

2025 – Town of Manchester and Manchester Board of Education Medicare Advantage and Prescription Drug Plan



Frequently Asked Questions

Plan Design

Medical Carrier:



| 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 (Medicare approved) |
| Lab Services | \$0 |

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| Radiology Services | \$0 |
| Durable Medical Equipment | \$0 |
| Preventative Screenings | \$0 |
| Chiropractic | \$0 Medicare Covered Only |
| Acupuncture | \$0 Medicare Covered Only |
| Podiatry | \$0, 12 Visits per Year |
| Foreign Travel (World-wide) Coverage | \$0 for All Emergency and/or Urgent Care Services |
| Hearing | <p>\$0 for Routine Hearing Exam- Once Every 12 Months</p> <p>\$1,000 Hearing Aid Allowance- Once Every 3 years.</p> <p>You must obtain hearing aids from a provider in the UnitedHealthcare® Hearing network to utilize this allowance.</p> |
| Vision | <p>\$0 for Routine Eye Exam – Once Every 12 Months.</p> <p>\$100 Eyewear Allowance Every 2 Years</p> |
| 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 | \$10 | \$30 | \$20 |
| Tier 2 Preferred Brand | \$25* | \$75** | \$50*** |
| Insulin Medications | \$35 | \$105 | \$105 |

*Copay of \$25 plus the cost difference amount if the drug is a brand name with a generic alternative.

**Copay of \$75 plus the cost difference amount if the drug is a brand name with a generic alternative.

***Copay of \$50 plus the cost difference amount if the drug is a brand name with a generic alternative.

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. 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.

4. What do I do if I lose my card?

Please call RetireeFirst at **860.415.1186 (TTY 711) or toll free 855.347.0946 (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.

5. If I leave the plan, will it affect any of my other benefits?

Yes, it may.

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

Town of Manchester and can be reached at 860.647.3024 and Manchester Board of Education at 860.647.3458 to answer any billing questions.

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

Please call RetireeFirst at **860.415.1186 (TTY 711) or toll free 855.347.0946 (TTY 711)** to reach your dedicated Town of Manchester and Manchester Board of Education Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

8. Is there a medical deductible?

No, there is no medical deductible.

9. Is there co-insurance or copays?

No, there is no co-insurance or copay for Medicare approved services.

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 UnitedHealthcare®.

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 UnitedHealthcare® ID Card for medical services.

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 **860.415.1186 (TTY 711) or toll free 855.347.0946 (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.

17. Is there co-insurance or copays?

Yes, please see the table above.

18. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **860.415.1186 (TTY 711) or toll free 855.347.0946 (TTY 711)** if you need help looking up your prescriptions.

19. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. UnitedHealthcare® has over 60,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

20. Is there a mail order pharmacy?

There is a mail order pharmacy called Sav-Rx which can be reached at (800) 228-3108. You can also call RetireeFirst at **860.415.1186 (TTY 711) or toll free 855.347.0946 (TTY 711)** with questions about mail order prescriptions.

21. 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.

22. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **860.415.1186 (TTY 711) or toll free 855.347.0946 (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.

24. 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. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

25. 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. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

UnitedHealthcare® Medicare Advantage Part D Prescription Drug (MAPD) Card Sample:

Front:

UnitedHealthcare
Health Plan (80840): 911-87726-04
Member ID: 0000000000 Group Number: XXXXX
Member: DENNIS SAMPLE
Payer ID: 87726
GROUP NAME
Copay: PCP \$XX Spec \$XX ER \$XX
HXXXX-XXX-XXX
UnitedHealthcare Group Medicare Advantage (PPO)
Plan pays up to Medicare Limiting Charges.

Back:

Customer Service Hours: Mon - Fri 8 am - 8 pm Printed: xerox
For Members
Website: retire.uhc.com
Customer Service: 1-999-999-9999 TTY 711
TeleNurse: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
For Providers www.UHCprovider.com 1-999-999-9999
Medical Claim Address: P.O. Box 99999, Salt Lake City, UT 84131-0362
UHC
For Pharmacists 1-888-888-8888
Pharmacy Claims OptumRx P.O. Box 99999, Dallas, TX 75265-0287

Sav-Rx Wrap Prescription Drug Card Sample:

Front:

| | |
|--|---|
| [PLAN NAME] | SAV-RX 800-228-3108 |
| Secondary Prescription Drug Benefits Administered by Sav-Rx | |
| ID: [ALIAS] | |
| NAME: SMITH, JOHN | |
| Rx Group: [RX GROUP #] | |
| SUBMIT SECONDARY RX CLAIMS ONLINE TO SAV-RX | |
| THIS IS FULLY FUNDED SECONDARY PRESCRIPTION COVERAGE TO BE UTILIZED WITH A PART D PRIMARY. | www.savrx.com BIN: 006558 |

Back:

| | |
|---|---------------------|
| For all other plan questions including Medical and Eligibility, please call Retiree First at XXX-XXX-XXXX. | |
| This is your secondary prescription card. Please show the pharmacy both your United Healthcare prescription card and this card, in order to receive your full benefits. If you have any questions, please contact Sav-Rx at 1-800-228-3108. | |
| Participating pharmacies must transmit prescription claims online to Sav-Rx. BIN 006558. For electronic claim submission inquiries, pharmacies call Sav-Rx at 1-800-228-3108. | |
|  Sav-Rx 224 North Park Ave. Fremont, NE 68025 | Retireefirst |

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.