## **RetireeFirst**



## 2025 – Seattle Area Plumbing & Pipefitting Industry Health Trust 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     |
| Emergency Room             | \$0     |
| Urgent Care                | \$0     |
| Ambulance Service          | \$0     |
| Lab Services               | \$0     |

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| Radiology Services                   | \$0  |  |
|--------------------------------------|--|--|
| Durable Medical Equipment            | \$0  |  |
| Preventative Screenings              | \$0  |  |
| Chiropractic                         | \$0, unlimited visits  |  |
| Acupuncture                          | Medicare covered services only   |  |
| Podiatry                             | \$0, 6 visits per year   |  |
| Foreign Travel (World-wide) Coverage | \$100 deductible, 20% coinsurance,<br>\$25,000 Maximum Annual Benefit or 60<br>consecutive days, whichever is reached<br>first. Limited to emergency Medicare-<br>covered services.  |  |
| Hearing                              | \$0 Routine Hearing Exam - 1 per year<br>\$1,500 Hearing Aid Allowance - 1 per ear<br>- every 3 years<br>Includes 80 batteries per aid and 3-year<br>warranty<br>Must use TruHearing |  |
| Vision                               | Medicare covered services only   |  |
| Dental                               | Medicare covered services only   |  |
| Fitness Benefit                      | SilverSneakers   |  |



#### Prescription Carrier

## **Humana**

| Prescription                                 | 30-day Retail<br>You pay up to | 90-day Retail<br>You pay up to | 90-day Mail Order<br>You pay up to |  |
|--|--------------------------------|--------------------------------|------------------------------------|--|
| Annual Deductible: \$0                       |                                |                                |                                    |  |
| Annual Maximum Out of Pocket (MOOP): \$1,000 |                                |                                |                                    |  |
| Tier 1 Generic                               | \$8                            | \$20                           | \$20                               |  |
| Tier 2 Preferred Brand                       | \$40                           | \$100                          | \$100                              |  |
| Tier 3 Non-Preferred Brand                   | \$55                           | \$138                          | \$138                              |  |
| Tier 4 Specialty                             | \$55                           | N/A                            | N/A                                |  |

**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.

## Plan Questions

1. Will I be automatically enrolled, or 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.

#### 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. 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 (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (TTY 711), Monday-Friday, 8am-5pm PST.

#### 4. Are there any plan changes?

Seattle Area Plumbing & Pipefitting Industry Health Trust did their best to match and enhance your current benefits. Below are a few highlights of your new plan:

- Majority of Medicare Covered Medical Services are \$0 cost to you.
- \$0 Medical and Prescription Deductible
- Improved Podiatry Benefit: \$0, 6 visits per year.
- Improved Chiropractic Benefit: \$0, unlimited visits.
- Access to SilverSneakers Fitness Benefit.
- Prescription formulary includes lifestyle and bonus drugs. This may include drugs used for erectile dysfunction, weight loss, hair loss, and some vitamins.
- 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 (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (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?

Yes, if you terminate your medical and prescription plan through Seattle Area Plumbing & Pipefitting Industry Health Trust, you will lose eligibility for the additional ancillary benefits the trust offers.

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

Please call RetireeFirst at (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (TTY 711) to reach your dedicated Seattle Area Plumbing & Pipefitting Industry Health Trust Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

## **Medical Questions**

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

No, there is no medical deductible on this plan.

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

No. There is no co-insurance or copayments with this plan. All Medicare approved medical services are covered at 100%. There is a \$100 deductible and 20% coinsurance for emergency Medicare covered services within your Foreign Travel coverage.

#### 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 willing Medicare provider, hospital, or facility. 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, 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 (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (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 on this plan.

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

Yes, there are copays associated with your plan. Please refer to the prescription plan design on page 3 of this document to learn more about the costs associated with the plan.

#### 19. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at (425) 274-3086 (TTY 711) or (855) 261-9369 (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 65,000 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. You can also call RetireeFirst at (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (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 (425) 274-3086 (TTY 711) or toll free (855) 261-9369 (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 annual maximum out-of-pocket (MOOP) and how does it work? Once your out-of-pocket costs for prescription drugs reaches \$1,000, 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.

## Other Questions

26. What if I am Medicare eligible but my spouse is not yet Medicare eligible? Medicare eligible retirees and/or dependents will be automatically enrolled into the plan. Retirees and/or dependents who are not yet Medicare eligible will remain covered under the Seattle Area Plumbing & Pipefitting Industry Health Trust's current benefits for Non-Medicare retirees.

#### 27. Are Dental benefits included in this plan?

Only Medicare covered dental services will be covered under this plan (the Humana MAPD). However, you will still have dental coverage under the Seattle Area Plumbing & Pipefitting Industry Health Trust's current dental benefit through Delta Dental of Washington.

#### 28. Are Vision benefits included in this plan?

Only Medicare covered vision services will be covered under this plan (the Humana MAPD). However, you will still have vision coverage under the Seattle Area Plumbing & Pipefitting Industry Health Trust's current vision benefit plan through VSP.



## Humana Medicare Advantage with Prescription Drug (MAPD) PPO Plan Card Sample:

Front: Back:

Humana.

**HUMANA MEDICARE (EMPLOYER PPO)** 

A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME Member ID: HXXXXXXXX

Plan (80840) 9140461101 COMPANY NAME RxBIN: XXXXXX

RxPCN: XXXXXXXXX RxGRP: XXXXX Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX

HOSPITAL EMERGENCY: \$XX

Medicare R
Prescription Drug Coverage

CMS XXXXX XXX

Member/Provider Service:

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.