



Frequently Asked Questions

Plan Design

Medical Carrier:



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, 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
Acupuncture	\$0
Podiatry	\$0, 6 visits per year
Hearing	\$0 copayment for routine hearing test and fitting/evaluation up to 1 per year. \$1000 maximum benefit coverage amount per year for Hearing Aids (all types).
Vision	\$0 copayment for Routine Exam, which includes refraction, up to 1 per year. \$125 maximum benefit coverage amount per year for Contact Lenses, Eyeglasses - Lenses and Frames
Dental	Dental Plan Type - Standard Plan 5 Reimbursement Schedule - MAC/UCR Oral Exam - \$0, every 6 months Cleanings - \$0, every 6 months Bite-Wing X-Ray - \$0, every 12 months
Fitness Benefit	Renew Active

Prescription Carrier



**Group MedicareBlueSM
Rx (PDP)**

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	\$10	\$20	\$20
Tier 2 Preferred Brand	\$25	\$50	\$50
Tier 3 Non-Preferred Brand	\$60	\$120	\$120
Tier 4 Specialty	\$100	N/A	N/A

Plan Questions

1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application, authorized representative form needs to be completed and returned to RetireeFirst in the included pre-paid envelope.

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. 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.

4. What is included in the Dental Plan?

UnitedHealthcare® Dental Plan included. Please see plan design below:

	In-Network	Out-of-Network*
Dental Benefit Maximum	\$1500 Per Year	\$1500 Per Year
Dental Deductible	\$50	\$50
Preventative and Diagnostic	\$0 Copay	\$0 Copay
Minor Services	20% Coinsurance	20% Coinsurance
Major Services	50% Coinsurance	50% Coinsurance
Oral Exam	\$0 Copay, every 6 months	\$0 Copay, every 6 months
Cleanings	\$0 Copay, every 6 months	\$0 Copay, every 6 months
Bite-Wing X-Ray	\$0 Copay, every 12 months	\$0 Copay, every 12 months

*Please note that allowed charges for out-of-network dental providers will be based upon Usual, Customary and Reasonable (“UCR”) amounts, and excess charges may be balancebilled to you by the provider. Please check with your dental provider to see if they are contracted with UHC ahead of services to avoid incurring additional charges.

5. What do I do if I lose my card?

Please call RetireeFirst at **612.260.1884 (TTY 711) or toll free 844.497.4341(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.

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

Yes, it may. Please contact Wilson-McShane at **651.776.4239** if you have any questions about your other benefits.

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

Wilson-McShane can be reached at **651.776.4239** to answer any billing questions.

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

Please call RetireeFirst at **612.260.1884 (TTY 711) or toll free 844.497.4341 (TTY 711)** to reach your dedicated IBEW Local 110 Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

9. Is there a medical deductible?

No, there is no medical deductible.

10. Is there co-insurance or copays?

No, there is no co-insurance or copays.

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-certification.

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 UnitedHealthcare® Group Medicare Advantage PPO Plan.

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 UnitedHealthcare® ID Card for medical services.

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 **612.260.1884 (TTY 711) or toll free 844.497.4341 (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.

18. Is there co-insurance or copays?

19. Yes, there are copays and coinsurance for prescriptions with this plan. A list of these copays can be found on pages 2-3 of this document.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(612) 260-1884 (TTY 711) or toll free (844) 497-4341 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

Most likely, yes. Blue Cross Group MedicareBlue Rx provides you with access to thousands of in-network pharmacies nationwide; you should be able to continue to use almost any retail pharmacy.

22. Is there a mail order pharmacy?

Blue Cross Group MedicareBlue Rx offers Express Scripts® Pharmacy² mail order service for your convenience. If you would like to use mail order service, you will need to sign up for service and request new prescriptions from your doctor. Once you're enrolled call 1-800-599-0729 to learn more. You can also call RetireeFirst at **(612) 260-1884 (TTY 711) or toll free (844) 497-4341 (TTY 711)** with questions about mail order prescriptions.

23. 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. Simply show your new Blue Cross Group MedicareBlue Rx ID card and your refills will be processed under the PDP Plan. If you use mail order, you WILL need to obtain new prescriptions from your provider.

24. 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.

25. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(612) 260-1884 (TTY 711) or toll free (844) 497-4341 (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.

26. 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.


27. What is the annual maximum out-of-pocket (MOOP) and how does it work?

Once your out-of-pocket costs for prescription drugs reaches \$2000, 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.

UnitedHealthcare® Group Medicare Advantage (MA) Plan Card

Sample:

Front:



									
Health Plan (80840): 911-87726-04 Member ID: 0000000000 Group Number: 000000									
Member: THOMAS SAMPLE	GROUP NAME								
Payer ID: 87726	<table border="1"> <tr> <th colspan="2">Part B Drugs</th> </tr> <tr> <td>RxBIN:</td> <td>810494</td> </tr> <tr> <td>RXPCN:</td> <td>9999</td> </tr> <tr> <td>RXGRP:</td> <td>COS</td> </tr> </table>	Part B Drugs		RxBIN:	810494	RXPCN:	9999	RXGRP:	COS
Part B Drugs									
RxBIN:	810494								
RXPCN:	9999								
RXGRP:	COS								
Copay: PCP \$XX Spec \$XX	ER \$XX								
UnitedHealthcare Group Medicare Advantage (PPO) Plan pays up to Medicare Limiting Charges.									
HXXXX-XXX-XXX									

Back:

Customer Service Hours: Mon - Fri 8 am - 8 pm	Printed: xx/xx/xx
	
For Members Website: retire.uhc.com Customer Service: 1-999-999-9999 TTY 711 TeleNurse: 1-999-999-9999 TTY 711 Behavioral Health: 1-999-999-9999 TTY 711	
<hr/> For Providers www.UHCprovider.com 1-999-999-9999 Medical Claim Address: P.O. Box 99999, Salt Lake City, UT 84131-0302	
UHC	
<small>For Pharmacists 1-888-999-8888 Part B RX Claims OptimaRx P.O. Box 99999, Dallas, TX 75265-0287</small>	

Blue Cross and Blue Shield of Minnesota Group Medicare Blue Rx (PDP) Plan Card Sample:

Front:

		Group MedicareBlue™ Rx (PDP)
MEMBER NAME	CMS	S5743 802
Identification number 802xxxxxx		
Issuer	80840	
RXBIN	610455	
RXPCN	CSPDPG	
RXGROUP	S5743	
<div style="text-align: right;">  Prescription Drug Coverage </div>		

Back:

		YourMedicareSolutions.com
For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time):		
DO NOT BILL MEDICARE		Customer Service: 1-877-838-3827 TTY: 711
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970		
For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week):		
Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming.		TTY: 1-866-577-3440 711
<small>*Independent licensees of the BCBS Association.</small>		Pharmacy Help Desk: 1-866-218-5002
Please present this card at the time of service with every prescription.		

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.