

2022 – Scantic Valley Regional Health Trust Medicare Eligible Humana Group Medicare Prescription Coverage

SCANTIC VALLEY REGIONAL HEALTH TRUST
Serving the Towns of East Longmeadow, Longmeadow, Hampden and Wilbraham
The Lower Pioneer Valley Educational Collaborative and the Hampden-Wilbraham Regional School District

FREQUENTLY ASKED QUESTIONS

PLAN DESIGN

Carrier			
			
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: \$0			
Tier 1 Generic	\$10	\$30	\$20
Tier 2 Preferred Brand	\$20	\$60	\$40
Tier 3 Non-Preferred Brand	\$35	\$105	\$70
Tier 4 Specialty	\$35*	N/A	N/A

*Specialty Medications are limited to a 30-day supply

PRESCRIPTION QUESTIONS

1. Will I be automatically enrolled in the new Medicare Drug plan?

Yes. All Medicare eligible retirees and/or dependents will be enrolled into this plan.

2. Can I stay on the current HNE MedPlus Drug plan?

No. All Medicare eligible retirees and/or dependents must change over to this Medicare Drug plan. Your current Medicare Drug plan will no longer be available in 2022. However, you will continue to receive your Medical Coverage through the Health New England Med Plus plan.

3. Are there any plan changes?

Yes, there are improvements to your plan. Your Non-Preferred Brand 90-day Mail Order copay will now be up to \$70.

4. What is this opt-out?

While you are going to be automatically enrolled, you can choose to opt-out of this plan. However, if you do opt-out you must call your benefit coordinator to select a new plan. If you do not, you will have no medical or drug coverage through the Scantic Valley Regional Health Trust at this time and will no longer be able to participate in the HNE medical coverage. Please call your local benefit coordinator to discuss your plan options.

5. Is there a Prescription Deductible?

No. The plan does not have a deductible.

6. Is there Donut Hole Coverage?

Yes. The plan has Full Donut Hole Coverage.

7. Is there Catastrophic Coverage?

Yes. The plan has Catastrophic Coverage.

8. Are my drugs covered?

Most likely yes, the drug list is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Pre-Enrollment Kit. Please call Retiree First at [413.240.2280\(TTY 711\)](tel:413.240.2280) or [833.265.8656\(TTY 711\)](tel:833.265.8656) if you do not see your drug listed or need help looking up your drugs.

9. Is my Copay/Coinsurance structure staying the same?

There are some changes to the copay structure. Please keep in mind the tiers may change from year to year as well as the cost of drugs copay/coinsurance can vary based on inflation, contracts, supply, etc. so you may see a slight change in copay/coinsurance.

10. 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 refills.

11. Is there a Mail Order Pharmacy?

Yes, your new Mail Order Pharmacy is Humana Mail Order. If you currently use Mail Order services, you will need to obtain new scripts from your provider for January 1, 2022.

12. 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.

13. Can I still go to the VA (Veteran Affairs) for my drugs?

Yes. If you obtain some drugs from the VA, you may continue to do so.

14. Do I need Prior Authorizations for certain prescription medicines?

Some drugs may require a Prior Authorization. Please contact Retiree First at [413.240.2280\(TTY 711\)](tel:413.240.2280) or [833.265.8656\(TTY 711\)](tel:833.265.8656) 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

15. When will I receive my card/ Welcome Kit?

First, you will receive your Humana Group Medicare Prescription Drug Pre-Enrollment Kit in November. Then you will receive your Humana Acceptance Letter. Finally, you will receive your **NEW** Humana Group Medicare Prescription Drug ID Card in 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.

16. Will I receive a new Medical ID Card?

Yes. You will receive a new Medical ID card from HNE with no pharmacy information included.

17. Do I need to do anything to enroll?

No. Retiree First will automatically enroll you along with the group.

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

Please call Retiree First at **413.240.2280(TTY 711)** or **833.265.8656(TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy if needed.

19. Can I leave the plan and come back?

Yes.

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

Yes, it may. Please call Retiree First at **413.240.2280 (TTY 711)** or **Toll Free 833.265.8656 (TTY 711)**.

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

Please contact your town or school's local benefit coordinator to answer any premium questions.

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

Please call Retiree First at **413.240.2280 (TTY 711)** or **833.265.8656 (TTY 711)** to reach your Dedicated Scantic Valley Regional Health Trust Retiree Advocate team from the hours of 8:00AM to 5:00PM EST.

23. Card Sample: Humana Group Medicare Prescription Drug Plan:

FRONT:

BACK:

