

## 2025 – Southeastern Massachusetts Health Group Medicare Advantage with Prescription Drug Plan (MAPD)



## Frequently Asked Questions

### Plan Design

#### Medical Carrier



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 Per admit
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Unlimited days
Emergency Room	\$0
Urgent Care	\$0
Lab Services	\$0
Radiology Services	\$0

Durable Medical Equipment	\$0
Routine Physical Exam	\$0
Preventative Screenings	\$0
Chiropractic	\$0 Medicare covered services only
Acupuncture	\$0 Medicare covered services only
Podiatry	\$0 Medicare covered services only
Foreign Travel (World-wide) Coverage	\$0 Emergency room & Urgently needed care
Hearing	\$0 Routine Hearing Exam per year \$800 Hearing Aid Benefit every 36 months *Must Use NationsHearing Providers
Vision	\$0 Routine Eye Exam per year \$150 Reimbursement every 12 months
Dental	\$0 Medicare covered services only
Wigs	\$350 Max allowance every year
Meal Benefit	\$0 for up to 14 meals following an inpatient stay
Fitness Benefit	\$150 Allowance every year for fitness facilities membership, home gym equipment, weight loss program membership

## Prescription Carrier



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Prescription	Preferred 30-day Retail You pay up to	Standard 30-day Retail You pay up to	Preferred 90-day Retail You pay up to	Standard 90-day Retail/Mail Order You pay up to	Preferred 90-day Mail Order You pay up to
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Annual Deductible: \$0

Tier 1 Generic	\$4	\$5	\$8	\$15	\$8
Tier 2 Preferred Brand	\$10	\$10	\$20	\$30	\$20
Tier 3 Non-Preferred Brand	\$25	\$25	\$50*	\$75*	\$50*

**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.

\*Specialty medications are limited to a 30-day supply

## Plan Questions

### 1. How do I enroll?

If you are interested joining the Southeastern Massachusetts Health Group Voluntary MAPD Plan offering through **Aetna Medicare Advantage Prescription Drug (MAPD) Plan with Extended Service Area (ESA)** please fill out the enclosed Aetna Enrollment Application. If you have questions please contact

RetireeFirst at (508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711) Monday-Friday, 8am-5pm EST.

## 2. Can I stay with the current plan?

Your current plan will no longer be available. You will need to contact the Town of Wrentham to discuss other coverage options available to you.

## 3. Can I opt-out of this 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 robust plan. However, you have the option to opt-out and decline this medical and prescription coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **508.744.6804 (TTY 711) or toll free 833.217.5312 (TTY 711)**, Monday-Friday, 8am-5pm EST.

## 4. Are there any plan changes?

Southeastern Massachusetts Health Group 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 eye exam per year is \$0 cost to you.
- \$150 reimbursement towards eyewear every 12 months.
- One routine hearing exam per year is \$0 cost to you.
- \$800 reimbursement once every 36 months towards a hearing device.
- Non-emergency transportation is \$0 cost to you for up to 24 one-way trips with 60 miles allowed per trip.
- One routine physical exam per year is \$0 cost to you.
- \$150 allowance every year for fitness facility memberships, home gym equipment, weight loss program memberships, etc.
- \$350 max allowance every year towards wigs.
- Cervical and vaginal cancer screening are at \$0 cost to you once every 12 months.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

## 5. 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.

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

Please call RetireeFirst at **508.744.6804 (TTY 711)** or toll free **833.217.5312 (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.

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

You may keep other benefits you may have through the Town of Wrentham.

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

A participant of the Southeastern Massachusetts Health Group Medicare retiree plan under the Town of Wrentham will pay \$106.05 per month (25%) for their Medicare Advantage Plan premium. If you have additional questions, Town of Wrentham can be reached at (508) 384-5400 to answer any billing questions.

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

Please call RetireeFirst at **508.744.6804 (TTY 711)** or toll free **833.217.5312 (TTY 711)** to reach your dedicated Southeastern Massachusetts Health Group Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

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

No, there is no medical deductible.

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

No, there is no co-insurance or copays.

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

No, this plan does not require referrals.

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

Some services may require pre-certifications.

## **14. 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.

## **15. Can I go to my current providers?**

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill Aetna.

## **16. 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.

## **17. 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 **508.744.6804 (TTY 711) or toll free 833.217.5312 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

## **18. Is there a prescription deductible?**

No, there is no prescription deductible.

## **19. Is there co-insurance or copays?**

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription co-pays.

## **20. Are my prescriptions covered?**

Most likely yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **508.744.6804 (TTY 711) or toll free 833.217.5312 (TTY 711)** if you need help looking up your prescriptions.

## **21. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

## **22. Is there a mail order pharmacy?**

There is a mail order pharmacy called CVS Caremark® which can be reached at (833) 620-8808 (TTY 711). You can also call RetireeFirst at **508.744.6804 (TTY 711) or toll free 833.217.5312 (TTY 711)** with questions about mail order prescriptions.

## **23. 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.

## **24. 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.

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

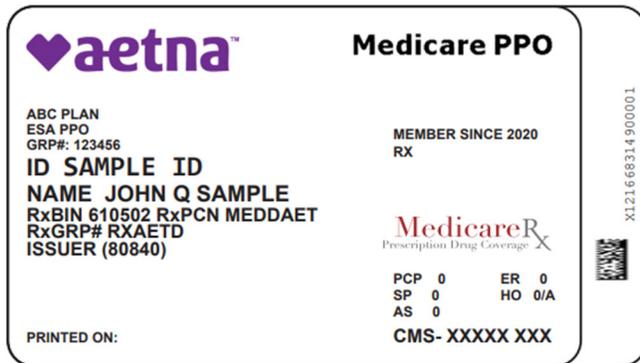
Some prescriptions may require a prior authorization. Please contact RetireeFirst at **508.744.6804 (TTY 711) or toll free 833.217.5312 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

## **26. 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 \$2,000 for prescription drugs.

## Aetna Medicare Advantage Prescription Drug (MAPD) Plan Card Sample:

Front:



Back:



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.