

## Frequently Asked Questions (FAQ)

### PLAN DESIGN



MEDICAL	MEMBER PAYS
Medical Deductible	\$400
Medical Maximum Out-of-Pocket	\$6,300
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0 Per admit
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per admit (190 Days lifetime maximum)
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Urgent Care Center	\$0
Emergency Room	\$0
Ambulance Services	\$0 Medicare-approved
Durable Medical Equipment	\$0

ANCILLARY BENEFITS	MEMBER PAYS
Foreign Travel 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 every year \$1,150 Hearing aid allowance every 3 years (Combined)
Vision	\$0 Routine eye exam every year
Podiatry	\$0 (6 Visits per year)
Chiropractic	\$0 (30 Visits per year)
Acupuncture	\$0 (30 Visits per year)
Fitness Benefit	SilverSneakers

Prescription	30-Day Retail Member Pays Up To	90-Day Retail Member Pays Up To	90-Day Mail Order Member Pays Up To
Annual Deductible: \$135			
Tier 1 Generic	10% (\$15 Minimum)	\$25	\$25
Tier 2 Preferred Brand	30% (\$35 Minimum)	\$95	\$95
Tier 3 Non-Preferred Brand	30% (\$40 Minimum)	\$100	\$100
Tier 4 Specialty	30% (\$40 Min / \$100 Max)	N/A	N/A

## MEDICAL QUESTIONS

### 1. Are there any plan changes?

Operating Engineers Local 101 did their best to match the plan design to your current plan design and mitigate any disruption. There are some plan improvements:

- 30 Acupuncture visits per year
- 6 Podiatry visits per year
- Hearing aid benefit (\$1,150 allowance combined every 3 years)
- Foreign travel benefit
- Access to the SilverSneakers health and fitness program
  - Access to over 15,000 gyms and fitness locations across the nation
  - You can visit silversneakers.com to find locations and classes.
  - Includes fitness classes, weight equipment, exercise machines, pools, and more

**2. Is there a Part A and/or Part B Deductible?**

Yes. There is a \$400 medical deductible.

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

Yes. Some services require copays. Please refer to the above Plan Design chart. After you meet the medical maximum out-of-pocket of \$6,300, you will pay \$0 for Medicare-approved medical services for the remainder of the year.

**4. Does this plan require referrals?**

No. This plan does not require referrals.

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

Some services may require Pre-certification.

**6. Does this plan have a network?**

Yes, but you can go to any willing Medicare provider, hospital, or facility.

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

Most likely yes. You can see any willing Medicare provider.

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

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 and Drug with the exception of COVID-19 vaccines and COVID testing, which will require your Medicare card.

**9. What if my Provider says they do not accept this plan?**

If your provider accepts Medicare, they will be **paid the same** by the plan whether or not they are considered in or out-of-network. Please call Labor First at **816.205.8353 (TTY 711)** or **Toll-Free at 855.460.4377 (TTY 711)** to assist. We can reach out to your provider to explain.

## PRESCRIPTION QUESTIONS

**10. Is there a Prescription Deductible?**

Yes. There is a \$135 prescription deductible

**11. Is there Donut Hole Coverage?**

Yes. The plan has Full Donut Hole Coverage.

**12. Is there Catastrophic Coverage?**

Yes. The plan has Custom Catastrophic Coverage.

**13. Are my drugs covered?**

Most likely yes. The formulary is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Welcome Kit and cards. Please call Labor

First at [816.205.8353 \(TTY 711\)](tel:816.205.8353) or Toll-Free at [855.460.4377 \(TTY 711\)](tel:855.460.4377) if you do not see your drug listed or need help looking up your drugs.

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

Your copay/coinsurance structure is remaining the same. Please keep in mind the tiers may change from year-to-year as well as the cost of drug copay/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 fills.

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

Humana offers the CenterWell Pharmacy Mail Delivery program for your convenience, but you can use most retail pharmacies for the same 90-day pricing. You DO need new prescriptions if you prefer to use the Mail Order Service.

**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 Labor First at [816.205.8353 \(TTY 711\)](tel:816.205.8353) or Toll-Free at [855.460.4377 \(TTY 711\)](tel:855.460.4377) 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 2023.

**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 the Operating Engineers Local 101 Health and Welfare Plan and may no longer be able to participate in other benefits. Please call the Fund office at **816.737.5959** or Labor First at **816.205.8353 (TTY 711)**, Toll-Free **855.460.4377 (TTY 711)** if you would like to opt-out.

**23. When will I receive my card/ Welcome Kit?**

Cards and Welcome Kits should be received by 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 Labor First at **816.205.8353 (TTY 711)** or Toll-Free at **855.460.4377 (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 return?**

No. If you leave the plan you cannot return.

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

Yes, it may affect other benefits through the Operating Engineers Local 101 Health and Welfare Plan. Please reach out to the Fund at **816.737.5959** to discuss how other benefits may be affected.

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

The Fund can be reached at **816.737.5959** to answer any premium questions.

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

Please call Labor First at **816.205.8353 (TTY 711)** or Toll-Free at **855.460.4377 (TTY 711)** to reach your Dedicated Operating Engineers Local 101 Retiree Advocate team from the hours of 8:00am-5:00pm CDT.

## 29. Card Sample:

### Front:

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

CARD ISSUED: MM/DD/YYYY

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**

RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXXX

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

**MedicareRx**  
Prescription Drug Coverage

CMS XXXX XXX

### Back:



**Member/Provider Service: 1-800-733-9064**  
If you use a TTY, call 711  
Labor First Advocacy Team:  
Pharmacist/Physician Rx Inquiries:  
Claims, PO Box 14601, Lexington, KY 40512-4601  
Medicare limiting charges apply  
Please visit us at [Humana.com](https://www.humana.com)