RetireeFirst

2027 – Automatic Sprinkler Local 281 Medicare Advantage and Prescription Drug Plans

Your Dedicated Advocacy Phone Numbers
(708) 223-2239(TTY 711) or toll free (855) 766-2443(TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:

Humana.

Medical	You pay
Deductible	$175
Maximum Out of Pocket (MOOP)	$175
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
Lab Services	$0
Radiology Services	$0
Durable Medical Equipment	$0
Preventative Screenings	$0
Chiropractic	$0, routine covered services, unlimited visits per year
Acupuncture	$0, Up to 20 visits per year
Podiatry	$0
Foreign Travel (World-wide) Coverage	$100 Deductible and 20% co-insurance up to $25,000 maximum annual benefit or 60 consecutive days, whichever is reached first
Hearing	$0 routine hearing exams up to 1 per year. $5 for fitting/evaluation $6,500 towards hearing aids (all types) every 5 years.
Vision	$0 Medicare covered services only
Dental	Offered only through Delta Dental. Delta Dental delivers two separate, independent benefits: (1) comprehensive dental services up to $2,500 per calendar year at 80% of Usual and Customary Charges after you satisfy the Deductible: $75 per person, $225 per family; and (2) orthodontia and periodontal services up to $2,500 per calendar year at 80% of Usual and Customary Charges after you satisfy a different Deductible: $75 per person, $225 per family. **The base dental benefit that was offered though Humana has been dropped because Humana was asserting that Delta Dental must be the primary benefit.**
Fitness Benefit	SilverSneakers®

Prescription Carrier

EXPRESS SCRIPTS®

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	$3	$6	$9
Tier 2 Preferred Brand	$25	$45	$60
Tier 3 Non-Preferred Drug	$45	$85	$100
Tier 4 Specialty	$20% Up to $100 Max	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 2027.			

Plan Questions

1. **Will I be automatically enrolled in the new plan, 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

(708) 223-2239(TTY 711) or toll free (855) 766-2443(TTY 711), Monday-Friday, 8am-5pm CST.

4. **Are there any plan changes?**
   Automatic Sprinkler Local 281's Humana Medicare Advantage with Prescription Drug (MAPD) PPO Plan will transition into a Humana Group Medicare Advantage PPO Plan and an Express Scripts Medicare® Prescription Drug Plan (PDP). **Your coverage will remain the same, however, you will have a separate ID card for each plan. This does not change your medical and prescription drug plan design in any way.**

   In addition, the Humana Plan will no longer offer a base dental plan. However, you will continue to have an annual dental benefit of $2,500 as well as a separate annual orthodontia/periodontal benefit of $2,500 through Delta Dental.

5. **When will I receive my ID card and welcome kit?**
   Cards and welcome kits should be received middle to end of December. 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 **(708)223-2239(TTY 711) or toll free (855) 766-2443(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 it may. You can re-enroll if you maintain creditable coverage while not enrolled.

8. **How much do I have to pay for the plan?**
   Automatic Sprinkler Local 281 can be reached at (708) 597-1800 to answer any billing questions.

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

Please call RetireeFirst at **(708) 223-2239(TTY 711) or toll free (855) 766-2443(TTY 711)** to reach your dedicated Automatic Sprinkler Local 281 Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

10. Is there a medical deductible?
Yes, there is a $175 deductible.

11. Are there co-insurance or copays?
No, there are no copays once your deductible has been met.

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 willing to bill the plan. This plan's in and out of network benefits are the same.

15. Can I go to my current providers?
Yes, you can see any provider that accepts Medicare and is willing to bill Humana.

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 Humana 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 **(708)**

223-2239(TTY 711) or toll free (855) 766-2443(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. Are there co-insurance or copays?
Yes, there is a cost share associated with this plan for prescription 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 **(708) 223-2239(TTY 711) or toll free (855) 766-2443(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. Express Scripts has over 68,000 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 Express Scripts Pharmacy which can be reached at (888) 345-2560. You can also call RetireeFirst at **(708)223-2239(TTY 711) or toll free (855) 766-2443(TTY 711)** with questions about mail order prescriptions.

23. Is there a specialty mail order pharmacy?
Express Scripts has a specialty pharmacy called Accredo which can be reached at (877) 222-7336. You can also call RetireeFirst at **(708) 223-2239(TTY 711) or toll free (855) 766-2443(TTY 711)** with questions about specialty prescriptions.

24. 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.

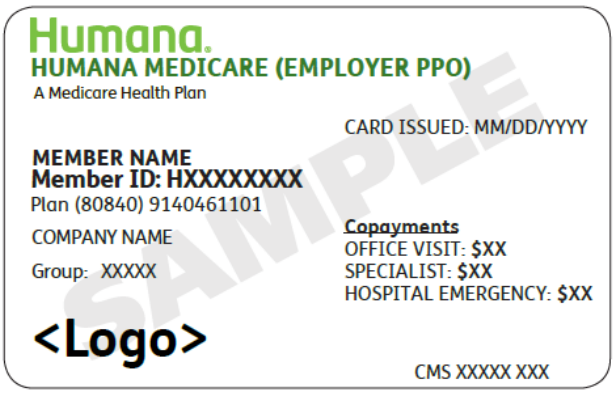
25. Can I still go to the Veterans Affairs (VA) for my prescriptions?
Yes, if you obtain some prescriptions from the VA, you may continue to do so.

26. Do I need prior authorizations for certain prescription medicines?
Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(708) 223-2239(TTY 711) or toll free (855) 766-2443(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.

27. 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 $2,400 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Humana Group Medicare Advantage PPO Plan Card Sample:

Front:

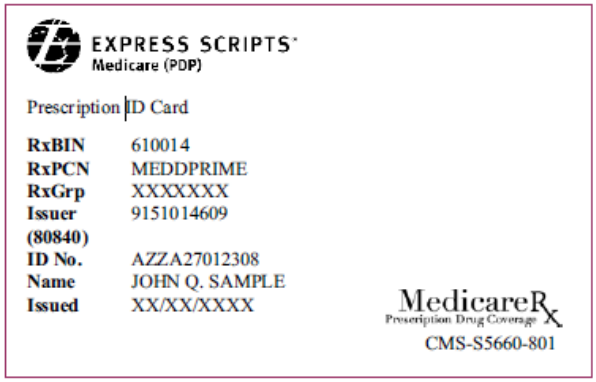


Back:



Express Scripts Medicare® Prescription Drug Plan (PDP) Plan Card Sample:

Front:

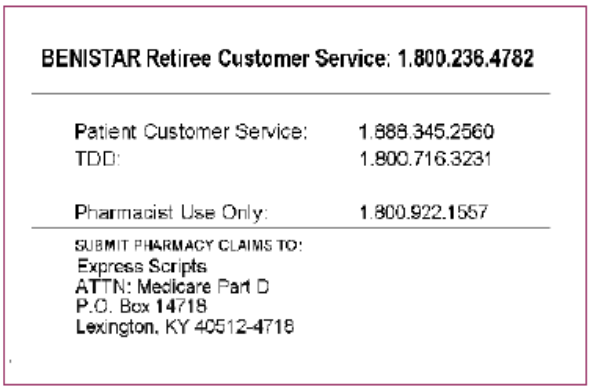

EXPRESS SCRIPTS®
Medicare (PDP)

Prescription ID Card

RxBIN	610014
RxPCN	MEDDPRIME
RxGrp	XXXXXXX
Issuer (80840)	9151014609
ID No.	AZZA27012308
Name	JOHN Q. SAMPLE
Issued	XX/XX/XXXX

MedicareRx
Prescription Drug Coverage
CMS-S5660-801

Back:


BENISTAR Retiree Customer Service: 1.800.236.4782

Patient Customer Service:	1.888.345.2560
TDD:	1.800.716.3231
Pharmacist Use Only:	1.800.922.1557

SUBMIT PHARMACY CLAIMS TO:
Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

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.