


## Frequently Asked Questions (FAQ)

### Plan Design

Carrier	
	
MEDICAL	YOU PAY
Deductible	\$0
Office Visit	\$0
Specialist Visit	\$0
Diagnostic Procedure/Tests	\$0
Lab Services	\$0
Preventative Services	\$0
Therapy (Occupational/Physical/Speech)	\$0
Allergy Shots	\$0
Inpatient Services	\$0
Outpatient Services	\$0
Skilled Nursing Facility (Days 1-100)	\$0
Urgent Care	\$0
Emergency Care	\$0
Ambulance Services (Medicare-approved)	\$0
Durable Medical Equipment	\$0
ANCILLARY BENEFITS	YOU PAY
Hearing	\$0, Routine Hearing Exam (1 per year) \$500 Hearing Aid Allowance (every 3 years) Includes 80 batteries per aid and 3-year warranty Must use TruHearing

Vision	\$0, Routine Eye Exam (1 per year)
Dental	\$0, Deductible \$0, Preventive & Diagnostic 20% Basic 50% Major \$2,000 Annual Max Allowance
Podiatry	\$0, 6 Visits Per Year
Chiropractic	\$0, 12 Visits Per Year
Acupuncture	\$0, 12 Visits Per Year
Private Duty Nursing	\$0, Up to \$5000 Annual Allowance
Fitness Benefit	SilverSneakers

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	25% (\$100 Max)	25% (\$200 Max)	25% (\$100 Max)
Tier 2 Preferred Brand	25% (\$100 Max)	25% (\$200 Max)	25% (\$100 Max)
Tier 3 Non-Preferred Brand	25% (\$100 Max)	25% (\$200 Max)	25% (\$100 Max)
Tier 4 Specialty	25% (\$100 Max)	N/A*	N/A*

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

# Medical Questions

## 1. Are there any plan changes?

Steamfitters Local 439 Health & Welfare Fund did their best to match the plan design to your current plan design and mitigate any disruption. Your new plan highlights include:

- \$0 Routine Hearing Exam (1 per year)
- \$500 Hearing Aid Allowance (every 3 years via TruHearing)
- \$0 Routine Eye Exam (1 per year)
- Dental Deductible Eliminated
- \$0 Acupuncture Visits (12 per year)
- \$0 Chiropractic Visits (12 per year)
- \$0 Podiatry Visits (6 per year)
- Private Duty Nursing (Up to \$5000 Annual Allowance)
- SilverSneakers Fitness Benefit
  - Access to over 15,000 gyms and fitness locations across the nation
  - You can visit [www.silversneakers.com](http://www.silversneakers.com) to find locations and classes.
  - Includes fitness classes, weight equipment, exercise machines, pools, and more
- 90-Day Prescriptions Available via Retail Pharmacy
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

## 2. Is there a Part A and/or Part B deductible?

No. There is no Part A or Part B deductible.

## 3. Is there co-insurance or copays?

There is no co-insurance or copayments with your plan except for one service: there is a \$100 deductible and 20% coinsurance for emergency Medicare covered services within your Foreign Travel coverage.

## 4. Does this plan require referrals?

No. This plan does not require referrals.

## 5. Does this plan require Pre-certifications?

Some services may require a Pre-certification.

**6. 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.

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

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

**8. Do I still use my Medicare Card?**

No. Put your Medicare card in a safe place in case you need it at a later date. You will use only your Humana ID Card for medical services and prescription drugs.

**9. 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. Please call RetireeFirst at **(618) 205-6568 (TTY 711)** or **Toll Free (855) 430-7095 (TTY 711)** to assist. We can reach out to your provider to explain.

## Prescription Questions

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

No. There is no prescription deductible.

**11. 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.

**12. Is there Catastrophic 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.

**13. Are my drugs covered?**

Most likely, yes, the prescription list is a comprehensive formulary just as before. You will receive an abridged formulary with your Humana pre-enrollment kit. Please call RetireeFirst at **(618) 205-6568 (TTY 711) or Toll Free (855) 430-7095 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

**14. Is my copay/coinsurance structure staying the same?**

Steamfitters Local 439 Health & Welfare Fund did their best to match your plan design and mitigate any disruption. Please keep in mind the tiers may change from year to year, as well as the cost of drug copays/coinsurance can vary based on inflation, contracts, supply, etc., so you may see a slight change in copay/coinsurance.

**15. 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.

**16. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?**

There is Mail Order and the copay structure is the same as a 30-day supply. You can also use most retail pharmacies for the same 90-day fill for no more than 2 times the maximum 30-day copay price. You DO need new prescriptions if you prefer to use the CenterWell Mail Order Pharmacy.

**17. 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.

**18. Can I still go to the Veterans Affairs (VA) for my drugs?**

Yes, if you obtain some drugs from the VA, you may continue to do so.

**19. Do I need Prior Authorizations for certain prescription medications?**

Some drugs may require a Prior Authorization. Please contact RetireeFirst at **(618) 205-6568 (TTY 711) or Toll Free (855) 430-7095 (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.

## Plan Questions

**20. Will I be automatically enrolled in the new Medicare Advantage plan?**

**Do I need to do anything to enroll?**

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

**21. Can I stay on 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 in 2024.

**22. What is this opt-out?**

While you are going to be automatically enrolled, you can choose to opt-out of the plan. However, if you do opt-out, you will have no medical or drug coverage through Steamfitters Local 439 Health & Welfare Fund. Please call RetireeFirst at **(618) 205-6568 (TTY 711) or Toll Free (855) 430-7095 (TTY 711)** if you would like to opt-out.

**23. When will I receive my ID card?**

ID Cards should be received in the middle to end of December. Members 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.

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

Please call RetireeFirst at **(618) 205-6568 (TTY 711) or Toll Free (855) 430-7095 (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.

**25. Can I leave the plan and come back?**

If you elect to discontinue retiree coverage through the Steamfitters Local 439 Health & Welfare Fund, you will not be eligible to come back onto the plan.

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

Yes. If you leave the plan, you will no longer have access to the ancillary benefits provided by Steamfitters Local 439 Health & Welfare Fund.

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

Steamfitters Local 439 Health & Welfare Fund can be reached at **(618) 624-6096** to answer any billing questions.

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

Please call RetireeFirst at **(618) 205-6568 (TTY 711)** or Toll Free **(855) 430-7095 (TTY 711)** to reach your Dedicated Steamfitters Local 439 Health & Welfare Fund Retiree Advocate team from the hours of 8:00am to 5:00pm CST.

## ID CARD SAMPLE

**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



**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