

2022 – Alaska Laborers -Construction Industry

Health & Security Fund

Medicare Eligible Medical Supplement

FREQUENTLY ASKED QUESTIONS



PLAN DESIGN



MEDICAL	YOU PAY
Annual Deductible	\$0
Maximum OOP	N/A
PART A:	
Inpatient Services	\$ 0
Skilled Nursing Facility Care	\$0 (days 1-100)
PART B:	
Primary Care/Specialist Visit	\$0
Clinical Laboratory Services	\$0
Outpatient Services	\$0
Foreign Travel	You pay a \$250 deductible and then 20% of costs incurred. Plan pays a maximum of \$50,000



	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	\$2	\$6	\$4
Tier 2 Preferred Brand	\$15	\$45	\$30
Tier 3 Non-Preferred Brand	\$35	\$105	\$70
Tier 4 Specialty	\$35	N/A	N/A

PLAN QUESTIONS

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

Cards and Welcome Kits should be received 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.
- 2. Do I need to do anything to enroll?**

No. Labor First will automatically enroll you along with the group.
- 3. What do I do if I want to opt-out of this plan?**

Contact the Administration Office at 855.815.2323, option 7, from 8am – 5pm Alaska time.
- 4. What do I do if I lose either of my cards?**

Please call Labor First at **866.850.2323 (TTY 711)** and we will obtain a new card(s) on your behalf, mail you a temporary card(s), and call your pharmacy and/or providers if needed.
- 5. What if my Provider says they do not accept this plan?**

If your provider accepts Medicare, the claim will automatically be crossed over to the secondary coverage for payment. Please call Labor First at 866.850.2323 (TTY 711) assist. We can reach out to your provider to have your claim processed correctly.
- 6. Can I leave the plan and come back?**

No, unless you go back to covered employment and gain active coverage. Once your active coverage is exhausted you can return to the Retiree Medical Plan.
- 7. If I leave the plan will it affect any of my other benefits?**

Yes, however you would continue to keep your legal plan benefits if you have qualified and elected them.
- 8. How much do I have to pay for the plan?**

The cost for medical and prescription drug coverage is \$443 per month (\$197 per month for medical coverage and \$246 per month for prescription drug coverage). You can continue to have the cost of coverage deducted from your Pension, and WPAS will send the premium to Labor First on your behalf.
Contact the Administration Office regarding premium and billing questions at 855.815.2323, option 7, from 8am – 5pm Alaska time.
- 9. Who do I call if I need assistance with the plan?**

Please call Labor First at **866.850.2323 (TTY 711)** to reach your Dedicated Alaska Laborers Retiree Advocate team Monday through Friday from the hours of 7am to 4pm PST.

MEDICAL QUESTIONS

- 10. Will I pay a Part A and/or Part B Deductible?**
No, this is covered by the plan.
- 11. Is there Co-insurance or Copays for medical services?**
No. All Medicare approved services are covered by Medicare and United American.
- 12. Does this plan require referrals?**
No, this plan does not require referrals.
- 13. Does this plan require Pre-certifications?**
No, this plan does not require pre-certifications.
- 14. Does this plan have a network?**
No, you can go to any provider, hospital, or Facility that accepts Medicare.
- 15. Can I go to my current providers?**
Yes, you can see any provider that accepts Medicare.

PRESCRIPTION QUESTIONS

- 16. Is there a Prescription Deductible?**
No.
- 17. Is there Donut Hole Coverage?**
Yes. The plan has Full Donut Hole Coverage. Your copays will remain the same through the Donut Hole.
- 18. Is there Catastrophic Coverage?**
Yes. The plan has Catastrophic Coverage. Your copays will remain the same through the Catastrophic phase.
- 19. 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 Welcome Kit and cards. Please call Labor First at **866.850.2323 (TTY 771)** if you need you do not see your drug listed or need help looking up your drugs

20. Can I go to the same Retail Pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. You do NOT need new prescriptions for retail pharmacy refills

21. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?

Express Scripts does have a Mail Order pharmacy you can utilize. You do receive a discount if you use Mail Order. You can obtain a 90 day fill for 2x the 30-day copay amount. You DO need new prescriptions if you prefer to use the Mail Order Service.

22. 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.

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

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

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

Some drugs may require a Prior Authorization. Please contact Labor First at **866.850.2323 (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

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Alaska Laborers-Construction Industry Health and Security Fund

Card Samples

Front

UA United American
Insurance Company
Since 1947

P.O. BOX 8080 MCKINNEY, TX 75070 1-800-730-4648

Certificate Number:
Certificate Effective:
Name:
Retiree Of:

Medicare Supplement Plan: **F**

Back

**Medicare Supplement
CLAIM FILING**

Hospital Instructions:
Send copy of UB-92/UB-04 and hospital's
MEDICARE REMITTANCE ADVICE.

Part B Provider Instructions:
After the Automatic Claims Filing effective date shown on the front of the card,
we will receive most claims automatically from Medicare Part B. Your Remittance
Advice will indicate if Medicare has sent us the claim. Payment will be sent
directly to the provider if Medicare assignment is accepted.

F870

 EXPRESS SCRIPTS®

Prescription ID Card

ESI: RXBIN: RXPCN: RXGRP:

Issuer
Member ID

Issued: 1/1/2021 12:00:00 AM

**Labor First Member Advocate Line
(907) 312-5303 (TTY 711)**

Patient Customer Service 1.888.345.2560
TDD: 1.800.716.3231
Pharmacist User Only: 1.800.922.1557

SUBMIT PHARMACY CLAIMS TO:
EXPRESS SCRIPTS
ATTN: MEDICARE PART D
P.O. BOX 14718
LEXINGTON, KY 40512-4718