

## 2024 – Pipe Fitters Welfare Fund, Local 597 Medicare Advantage with Prescription Drug Plan (MAPD)

### 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
Radiology Services	\$0

Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$0 (Medicare-approved)
Acupuncture	\$0 (Medicare-approved)
Podiatry	\$0 (Medicare-approved)
Foreign Travel (World-wide) Coverage	\$100 deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services
Hearing	\$0 Routine Hearing Exam \$1,000 allowance for each hearing aid - 1 per ear, per year Includes 80 batteries per aid and 3-year warranty
Vision	\$0 Routine Eye Exam - 1 per year \$250 allowance for Contact Lenses, Glasses and Frames - per year
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			
Maximum Out of Pocket: \$2,500			
Tier 1 Generic	20% (\$5 Min/ \$15 Max)	20% (\$15 Min/ \$45 Max)	20% (\$10 Min/ \$30 Max)
Tier 2 Preferred Brand	20% (\$15 Min/ \$47 Max)	20% (\$45 Min/ \$141 Max)	20% (\$30 Min/ \$94 Max)
Tier 3 Non-Preferred Brand	20% (\$30 Min/ \$100 Max)	20% (\$90 Min/ \$300 Max)	20% (\$60 Min/ \$200 Max)
Tier 4 Specialty	20% (\$100 Max)	N/A	N/A
Insulin Medications	\$35	\$105	\$105

## Plan Questions

### 1. How do I enroll in this plan?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

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 be able to participate in this new robust plan. However, you have the option to opt-out and decline this coverage.

Nevertheless, if you would like to opt-out, please call Pipe Fitters Welfare Fund, Local 597 at 312-633- 0597 Monday-Friday, 7am-3:30pm CST.

**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.

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

Please call RetireeFirst at **toll free 855.460.7039 (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. Pipe Fitters Welfare Fund, Local 597 can be reached at 312-633-0597 to answer any questions.

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

Pipe Fitters Welfare Fund, Local 597 can be reached at 312-633-0597 to answer any billing questions.

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

Please call RetireeFirst at **toll free 855.460.7039(TTY 711)** to reach your dedicated Pipe Fitters Welfare Fund, Local 597 Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

## 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 copays 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 Humana®.

**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 Humana® 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 **toll free 855.460.7039 (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 **toll free 855.460.7039 (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. Humana® has over 67,000 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 CenterWell which can be reached at (800) 379-0092. You can also call RetireeFirst at **toll free 855.460.7039 (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 **toll free 855.460.7039 (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 donut hole and is there donut hole coverage?**

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

## **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. You may have cost sharing for excluded prescriptions that are covered under this plan.

## Humana® Medicare Advantage Prescription Drug (MAPD) Plan

### Card Sample:

#### Front:

**Humana.**  
**HUMANA MEDICARE (EMPLOYER PPO)**  
A Medicare Health Plan with Prescription Drug Coverage

MEMBER NAME  
Member ID: HXXXXXXXXX  
Plan (80840) 9140461101  
PIPEFITTERS LOCAL 597

CARD ISSUED: MM/DD/YYYY

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

RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

**CHICAGO**  
**Pipefitters**  
LOCAL 597

**MedicareRx**  
Prescription Drug Coverage

CMS XXXXX XXX

#### Back:



**Member/Provider Service: 1-800-793-9064**  
If you use a TTY, call 711  
RetireeFirst Advocacy Team: 1-855-460-7039  
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: VISXXX HERXXX