**  
Prescription Drug Coverage  
CMS XXXXX XXX

Back:



**Member/Provider Service:** 1-XXX-XXX-XXXX  
If you use a TTY, call 711  
Retiree First Advocacy Team: 1-XXX-XXX-XXXX  
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

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.