

2025 – Puget Sound Electrical Workers Healthcare Trust Fund 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 per admission
Outpatient 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 – 24 visits per year
Acupuncture	\$0 – 20 visits per year
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 per year \$500 Max Hearing Aid Benefit - up to 2 every 3 years. Must use TruHearing.
Vision	\$0 Routine Eye Exam - 1 per year - \$175 max OON \$250 Eyeglasses and Contact Lens Allowance - combined - per year. Must use EyeMed.
Fitness Benefit	SilverSneakers Included

Prescription Carrier

Humana

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 Generics	\$3	\$7.50	\$7.50
Tier 2 Brands	\$25	\$62.50	\$62.50
Tier 3 Non-Preferred Brands	\$50	\$125	\$125
Tier 4 Specialty	\$50	N/A	N/A
<p>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.</p>			

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 for use effective January 1, 2025.

3. Can I opt-out of this plan?

While you are going to be automatically enrolled, we are required by law to give you the choice of opting out of the new plan. You have the option to opt-out and

decline this medical and prescription coverage. However, if you opt out, you will not have Medical and Prescription Drug coverage through Puget Sound Electrical Workers Healthcare Trust Fund. If you would like to opt-out, please call RetireeFirst at **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

Puget Sound Electrical Workers Healthcare Trust Fund did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- You have a \$0 Medical and Prescription Deductible
- You pay \$0 for Primary Care and Specialist Visits
- You pay \$0 for Inpatient Hospital Care
- You pay \$0 for Outpatient Surgery
- 24 Chiropractic visits per year are \$0 cost to you.
- 20 Acupuncture visits per year are \$0 cost to you.
- One routine hearing exam per year is \$0 cost to you.
 - \$500 Maximum Hearing Aid Benefit – up to 2 every 3 years
 - Must use TruHearing
- One routine eye exam per year at \$0 cost to you at EyeMed network providers.
 - \$175 benefit allowance for an eye exam at non-network providers.
 - \$250 Eyeglasses and Contact Lens Allowance - combined – per year.
 - Must use EyeMed
- Access to SilverSneakers Fitness Benefit.
- 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 of December prior to your January 1, 2025, start date. Medicare 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 **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (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 leave the plan you will not have Medical and Prescription Drug coverage through Puget Sound Electrical Workers Healthcare Trust Fund.

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

The Puget Sound Electrical Workers Healthcare Trust Fund's current retiree contribution rates for Medicare coverage will not be changing. Puget Sound Electrical Workers Healthcare Trust Fund can be reached at (866) 314-4239 to answer any premium and/or eligibility questions.

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

Please call RetireeFirst at **(253) 999-5944 (TTY 711)** or toll free **(866) 280-8154 (TTY 711)** to reach your dedicated Puget Sound Electrical Workers Healthcare Trust Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible with this plan. The ancillary foreign travel coverage benefit has a \$100 deductible which only applies to that benefit.

11. Is there co-insurance or copays?

No, there is no co-insurance or copays for medical services with this plan. The ancillary foreign travel coverage benefit has 20% coinsurance which only applies to that benefit.

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?

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 **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (TTY 711)** to assist; we can reach out to your provider to explain.

18. Is Vision coverage included?

Yes, vision benefits are included as part of the new Humana MAPD plan. This coverage will replace the current vision benefits provided by the Puget Sound Electrical Workers Healthcare Trust Fund.

Prescription Questions

19. Is there a prescription deductible?

No, there is no prescription deductible with this plan.

20. Is there co-insurance or copays?

Yes, there are copays for prescriptions with this plan. These are listed in the table on page 3 of this document.

21. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (TTY 711)** if you need help looking up your prescriptions.

22. Can I go to the same retail pharmacy?

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

23. Is there a mail order pharmacy?

There is a mail order pharmacy called CenterWell Pharmacy which can be reached at 800-379-0092 (TTY 711). You can also call RetireeFirst at **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (TTY 711)** with questions about mail order 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 **(253) 999-5944 (TTY 711) or toll free (866) 280-8154 (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.

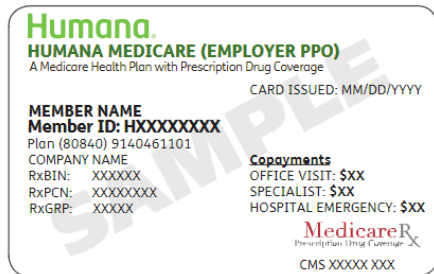
27. What is the catastrophic phase and is there coverage?

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 \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Humana Medicare Advantage with Prescription Drug (MAPD)

PPO Plan Card Sample:

Front:



Back:



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.