

2025 – IBEW Local No. 150 Welfare 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 admit
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, routine visits \$1,500 - combined - maximum benefit coverage amount per year for routine visits
Acupuncture	\$0, up to 20 visits per year
Podiatry	\$0, 6 visits per year
Foreign Travel (World-wide) Coverage	\$0, Emergency Room & Urgently Needed Care
Hearing	\$0, Routine Hearing Exam - 1 per year \$2,000 Allowance - maximum benefit coverage amount for hearing aids up to 2 every 3 years. Includes 80 batteries per aid and 3 year warranty - In Network Only Through TruHearing
Vision	\$0, Routine Eye exam (Includes refraction) up to 1 per year \$175 combined maximum benefit coverage amount per year for routine exam (OON) Through EyeMed
Fitness Benefit	SilverSneakers Included

Prescription Carrier



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	20% (\$10 Min / \$35 Max)	20% (\$30 Min / \$70 Max)	20% (\$30 Min / \$70 Max)
Tier 2 Preferred Brand	20% (\$24 Min / \$99 Max)	20% (\$72 Min / \$99 Max)	20% (\$72 Min / \$99 Max)
Tier 3 Non-Preferred Brand	20% (\$25 Min / \$100 Max)	20% (\$75 Min / \$100 Max)	20% (\$75 Min / \$100 Max)
Tier 4 Specialty	20% (\$25 Min / \$100 Max)	Limited to one month supply	Limited to one month supply

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 **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (TTY 711)**, Monday-Friday, 8am-5pm CST.

4. Are there any plan changes?

IBEW Local No. 150 Welfare 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 with this plan.
- Medicare Covered Medical Services are \$0 cost to you.
- One routine eye exam per year is \$0 cost to you. You must use a provider in the EyeMed network to use this benefit.
- One routine hearing exam per year is \$0 cost to you.
- You have a \$2,000 allowance for up to 2 hearing aids every 3 years, including 80 batteries per aid and a 3-year warranty. You must use a provider in the TruHearing network to use this benefit.
- You pay \$0 for 20 routine Chiropractic visits per year, up to \$1,500 maximum combined across all visits.
- You pay \$0 for 6 routine Podiatry visits per year.
- SilverSneakers Fitness Benefit Included.
- Continued 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 **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (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 lose access to the ancillary dental and vision plans offered through the trust.

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

IBEW Local No. 150 Welfare Fund can be reached at (847) 680-0032 to answer any billing questions.

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

Please call RetireeFirst at **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (TTY 711)** to reach your dedicated IBEW Local No. 150 Welfare Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible with this plan.

11. Is there co-insurance or copays?

No, there is no co-insurance or copays for medical services with this plan.

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 **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (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 with this plan.

19. Is there co-insurance or copays?

Yes, there is co-insurance for prescriptions with this plan. A list of these co-insurance amounts can be found on page 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 **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (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. Humana has over 66,000 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 CenterWell Pharmacy which can be reached at 800-379-0092 (TTY 711). You can also call RetireeFirst at **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (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. 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 **(847) 348-0222 (TTY 711) or Toll Free (833) 265-8655 (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.

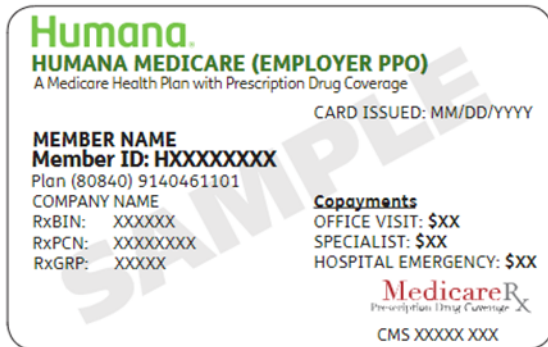
26. What is the catastrophic phase and is there coverage?

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 \$2,000 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:



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.