

Midwest Operating Engineers Retiree Welfare Plan

Medicare Prescription Drug Plan “RWP Medicare PDP”

FREQUENTLY ASKED QUESTIONS

Optum Rx[®]

The information provided in this document is of general nature only and does not replace or alter the official rules and policies contained in the official Plan Documents (including amendments) that legally govern the terms and operations of the Midwest Operating Engineers Retiree Welfare Plan (RWP) or that govern Medicare Federal mandates. If this publication differs in any way from the official Plan Documents or Medicare Federal mandates, the official Plan Documents, and Medicare will always govern. The Board of Trustees have the right to modify RWP benefits at any time.

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Overview

The Prescription Drug Program provides eligible retired members of Local 150, and their eligible dependents who are eligible for Medicare, benefits through the **Midwest Operating Engineers Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP)**. If you have coverage under the Retiree Welfare Plan and are approaching Medicare age, you will begin receiving communication pieces from the Fund Office approximately 90 days prior to you aging in.

Prescription Drug Coverage under the RWP Medicare PDP is similar to the Prescription Drug benefits you are used to, but these Frequently Asked Questions (FAQ's) will answer many of the questions you may have about the RWP Medicare PDP.

Q: What is Midwest Operating Engineers Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP)?

A: The Midwest Operating Engineers Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP) is a group Medicare Part D plan which combines a standard Medicare Part D prescription drug plan with additional coverage provided by the RWP.

The RWP Medicare PDP is administered by the Midwest Operating Engineers Welfare Fund along with OptumRx®, our current Pharmacy Benefit Manager.

Q: What is Medicare Part D?

A: Medicare Part D is Medicare prescription drug coverage that helps to cover the cost of prescription drugs for anyone who is enrolled in Medicare Part A and/or Medicare Part B. It is provided through private insurance companies, health plans, or employer plans, like the RWP.

Q: What is the additional coverage provided by RWP?

A: The additional coverage provided by the RWP is also referred to as a wrap plan because it wraps around the standard Medicare Part D plan and closes the gaps between Part D and your current coverage, such as:

- Paying the difference in cost between your current RWP copayment and what a standard Medicare Part D plan would pay. You have NO coverage gap or donut hole.
- Covering certain drugs not on OptumRx's Medicare Part D drug list or formulary.
- Covering certain drugs that are not covered by Medicare Part D.

This means you will have **more prescription drug coverage than a standard Medicare Part D plan**.

Q: Why did the Midwest Operating Engineers Welfare Fund Board of Trustees make this change to the RWP?

A: The move to the RWP Medicare PDP helps the RWP manage ever-rising prescription drug costs. With the RWP Medicare PDP, the RWP can take advantage of more favorable government subsidies and benefits available with an employer-provided group Medicare Part D plan. In turn, **this will help to keep costs down for both the Welfare Fund and retirees.**

Q: How is the RWP Medicare PDP prescription drug coverage different than the prescription drug coverage I have today?

A: Because of the additional coverage provided by the RWP, you will see little, if any, change in your prescription drug coverage. You will continue to have the same 4-tier structure and published copayments, as well as the same pharmacy network.

What is different:

- You can fill either a 30-day supply or up to a 90-day supply of your maintenance medications at any OptumRx network retail pharmacy.
- If you have a higher income, you may have to pay an additional premium to Medicare. However, you can request reimbursement for this premium from your RMSF account ([Refer to I am required to pay an additional amount for Medicare Part B due to my income. Will my income affect what I have to pay for my RWP Medicare PDP coverage?](#)).
- If you have a lower income, you may qualify for Extra Help from Medicare ([Refer to What is Extra Help?](#)).
- Medicare does not allow for the use of any copay assistance ([Refer to Can I use a copay assistance card to help pay for my medication?](#)).
- If you had a prior authorization completed prior to your RWP Medicare PDP effective date, Medicare requires you to get a new prior authorization completed ([Refer to Do I have to get another prior authorization completed for a drug that I already have a prior authorization approval for?](#)).
- If you have a specialty medication that was “grandfathered” for the copay or for a 90-day supply, the “grandfathering” will expire the day prior to your RWP Medicare PDP effective date ([Refer to What if I currently have grandfathered copay for a specialty medication\(s\) or a 90-day supply of my specialty medication?](#)).

Eligibility and Enrollment

Q: How do I qualify for a Medicare Part D plan?

A: To qualify for a Medicare Part D plan, you must:

- Be enrolled in Medicare Part A and/or Medicare Part B, *and*
- Be a U.S. citizen or lawfully present in the United States, *and*
- Live in the United States or its territories.

Q: Who is eligible for the RWP Medicare PDP?

A: To be eligible for RWP Medicare PDP, you must:

- Be eligible for coverage under the RWP, **and**
- Be enrolled in Medicare Part A and/or Medicare Part B, **and**
- Live in the RWP Medicare PDP service area.

Q: What is the RWP Medicare PDP service area?

A: The service area for this plan includes the United States, District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, Northern Mariana Islands, and American Samoa.

Q: What happens if I move outside of the service area?

A: If you move out of the service area, you will be disenrolled from this plan. You must notify the Fund Office or update your address in your My150 account. Go to www.My150.com and click on MY PROFILE. You also need to notify OptumRx Member Services of your address change.

Q: Do I have a choice for my Medicare prescription drug coverage?

A: Medicare gives you the option to choose the RWP Medicare PDP or a different Medicare prescription drug option, such as an individual Medicare Part D plan or an individual Medicare Advantage plan.

However, if you chose a different Medicare prescription drug option:

- You will lose your RWP prescription drug coverage
- You will continue to have your RWP medical and dental coverage, but you will pay the full RWP premium amount
- You will be responsible for paying the premium associated with that plan
- You will be allowed one opportunity to re-enroll in prescription drug coverage in the future, but if you are subsequently disenrolled from the RWP Medicare PDP, you will not be able to re-enroll in the RWP prescription drug coverage in the future.

Q: Do I have to enroll in Medicare Part A and Medicare Part B?

A: For **prescription drug coverage** under the RWP Medicare PDP, you need to be eligible for Medicare Part D ([Refer to How do I qualify for a Medicare Part D plan?](#)). To be eligible for Medicare Part D, you must be enrolled in Medicare Part A **AND/OR** Medicare Part B. You are not required to have both to meet the requirements of the RWP Medicare PDP.

For **medical coverage** under the terms of the RWP, at the time you become eligible for Medicare coverage whether by attaining age 65 or earlier due to receiving a Social Security Disability, coordination of benefit rules will apply; this means that Medicare will be considered as your primary insurance coverage and the RWP will be your secondary insurance coverage.

If you do not enroll in Medicare Parts A & B, your benefits paid by the Midwest Operating Engineers Health & Welfare Fund will be paid as if you had enrolled into both Medicare Parts A & B, **which may result in significant out of pocket expenses for you. Therefore, it is critical that you apply for Medicare Parts A & B so that you do not incur additional expenses and possible late enrollment penalties.**

Q: Do I need to enroll in Medicare Part D?

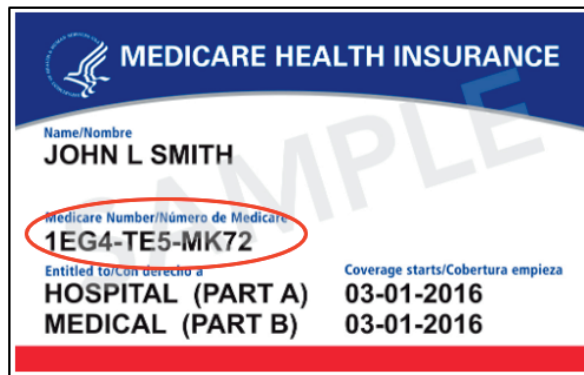
A: **No.** Medicare Part D is different than Medicare Part A and Medicare Part B. When you enroll in Medicare Part D, you are enrolling in a specific plan offered by a private insurer, health plan or pharmacy vendor.

The RWP Medicare PDP is a group plan, and you cannot enroll in a group plan on your own. You will be automatically enrolled into the RWP Medicare PDP as long as 1.) you are enrolled in Medicare Part A and/or Medicare Part B AND 2.) the Fund Office has your Medicare number including a copy of your Medicare card. **You should not enroll in another Medicare Part D plan if you want to have the RWP prescription drug coverage.**

Q: What does the RWP need to enroll me in the Plan?

A: You will be contacted by the Fund Office or OptumRx Enrollment Services if any information is needed to enroll you in the plan, such as

- Your Medicare Number from your Medicare Health Insurance card
 - To provide a copy of your Medicare card You can either (1) fax a copy of the Medicare Card to the attention of the Fund Office's Benefits & Eligibility Services Group at 1-708-352-3310 or (2) mail a copy to the Fund office, Attention: Benefits & Eligibility Services Group 6150 Joliet Road, Countryside, IL 60525.
- Your street address if a P.O. Box is your address on file



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- If our records and Medicare’s records do not match, for example, your first name in our records is “Bert” and in Medicare’s records it is “Albert”

Q: What happens if I do not provide my Medicare Number or a street address?

A: If we do not have your Medicare Number, a street address or other information requested by Medicare, we will not be able to enroll you in the RWP Medicare PDP.

Q: When does my RWP Medicare PDP coverage begin?

A: There is an enrollment period that begins as soon as the Fund Office sends the request to Medicare for your enrollment into the RWP Medicare PDP. Your actual coverage effective date under the RWP Medicare PDP will be sent to you in your **Welcome Letter** from Optum after you have been successfully enrolled.

Please note there will be no interruption in your prescription drug coverage. You will continue your prescription drug coverage through your current OptumRx plan until the day prior to your RWP Medicare PDP effective date. With the enrollment period in mind, **it is important to call out that your RWP Medicare PDP effective date can be different than the date you become eligible for Medicare coverage.**

Q: Will I receive a new prescription drug card under the RWP Medicare PDP?

A: Yes, you will get a new OptumRx MedicareRx ID card in your **Welcome Letter** after your enrollment is accepted by Medicare. This ID card will have your unique ID number and will replace the information under the “Pharmacy” tab of your current Midwest Operating Engineers vendor ID card.

If your spouse and/or your child is covered by the RWP and eligible for Medicare, he or she will also get a new OptumRx MedicareRx ID card after their enrollment is accepted by Medicare. His or her card will

have their own unique ID number. ([Refer to What information will I receive from OptumRx after I am enrolled?](#))



It is important that you each use your own OptumRx MedicareRx ID card when filling your prescriptions.

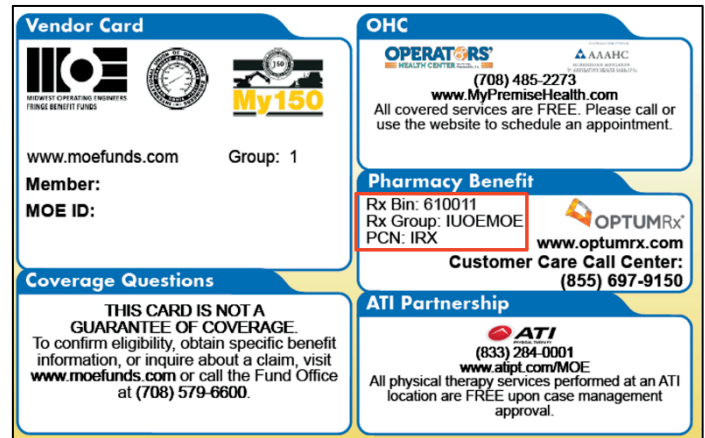
Q: Will each of the Medicare-eligible dependents receive their own information regarding the RWP Medicare PDP?

A: Medicare is an individual benefit. That means that every person has his or her own account with Medicare. Each person in your family who is eligible for Medicare will receive his or her own documents and his or her own ID card from the RWP Medicare PDP.

When you get your prescriptions filled, make sure to use your own OptumRx MedicareRx ID card.

Q: What happens to my spouse or my child who is covered on my plan but is not eligible for Medicare?

A: Your spouse and/or your dependent(s) who are eligible for coverage from the RWP that are not eligible for Medicare will continue to be covered on the current OptumRx plan. He or she should continue to use the “Pharmacy” tab of your Midwest Operating Engineers vendor ID card to fill his or her prescriptions.



Q: What happens when I or my covered spouse or dependent(s) become eligible for Medicare?

A: When you are approaching age 65, you will receive a letter from the Fund Office Retirement Services Group approximately three months before you are eligible for Medicare. The letter will:

- Explain the importance of enrolling in Medicare Part A and Part B ([Refer to Do I have to enroll in Medicare Part A and Medicare Part B?](#))
- Include instructions on the actions you need to take or information you may need to provide so that you can be automatically enrolled in the RWP Medicare PDP such as providing a copy of your Medicare card ([Refer to What does the RWP need to enroll me in the Plan?](#))
 - To provide a copy of your Medicare card you can either (1) fax a copy of the Medicare Card to the attention of the Fund Office's Benefits & Eligibility Services Group at 1-708-352-3310 or (2) mail a copy to the Fund Office, Attention: Benefits & Eligibility Services Group 6150 Joliet Road, Countryside, IL 60525.
- Advise how Medicare may impact the RWP self-payment rates for you and your spouse (in most cases, the rate will be reduced) ([Refer to Will my monthly RWP medical premium change once I am enrolled in the RWP Medicare PDP?](#))

The RWP requires that you elect Medicare Part A and Part B. Medicare does offer supplement plans but if you plan to continue your medical and dental coverage with the RWP, you do not need to elect a Medicare Supplemental Plan ([Refer to What if I am already enrolled in a Medigap or Medicare Supplemental plan? Can I be enrolled in the RWP Medicare PDP as well?](#)).

Please note: if you become eligible for Medicare due to disability before you reach age 65, it is important to inform the Fund Office as soon as possible.

Q. What do I do if I am a Medicare-eligible Retiree returning to work and electing a true suspension of benefits?

A: If you are electing a true suspension of benefits (rather than a Temporary Waiver of Suspension), you need to notify the Retirement Services Group as soon as possible in writing.

You will be sent coupons to use to make your monthly self-payments to maintain RWP coverage since your monthly pension benefit will be suspended. You will continue to make your RWP self-payments until you become eligible under the Active Plan (i.e. the MOE Health Plan Marketplace). During this interim period, the Fund Office will send you coupons to use or you can make your retiree self-payment via your My150 account.

Once you become eligible under the Active Plan, you will be automatically enrolled into the Bronze PPO Plan and use credits in your Credit Bank to maintain your coverage under the Active Plan. The Bronze PPO Plan will be your primary insurance with Medicare as your secondary insurance. As a reminder, you will remain in the Bronze PPO Plan until the next annual Marketplace open enrollment period and at that time, you could select a different health plan option.

You will no longer have to pay your RWP self-payments and coverage under the RWP will end, including the RWP Medicare PDP. It will be your responsibility to notify Medicare of this change, as well as your providers.

Since you are transitioning back under the Active Plan, you will have a new set of deductibles and out-of-pocket maximums, and all accumulators will reset. Your prescription drug coverage will be under the Active Plan so the rules under the RWP Medicare PDP will no longer apply. You will need to present your vendor ID card at the pharmacy to process your prescription claims correctly.

IMPORTANT – please note:

- If you are eligible under the RWP and **your benefit is suspended, you can return to work only one time** without affecting your RWP eligibility.
- If your benefit is suspended and you return to work **a second time, you are no longer eligible for medical or dental coverage under the RWP.**

Q. What do I do if I am a Medicare-eligible Retiree returning to work under the Temporary Waiver of Suspension rules?

A. If you are a retiree and you are contacted by Dispatch to come back to work under the Temporary Waiver of Suspension rules, you will be given the option to:

1. Remain under the RWP and forfeit your active credits. This means that you will continue to receive your monthly pension benefit while working and remain covered under the RWP and receive your prescription drug benefits under the new RWP Medicare PDP

OR

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2. Take advantage of your active credits and reestablish eligibility in the MOE Health Plan Marketplace. Once you become eligible under the Active Plan, you will be automatically enrolled in the Bronze PPO Plan. The Bronze PPO Plan will be your primary insurance with Medicare as your secondary insurance. You will no longer have to pay your RWP self-payments and your coverage under the RWP will end. It will be your responsibility to notify Medicare of this changes, as well as your providers. Since you are transitioning back under the Active Plan, you will have a new set of deductibles and out-of-pocket maximums, and all accumulators will reset. Your prescription drug coverage will be under the Active Plan so the rules under this new RWP Medicare PDP will no longer apply. You will need to present your vendor ID card at the pharmacy to process your prescription claims correctly.

Q: What should I do if I don't want to be enrolled in the RWP Medicare PDP?

A: You can choose to opt out of the plan by following the instructions in the mailing you will receive from OptumRx. **If you choose not to be enrolled in the RWP Medicare PDP, you will lose your RWP prescription drug coverage. You will continue to have your RWP medical and dental coverage, but you will pay the full RWP premium amount.** You will be allowed one opportunity to re-enroll in prescription drug coverage in the future. If you are subsequently disenrolled from the RWP Medicare PDP, you will not be able to re-enroll in RWP prescription drug coverage in the future.

Q: Can I keep my current prescription drug coverage if I choose not to be enrolled in the RWP Medicare PDP?

A: No. If you opt out of the RWP Medicare PDP, your current prescription drug coverage will end the day prior to your RWP Medicare PDP effective date. The RWP Medicare PDP is the only prescription drug coverage for RWP participants who are eligible for Medicare. **If you chose not to be enrolled in the RWP Medicare PDP, you will not have any prescription drug coverage from the RWP beginning on your RWP Medicare PDP effective date.**

Q: Will I still have my medical and dental coverage if I choose not to be enrolled in the RWP Medicare PDP?

A: Yes. If you choose not to be enrolled in the RWP Medicare PDP, you will still have your RWP medical and dental coverage. However, you will have to pay the full RWP premium for this coverage.

Q: What if my spouse is still working and I elect to defer his or her RWP coverage?

A: If your spouse is still working and has other coverage, he or she may elect to delay enrollment under the RWP. **Within 60 days after the other coverage ends**, your spouse will need to request enrollment in order to be added to the RWP. The retiree will need to send a request to add the spouse onto the RWP to the Benefits & Eligibility Services Group, along with proof that the other coverage has ended.

The RWP coverage will take effect the first of the month following timely notification and receipt of your documents. Once your spouse becomes eligible under Medicare and enrolls in Medicare Part A and/or Part B, the prescription drug coverage will be under the new RWP Medicare PDP. Your RWP self-rate premium may be lowered once your spouse becomes eligible for Medicare.

Q: Can I be enrolled in an individual Medicare Part D prescription drug plan and the RWP Medicare PDP as well?

A: No. You can be enrolled in only one Medicare prescription drug plan at a time.

Your enrollment in the RWP Medicare PDP will end your coverage in another Medicare Part D plan or an individual Medicare Advantage plan with or without prescription drug coverage.

Q: My spouse is enrolled in the RWP prescription drug plan and an individual Medicare Advantage plan for medical coverage. What will happen when he or she is enrolled in the RWP Medicare PDP?

A: His or her enrollment in the RWP Medicare PDP will end his or her coverage in the individual Medicare Advantage plan, even if that plan does not have prescription drug coverage. However, coverage under the RWP will be primary for purposes of medical and dental coverage.

Q: What if I am already enrolled in a Medigap or Medicare Supplemental plan? Can I be enrolled in the RWP Medicare PDP as well?

A: Medigap or Medicare Supplemental plans generally **do not** provide prescription drug coverage, therefore you can be enrolled in the RWP Medicare PDP. However, if your Medigap or Medicare Supplemental plan **does** provide prescription drug coverage, you should contact your Medigap plan or Medicare Supplemental plan to find out what will happen when you are enrolled in the RWP Medicare PDP.

Q: What happens if I enroll in a Medicare Part D plan after I am enrolled in the RWP Medicare PDP?

A: You can be enrolled in only one Medicare prescription drug plan at a time. The most recent plan that you enroll in will be the effective plan.

If you enroll in another Medicare Part D plan or an individual Medicare Advantage plan with or without prescription drug coverage **after** you are enrolled in the RWP Medicare PDP, Medicare will end your enrollment in the RWP Medicare PDP plan.

If your enrollment in the RWP Medicare PDP plan ends, you will lose your RWP prescription drug coverage. You will continue to have your RWP medical and dental coverage, but you will pay the full RWP premium amount. You will be allowed one opportunity to re-enroll in prescription drug coverage in the future. If you are subsequently

disenrolled from the RWP Medicare PDP, you will not be able to re-enroll in RWP prescription drug coverage in the future.

Q: If I am incapacitated, what should my caregiver or Health Care Power of Attorney do if they have questions regarding the RWP Medicare PDP?

A: In order for another person to speak or act on your behalf, certain approvals or documents may need to be provided:

- To talk to the Fund Office about your RWP benefits or the RWP Medicare PDP, you or the other person would need to provide a Health Care Power of Attorney or a Power of Attorney that includes healthcare.
- The Fund Office also uses a PHI-PIN. If the member sets a PHI-PIN, and the individual calling can supply that PIN, then Fund Office staff will be able to provide information to the individual calling.
- For OptumRx Enrollment Services, you or the other person would need to provide a Health Care Power of Attorney directly to OptumRx. Contact OptumRx Enrollment Member Services at 1-855-235-1405 for additional information.
- For OptumRx Member Services to talk to someone else on your behalf regarding issues other than enrollment, coverage decisions, appeals or grievance, you need to provide a Power of Attorney or Health Care Power of Attorney directly to OptumRx. Contact OptumRx Member Services at 1-866-868-2493 for additional information.

Your Share of the Prescription Costs

Q. What will I pay for my Medicare Part D prescription drugs under the RWP Medicare PDP?

A. Standard Medicare Part D prescription drug plans have 4 drug payment stages. The 4 drug stages include:

1. Deductible Stage
2. Initial Coverage Stage
3. Coverage Gap Stage
4. Catastrophic Coverage Stage

These stages determine what you pay and as you fill your prescriptions, you move through these stages (happens behind the scenes). For example: Medicare Part D has an annual out-of-pocket maximum ([Refer to *What is the Medicare Part D annual out-of-pocket maximum?*](#)). Your out-of-pocket maximum must be met before you can move into the Catastrophic Coverage Stage.

The RWP Medicare PDP is setup to mirror the copay structure you are used to so there are only 2 drug payment stages:

1. Initial Coverage Stage:

- You will pay your standard copays while you are in your Initial Coverage stage.

2. Catastrophic Coverage Stage:

- Once your Medicare Part D annual out-of-pocket maximum has been reached for the Calendar Year, you move from the Initial Coverage Stage to the Catastrophic Stage.
- While in this stage, it is possible that your copay could be lower depending on the cost of the drug ([Refer to *What are the drug tiers? How does that affect my benefit?*](#)). The RWP Medicare PDP will pay most of the cost of your drugs until the end of the Calendar Year.

You will receive material from OptumRx ([Refer to *What information will I receive from OptumRx after I am enrolled?*](#)) you are enrolled in the RWP Medicare PDP comparing the different payment stages between a standard Medicare Part D plan and the RWP Medicare PDP.

If you fill a drug that is covered by the wrap plan, the 4-tier copay structure applies, but the cost of these drugs will not count towards your Initial Coverage Stage or Medicare Part D annual out-of-pocket costs. The lesser of logic is still in place so if at any point the cost of your medication is less than your copay, you will pay the lesser amount.

Q: How does a Medicare Part D plan work?

A: A **standard Medicare Part D plan** has four stages or benefit levels. The RWP Medicare PDP has only two stages since there is no Deductible Stage and no Coverage Gap Stage. Please refer to Chapter 4 in your *Evidence of Coverage* booklet for additional information.

Q: What is the Medicare Part D annual out-of-pocket maximum?

A: The Medicare Part D annual out-of-pocket maximum is an amount that must be reached, determined by the Centers for Medicare and Medicaid Services (CMS), before you can leave the Initial Coverage Stage and enter the Catastrophic Coverage stage. CMS releases these parameters by Calendar Year and is subject to change annually.

Q: What costs are applied to my Medicare Part D out-of-pocket costs?

A: Medicare Part D out-of-pocket costs include:

- Any amount you have paid for your drugs on the OptumRx formulary
- Any manufacturer discounts for your brand drugs on the OptumRx formulary
- Any amount others have paid on your behalf, such as through Medicare's Extra Help program

Costs that do not count toward the Medicare Part D out-of-pocket maximum include:

- Any premium you have to pay, including the Part D-IRMAA
- The cost of any prescription drugs that are not on the OptumRx formulary
- The cost of any prescription drugs not covered by Medicare Part D
- Any amount paid by the RWP Medicare PDP
- Any amount paid through the additional coverage provided by the RWP

Q: Can I use a copay assistance card to help pay for my medication?

A: No. Federal law does not allow anyone, including drug manufacturers, to give a customer anything of value that could result in referrals for items or services that are paid for by a federal healthcare program, such as Medicare.

Drugs Covered

Q: What is a formulary?

A: A formulary is the list of drugs covered by the Medicare Part D portion of the plan. It includes both brand name and generic drugs selected by the plan with the help of doctors and pharmacists.

Once you are enrolled in the RWP Medicare PDP, you will receive a copy of the *Abridged Formulary* which will include the most common drugs on the RWP Medicare PDP formulary.

Q: Will I be able to get the same drug(s) I am taking now, even though RWP Medicare PDP is a Medicare Part D plan?

A: Most drugs that you are currently taking will be covered by the RWP Medicare PDP. There may be some drugs that are not covered by Medicare or by the plan's additional coverage.

In the event your drug is not covered you can speak with your provider about another drug on the RWP Medicare PDP formulary, or whether you want to ask OptumRx for an exception.

To find out if your drug is covered, call OptumRx Member Services on/after your RWP Medicare PDP effective date at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What is the difference between the formulary and the wrap coverage? What additional drug coverage is provided by the RWP?

A: The formulary is the list of covered drugs used by the RWP Medicare PDP for the Medicare Part D portion of the plan. You will receive a copy of the *Abridged Formulary* after you are enrolled. This booklet will include a partial list of the drugs covered by the plan.

The additional coverage provided by the RWP is also referred to as a wrap plan because it wraps around the Medicare Part D portion of the plan to cover drugs not on the formulary. These drugs include Part D drugs not included on the OptumRx formulary, as well as some drugs not covered by Medicare Part D, such as:

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used for the symptomatic relief of cough or cold
- Prescription vitamins and mineral products not covered by Medicare Part D
- Prescription drugs when used for the treatment of sexual or erectile dysfunction

Q: How often will the formulary change?

A: Most of the changes to the formulary will occur at the beginning of each Plan Year on January 1.

However, **the formulary can change throughout the year**. If there is a change to a drug you are currently taking, OptumRx will notify you at least 60 days in advance.

Q: What if my drug is not on the formulary?

A: If your drug is not listed in the *Abridged Formulary* booklet you will receive in your **Welcome Kit** once you have been enrolled into the RWP Medicare PDP, it may be listed in the full, *Comprehensive Formulary* for the Medicare Part D portion of the plan, or it may be covered through the additional coverage provided by the RWP.

It is important to note that although the RWP Medicare PDP *Comprehensive Formulary* is a more extensive list of drugs, it is not a complete list of plan covered drugs.

To find out if your drug is covered, call OptumRx Member Services at 1-866-868-2493 on/after your RWP Medicare PDP effective date, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What are the drug tiers? How does that affect my benefit?

A: There are four drug tiers in the formulary:

- **Generic (Tier 1)** – Most cost-effective drugs to buy and have the lowest copayment. The active ingredients in generic drugs are exactly the same as the active ingredients in brand drugs whose patents have expired. They are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand drug.
- **Preferred Brand (Tier 2)** – Brand drugs that do not have a generic equivalent and are included on a preferred drug list. They are usually available at a lower copayment than Non-Preferred Brand drugs.
- **Non-Preferred Brand (Tier 3)** – Brand drugs that are not on a preferred drug list and usually are a higher copayment.
- **Specialty/High-Cost (Tier 4)** – Specialty or high-cost generic and brand drugs that cost \$670 (this amount is determined by OptumRx and is subject to change) or more for up to a maximum 30-day supply.

You will need to check the formulary to find out which tier your drug is on to determine your copayment. The lower the tier, the lower the copayment. The higher the tier, the higher the copayment.

Once your Medicare Part D annual out-of-pocket maximum has been reached for the Calendar Year, you move from the Initial Coverage Stage to the Catastrophic Stage.

During this stage, the RWP Medicare PDP will pay most of the cost for your drugs until the end of the Calendar Year.

You will pay the lower of:

- The RWP copayment outlined in the 4-tier structure that you paid during the Initial Coverage Stage,

or

- The Medicare Catastrophic Coverage cost-share, which is the greater of:
 - o 5% of the cost of the drug, or \$3.70¹ for generic drugs (or drugs treated as generic)
 - o 5% of the cost of the drug, or \$9.20¹ for all other drugs.

¹ These amounts are not determined by the Midwest Operating Engineers and are subject to change annually. Always check with Medicare or CMS for the most current amounts.

Q: Do I have to get another prior authorization completed for a drug that I already have a prior authorization approval for?

A: Yes. If you had a prior authorization completed for a drug you are currently taking prior to your RWP Medicare PDP effective date, Medicare requires you to have a new prior authorization completed once you are effective under the RWP Medicare PDP. Check the *Abridged Formulary* to see if your drug requires a prior authorization under the RWP Medicare PDP. For more information, please call OptumRx Member Services on/after your RWP Medicare PDP effective date. You can reach OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What happens if I am taking a drug subject to quantity limits?

A: At the pharmacy, you can receive up the applicable quantity limit. If you are currently taking a drug that will require a quantity limit, you may receive a letter from OptumRx with more information.

If you have questions about quantity limits on/after your RWP Medicare PDP effective date, please call OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What happens if I am taking a drug that can be covered under Medicare Part B or Medicare Part D?

A: If you are prescribed a drug that may be covered under Medicare Part B or Medicare Part D, a process is needed to determine which coverage – Part B or Part D – covers the use of the drug, based on your medical condition. In most cases, your pharmacist will be able to process this determination while you are at the pharmacy. However, there could be a delay if information is needed from your doctor and he or she is unavailable.

If you start taking a new drug that may be covered under Medicare Part B or Medicare Part D, your pharmacy will inform you that additional information is needed. You can also call OptumRx Member Services to start the Part B or Part D determination at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: How do I know if a drug can be covered as either a Medicare Part B drug or a Medicare Part D drug?

A: You can find out if a drug can be covered under either Medicare Part B or Medicare Part D by:

- Looking in the *Abridged Formulary* which you will receive in your **Welcome Kit** (Refer to [What information will I receive from OptumRx after I am enrolled?](#)) after you are enrolled. These drugs will have “B/D” next to them.
- Calling OptumRx Member Services at 1-866-868-2493 on/after your RWP Medicare PDP effective date.

For instance:

- Blood glucose meters, test strips and lancets are always covered by Part B.
- Drugs like cholesterol medications are always covered by Part D.
- Drugs that can be either Part B or Part D include any drugs that are inhaled.
- Drugs for weight loss or erectile dysfunction are not covered by Part B or Part D and are only covered by the additional coverage provided by RWP.

Q: What happens if my drug is covered by Medicare Part B only?

A: In most cases, your pharmacist will still be able to fill your prescription while you are at the pharmacy, and bill Medicare.

Q: What is step therapy?

A: In some cases, you may have to first try a certain drug to treat your condition before the plan will cover another drug for that condition. For example, if Drug A and Drug B treat the same medical condition and Drug A is just effective as Drug B, the plan may require you to try Drug A first. If Drug A does not work for you, the plan then will cover Drug B. This is called **step therapy**.

Drugs that require step therapy have a “ST” next to them in the *Abridged Formulary*. If you have any questions, call OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: Are compounded drugs covered under the RWP Medicare PDP?

A: Yes. A compounded medication is a medication that is specifically mixed and prepared for you, based on the prescription from your doctor. In order for the compounded medication to be covered by the RWP Medicare PDP, certain requirements have to be met. For more

information, contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What should I do if I get a letter from OptumRx indicating that the drug I am taking is not covered by RWP Medicare PDP?

A: A letter is required by the Centers for Medicare & Medicaid Services (CMS or Medicare) to be sent whenever you get a prescription filled for a drug that is not on the formulary, the list of drugs covered by the Medicare Part D portion of the plan. The supply you were able to fill is referred to as a temporary supply which allows you time to speak to OptumRx and/or your provider about changing the drug[s] you are currently taking to another drug on the formulary or request an exception from OptumRx to continue coverage of this drug.

For more information about your particular drug, call OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What if I currently have grandfathered copay for a specialty medication(s) or a 90-day supply of my specialty medication?

A: Medicare does not allow for the RWP Medicare PDP to honor any grandfathering of specialty medication copays or a specialty medication day supply exceeding 30 days.

Q: What is the Medication Therapy Management Program?

A: Medicare requires Medicare Part D plans to offer an optional, free service called Medication Therapy Management (MTM). If you take multiple medications, have a chronic condition or high drug costs, you may be invited to participate in a MTM program designed for your specific health issue. You may choose not to participate, but you should carefully consider taking advantage of this free service.

Filling Your Prescriptions

Q: Where can I get my prescriptions filled? Will I need to change pharmacies?

A: In most cases you will be able to continue to use the same OptumRx network pharmacy(ies) you are currently filling your prescriptions at.

You must use a network pharmacy to have the amount you paid count toward your Medicare total drug costs and Medicare Part D out-of-pocket costs unless it is an emergency or non-routine circumstance.

To find a network pharmacy near your home, you can check the *Pharmacy Directory* you receive in your **Welcome Kit** once you are enrolled in the RWP Medicare PDP. This booklet provides a partial list of the plan's network pharmacies within a 20-mile radius based on your zip code including retail pharmacies, home delivery pharmacies, specialty pharmacies, and other specific pharmacies. You can also call OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: Do I have to fill a prescription for my maintenance medication for 90 days?

A: You can fill either a 30-day supply or up to a 90-day supply of your maintenance medication at any OptumRx network retail pharmacy. You are not required to fill a 90-day supply of your maintenance medications that you fill at a retail pharmacy.

If you utilize the Home Delivery pharmacy, your prescription **must** be written for a 90-day supply. If your prescription is written for anything less than 90-days, you will still be responsible for paying a 90-day copayment.

Q: Do I have to use the Home Delivery pharmacy?

A: No. You can choose whether you want to fill your prescriptions at an OptumRx network retail pharmacy or by using the Home Delivery pharmacy.

Q: I am currently setup for auto refills through the Home Delivery Pharmacy will that continue, or do I need to re-enroll?

A: Yes, your auto refills will continue. You do not need to re-enroll in auto refills on/after your RWP Medicare PDP effective date.

Q: What happens if I need a refill before my RWP Medicare PDP effective date?

A: If you need a refill before your RWP Medicare PDP effective date you should fill your prescription under the current OptumRx plan and following the current requirements for refills and show your pharmacist the "Pharmacy" tab of your current Midwest Operating Engineers vendor ID card.

Q: May I get my prescriptions filled at a pharmacy that is not part of the OptumRx pharmacy network (an out-of-network pharmacy)?

A: You must use an OptumRx network pharmacy to have your copayments count toward your Medicare Initial Coverage stage or total out-of-pocket costs ([Refer to *What is the Medicare Part D annual out-of-pocket maximum?*](#)), except during certain situations such as an emergency.

You must pay the full amount and file a claim with OptumRx for reimbursement. If the claim is not approved, there will be no reimbursement. If the claim is approved, you will be reimbursed for the amount you paid minus your copayment.

Q: I use a Veterans Affairs (VA) pharmacy. May I continue to get my prescriptions filled at a VA pharmacy?

A: Yes. If you are eligible for Veterans Affairs (VA) benefits, you can still use VA pharmacies under your VA benefits. However, VA pharmacies are not permitted to be part of a Medicare Part D pharmacy network. The cost of those drugs and what you pay out-of-pocket will not count toward your Medicare Part D out-of-pocket costs or total drug costs.

Each time you get a prescription filled, compare your RWP Medicare PDP benefit to your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy or use your RWP Medicare PDP benefit and get your prescription filled at an OptumRx network pharmacy.

Q: Can I use my VA benefit with the RWP Medicare PDP benefit?

A: No, the federal government does not allow you to get benefits from more than one government program at the same time. VA pharmacies are not permitted to be part of a Medicare Part D pharmacy network.

Each time you get a prescription filled, compare your RWP Medicare PDP benefit to your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy or use your RWP benefit and get your prescription filled through the RWP Medicare PDP at an OptumRx network pharmacy.

Q: I will be traveling out of the country early next year. Will I be able to get my prescriptions filled before I leave on my trip?

A: Yes, you can request a vacation override for up to a 30-day supply before leaving the country.

Q: Are my medications covered if I go into a Long-Term Care facility?

A: Yes, you can fill a 31-day supply at a time at a Long-Term Care facility as long as the facility's pharmacy is part of the OptumRx pharmacy network. If you need more information about a particular pharmacy within a Long-Term Care facility:

- Check the *Pharmacy Directory* you receive in your **Welcome Kit** after you are enrolled in the RWP Medicare PDP
- Call OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711

Q: Are medications filled while I am in the hospital covered by the RWP Medicare PDP?

A: No. Any medications that you receive while in the hospital may be covered under your medical coverage, not your prescription drug coverage.

Premiums

Q: Will my monthly RWP medical premium change once I am enrolled in the RWP Medicare PDP?

A: As you or your eligible dependents become eligible for Medicare your monthly premium may decrease.

Monthly RWP premiums may be subject to change annually on or after each July 1st. If you have any questions regarding your monthly RWP premium, please contact the Retirement Services Group at 1-708-937-0327.

Q: Do I have to pay a Part D premium to Medicare, like I pay a Part B premium?

A: **No, you do not have to pay a premium to Medicare for the RWP Medicare PDP coverage.** Unlike your Medicare Part B premium, there is no standard Medicare Part D premium deducted from your Social Security payment.

Q: I am required to pay an additional amount for Medicare Part B due to my income. Will my income affect what I have to pay for my RWP Medicare PDP coverage?

A: If your modified adjusted gross income (MAGI) reported on your federal tax return is above a certain amount, Medicare requires that you pay an extra amount for your Medicare coverage. This is called an Income-Related Monthly Adjustment Amount, or IRMAA. For Medicare Part D, it is referred to as “Part D-IRMAA.”

The MAGI amount is different for an individual and for a married couple filing jointly. For more information, go to <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans>.

Your MAGI and tax filing status will determine whether you will have to pay the Part D-IRMAA and what you will have to pay.

Q: How will I find out if I have to pay the Part D-IRMAA?

A: You will be notified by Social Security if you have to pay the Part D-IRMAA.

Q: How will I pay the Part D-IRMAA?

A: If you are responsible for the Part D-IRMAA, the extra amount will be deducted automatically from your Social Security payment.

If you do not receive Social Security or your Social Security payment is not enough to cover the Part D-IRMAA, Medicare or the Railroad Retirement Board will send you a bill.

You must send your payment to Medicare or the Railroad Retirement Board – **not to the Fund Office or to OptumRx.**

Q: What if I don't pay the Part D-IRMAA?

A: **It is important that you make the payment, if required.** If not, Medicare will notify OptumRx that it must cancel your prescription drug coverage and you will be disenrolled from the RWP Medicare PDP.

Q: How much is the Part D-IRMAA per person?

A: The monthly Part D-IRMAA amount, depends on your income. For more information, go to <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans>.

Q: How do I get reimbursed for the Part D-IRMAA? Can I get reimbursement of my Part D-IRMAA from my RMSP account?

A: Yes, you can request reimbursement of your Part D-IRMAA amount from your RMSP account. Contact the Fund Office Member Services at 1-708-579-6600, Monday-Wednesday and Friday from 8:00 a.m. to 5:00 p.m. Central time, Thursday from 9:00 a.m. to 5:00 p.m., and Saturday from 8:00 a.m. to 12:00 p.m. Central time.

Late Enrollment Penalty

Q: What is a Medicare Part D Late Enrollment Penalty?

A: The Late Enrollment Penalty (LEP) is the amount that Medicare requires a person to pay if he/she:

- Did not enroll in a Medicare prescription drug plan when first eligible for Medicare
- Did not have creditable prescription drug coverage – coverage at least as good as Medicare’s standard plan
- Had a break in coverage of more than 63 days in a row

Q: I have been covered on the RWP since I retired. Do I have to worry about the late enrollment penalty?

A: No, the RWP’s prescription drug coverage has always met or exceeded Medicare Part D coverage standard and therefore continues to be considered creditable coverage.

However, if you got married after your spouse became eligible for Medicare, and he or she had not been enrolled in Medicare Part D for more than 63 days in a row after he or she became eligible for Medicare, he or she may have a late enrollment penalty.

Q: What happens if I am contacted about a late enrollment penalty?

A: If you or your spouse are contacted by OptumRx, they may need information about your or your spouse’s past prescription drug coverage to send to Medicare. Please make sure you or your spouse provide the information requested in the notice. You or your spouse may also ask that any decision about your or your spouse’s late enrollment penalty be reconsidered.

Q: What do I need to do if I owe a Late Enrollment Penalty?

A: **The RWP has elected to pay your Part D late enrollment penalty, if any, at this time.** You may be responsible for paying your late enrollment penalty in the future if your coverage ends, you leave the plan and enroll in another Medicare Part D plan, or if the RWP decides to not pay your late enrollment penalty in the future.

Extra Help from Medicare

Q: What is Extra Help?

A: Extra Help is a Medicare program that helps individuals who have low income and resources to pay for prescription drug costs. Income guidelines¹ to qualify vary depending on if you are an individual or a married couple living together.

Resources include such things as bank accounts, stocks, and bonds. Social Security does not count your primary residence, car, or any life insurance policy as resources. You may still qualify even if your income is over the amounts above.

¹ These amounts are not determined by the Midwest Operating Engineers and are subject to change annually. Always check with Medicare or CMS for the most current amounts. For more information, go to <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans>.

Q: How do I know if I am eligible for Extra Help from Medicare?

A: If Medicare identifies you as a person that qualifies for Extra Help to pay for your prescription drug costs, you will receive a letter from Medicare or the Social Security Administration.

Some people automatically qualify for Extra Help; for instance, if they have full Medicaid coverage, get help from Medicaid to pay their Part B premiums, or if they receive Supplemental Security Income (SSI) benefits.

To see if you qualify for Extra Help, you can:

- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Assistance is available 24 hours a day, 7 days a week.
- Visit www.medicare.gov.
- Call the Social Security Office at 1-800-772-1213 between 7 am and 7 pm, local time, Monday through Friday. TTY users should call 1-800-325-0778.
- Visit www.socialsecurity.gov/prescriptionhelp.
- Contact your state Medicaid office.

Q: How does Extra Help work with my RWP prescription drug coverage?

A: If you qualify for Extra Help, your share of the cost for your prescription drugs will be reduced. Extra Help copayments range from \$0 to 15% coinsurance. If OptumRx is notified that you are eligible for Extra Help, you will receive a Low-Income Subsidy (LIS) Rider which will tell you the exact amount of your copayment or coinsurance you are responsible for paying each time you fill a prescription.

You will pay the lower of:

- Your Extra Help copayment or coinsurance; or
- Your RWP Medicare PDP copayment

Appeals and Grievances

Q: What is a grievance versus an appeal?

A: A “grievance” is also called a “complaint” and addresses the quality of care you got or are getting. You might file a grievance if you were not happy with the way you were treated at a pharmacy or when you called the plan.

You file an “appeal” when you have an issue regarding your benefits, your drug being covered or the amount you pay for your drug. Coverage determinations and exceptions are examples of appeals.

You will receive an *Evidence of Coverage* booklet in your Welcome Kit ([Refer to *What information will I receive from OptumRx after I am enrolled?*](#)) after you are enrolled in the RWP Medicare PDP. Chapter 7 provides details on requesting appeals or filing a grievance. If you have any questions, contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What is a coverage determination?

A: A “coverage determination” is a formal “coverage decision” about whether your drug is covered by the plan or how much you have to pay for the drug. If your pharmacist tells you that a drug is not covered by the plan, that is not a coverage determination. You have to write to the plan to request a formal coverage decision.

Q: What is an exception?

A: An exception is a type of coverage determination that allows you to receive

- A drug that is not covered on the formulary (formulary exception)
- A drug without a restriction, such as quantity limit or step therapy (formulary exception)
- A non-preferred drug at the copayment for a preferred drug (tiering exception)

Q: What can I do if you deny coverage for my drug?

A: You have the right to file an appeal and ask the plan to reconsider its decision about coverage or payment. There are multiple levels of appeal.

Q: How do I file an appeal for the RWP Medicare PDP?

A: Contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: How do I file a grievance?

A: Contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What if I want to file an appeal regarding a drug covered through the additional coverage provided by the RWP?

A: Contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: What if I previously won an appeal on a DAW penalty?

A: That appeal no longer applies. You will now have to follow the coverage rules for the new RWP Medicare PDP plan. You may not be able to get the brand name drug if it is not listed on the OptumRx formulary or available through the additional coverage provided by RWP.

If your drug is not covered, you can request an exception from the plan. For more information on requesting an exception, contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

Q: My caregiver is going to help me with my appeal. Is there anything I need to do?

A: You will need to fill out, sign and date an Appointment of Representative form, naming the person you want to help you file your appeal as your authorized representative. This form is used only for naming someone to act as your representative when you are filing a grievance, requesting a coverage determination, or submitting an appeal.

You can revoke the appointment of the representative if you decide you no longer want this person to be your authorized representative. For more information, contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. TTY users should call 711.

What to Expect

Q: What information will I receive from OptumRx about my RWP Medicare PDP enrollment?

A: You will receive a letter from OptumRx with a *Summary of Benefits*. The letter explains that the RWP Medicare PDP is your new prescription drug plan and tells you that you will automatically be enrolled in the plan. **No action is required** unless more information is needed to process your enrollment.

The letter will also tell you that you have the choice to opt out of this plan. We are required by Medicare to give you the chance to opt out of the plan and not be enrolled in the RWP Medicare PDP. Remember, **if you choose not to be enrolled in the RWP Medicare PDP:**

- **You will lose your RWP prescription drug coverage.**
- **You will continue to have your RWP medical and dental coverage, but you will pay the full RWP premium amount.**
- You will be allowed one opportunity to re-enroll in prescription drug coverage in the future. If you are subsequently disenrolled from the RWP Medicare PDP, you will not be able to re-enroll in RWP prescription drug coverage in the future.

Before making any decisions about opting out of the RWP Medicare PDP or selecting another plan, please call the Fund Office Pharmacy Benefit Department at 1-708-387-8331 Monday-Friday from 8:00 a.m. to 5:00 p.m. Central time, to make sure you understand what will happen to your coverage.

Q: What information will I receive from OptumRx after I am enrolled?

A: After Medicare has confirmed your enrollment in the RWP Medicare PDP, you will receive the following separate mailings.

1. **A Welcome Kit** - You will receive a Welcome Kit from OptumRx confirming your enrollment in the RWP Medicare PDP. Your Welcome Kit will include the following:
 - a. Evidence of Coverage: a booklet that explains the rules you must follow to be covered by this plan and your right to appeal plan decisions about payment or services.
 - b. Abridged Formulary: a list of the most commonly used drugs covered by the Medicare Part D portion of the plan. The *Abridged Formulary* will not include the drugs covered through the additional coverage provided by the RWP. If your drug is not listed, please contact OptumRx Member Services toll free at **1-866-868-2493** to find out if it is covered by the plan.
 - c. Pharmacy Directory: a list of network pharmacies in your area, including retail pharmacies, home delivery pharmacies, specialty pharmacies, and other specific pharmacies.

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2. **Welcome letter & ID card** - This letter will contain your RWP Medicare PDP effective date and your new OptumRx MedicareRx ID card. This ID card will have your unique ID number and will replace the information under the “Pharmacy” tab of your current Midwest Operating Engineers vendor ID card. If your spouse and/or your dependent is covered by the RWP and becomes eligible for Medicare, he or she will also go through the enrollment process and get their own new OptumRx MedicareRx ID card. His or her card will have a different ID number. **It is important that you each use your own ID card when filling your prescriptions.**

Do not begin presenting your new ID card, at your pharmacy, until on or after your RWP Medicare PDP effective date. Please continue to use the information under the “Pharmacy” tab on your current Midwest Operating Engineers vendor ID card, to fill your prescriptions, until the day before your RWP Medicare PDP effective date.

If you do not receive your new prescription drug ID card before your effective date of coverage, contact the Fund Office Pharmacy Benefit Department at 1-708-387-8331, Monday-Friday from 8:00 a.m. to 5:00 p.m. Central time to request an OptumRx MedicareRx ID card.

3. If you are eligible for Extra Help, Medicare’s program for those with low income, you will also receive a ***LIS Rider*** (Low Income Subsidy Rider). It will list the copayments or coinsurance you will pay when you get your drugs filled, if you qualify for this program.
4. After your effective date of coverage, you will receive ***Your Monthly Prescription Drug Summary***, also known as the **Explanation of Benefits**, every month after you filled a prescription. The information provided will include:
- The drugs you received the previous month
 - How much you paid, how much the plan paid and how much was paid by others, such as Extra Help
 - Which drug payment stage you are in
 - Your Medicare out-of-pocket costs to date
 - Your Medicare total drug costs to date

Q: Who do I call if I have any questions?

A: If you have any additional questions or need more information, contact:

- If you have any questions about enrollment or opting out of the RWP Medicare PDP:

OptumRx Enrollment Member Services
1-855-235-1405
TTY: 711

Monday-Friday, except holidays
8 a.m. to 8 p.m. local time

- If you have any questions about Medicare Part D, the RWP Medicare PDP, the drugs covered by the plan, the network pharmacies near where you live or are traveling and process for filing grievances and appeals:

OptumRx Member Services
1-866-868-2493
TTY: 711
24 hours/day, 7 days/week
Optumrx.com

OptumRx Member Services will be able to answer more specific questions about your coverage, such as if your drug is covered or the locations of network pharmacies near where you live or are traveling.

- If you have any questions regarding your RWP eligibility and your monthly RWP premium:

Fund Office Retirement Services Group
1-708-937-0327
Monday-Friday from 8:00 a.m. to 5:00 p.m. Central time
Saturday from 8:00 a.m. to 12:00 p.m. Central time

- If you have any questions regarding your prescription drug coverage as well as what will happen if you decide not to be enrolled in the RWP Medicare PDP:

Fund Office Pharmacy Benefit Department
1-708-387-8331
Monday-Friday from 8:00 a.m. to 5:00 p.m. Central time

