

GROUP MEDICARE ENROLLMENT MANUAL



Community College of Baltimore County Retirees and Dependents age 65+ or eligible for Medicare B



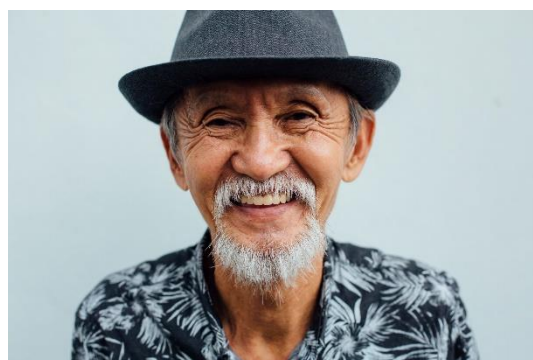
Group Medicare Enrollment Manual:

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"Very, very pleased with the service from Labor First, always thinking out of the box..."

- Baltimore County Retiree



2021 Open Enrollment Information

Benefits changes must be completed between October 15, 2020 and November 16, 2020. Changes will be effective January 1, 2021.

Eligibility

In order to be eligible for CCBC's medical insurance subsidy and health insurance coverage at retirement:

- The employee must have been in a full-time benefit eligible position with 10 or more years of employment with CCBC **and**
- Retirees must be eligible for and begin receiving their pension or distribution benefit immediately upon leaving employment with CCBC **and**
- Retirees and/or their eligible dependents must have been eligible for benefits while employed with CCBC.

Dependent Eligibility

- **Spouse** (legal spouse, or domestic partner – same sex or heterosexual)
- **Surviving Spouse** (must be on coverage prior to retiree's death)
- **Dependent child who is:**
 - The retiree or spouse's child by birth or legal adoption recognized under Maryland Law that is currently enrolled in Medicare.

Continued Coverage for Spouse or Registered Domestic Partner of a Deceased Retiree

Coverage is available for your spouse if he/she had benefits through your CCBC retiree plan. However, the surviving spouse or registered domestic partner will need to pay the premiums if your pension check

stops based on your retirement plan's death benefit. Dependent children of a deceased retiree or surviving spouse cannot continue coverage and will be offered COBRA. A surviving spouse of a deceased retiree who remarries may not add a new spouse, registered domestic partner, or dependent child to the insurance.

Eligible dependents are required to have legal standing and/or legally sufficient documentation for residency in the United States while included on County health plans.

Medicare Retiree Eligibility (Due to Age or Disability)

CCBC requires enrollment in Medicare Part A (hospital) and Medicare Part B (medical) as soon as you, your spouse, your domestic partner or dependent child are eligible for Medicare. You must accept Medicare B as the primary health carrier. Medicare B will require a monthly premium. A copy of your Medicare A & B card will be required.

Typically, Medicare becomes effective the first day of the month in which you reach age 65 or otherwise become eligible due to disability. For additional information regarding Medicare, please contact Social Security.

Once enrolled in Medicare, you or your spouse or domestic partner or dependent child, will be eligible to enroll in a Medicare Advantage, Medicare Supplemental and/ or Part D Prescription plans offered through Labor First. Please notify Labor First at (443) 290-3113 as soon as you are enrolled in Medicare to discuss your Medical and Prescription plan options. Dental and Vision enrollments will still be administered by CCBC.

Domestic Partnership – Medicare Part B Enrollment

According to Medicare Coordination of Benefit Rules, when a covered member is eligible for Medicare due to age or disability and is a domestic partner on a commercial insurance plan, Medicare will be primary no matter the working status of the employee. If a covered member is a legal spouse and has Medicare due to age or disability, the commercial plan will be primary if the employee is still actively working. However, if the covered domestic partner has COBRA coverage, Medicare will be primary, regardless of whether the covered member and the employee are married or in a domestic partnership.

What If My Spouse or I are Not Eligible for Medicare?

You may not be eligible for Medicare if you did not work the required number of quarters required by the Social Security Administration. If you do not qualify on your own, you may qualify for spousal coverage. You will need to contact your local Social Security office to determine whether you can enroll in Medicare. Those few retirees not eligible for Medicare either on their own or through a spouse should contact CCBC upon reaching their 65th birthday to discuss their options.

What if I Become Eligible for Medicare, but My Spouse is Not Yet Eligible?

You will be enrolled in a Medicare Advantage, Medicare Supplemental plan and/or Prescription plan and your spouse can continue in a non-Medicare plan until they are eligible for Medicare (same applies if spouse is eligible before retiree). You will pay for Individual coverage in each of the plans.

Changes During the Year

It is your responsibility to notify CCBC and Labor First for the changes below:

- Address Change
- Change in Medicare Eligibility Status
- Marriage, Divorce or Legal Separation

Changes During Open Enrollment

Examples of changes you may need to make during Open Enrollment include:

- Selecting a plan other than the default plan indicated
- Adding or removing a dependent if you did not do so within the first 31 days of the qualifying event
- Changing the medical, dental or other plans you currently have

About Labor First

Labor First is a Retiree Benefits Administrator and Advocacy Company, that specializes in retiree healthcare. Labor First is not an insurance carrier. We fully understand that the challenges most retirees face in relation to health plans are unique to each individual which is why Medicare health benefit administration and advocacy is all that we do.

Our team employs a dedicated support strategy that is aimed at creating an atmosphere where retirees feel confident, they are receiving the best service available. Our dedicated Member Advocates are here to not only assist members with enrollment, but to provide ongoing retiree support to CCBC Retirees throughout their enrollment in any of our plans.

LABOR FIRST PLAN SELECTION GUIDE

Please follow the guide below for the 2021 options:

**OPTION 1
(Plan 1A)** Stay in the **DEFAULT** Cigna Medicare Advantage Plan. This option can be viewed on Page 7. To stay in this plan you **do not** need to do anything.

OR

**OPTION 2
(Plans 1B or 1C)** Choose from the alternative Cigna Medicare Advantage with Prescription Drug PPO Options. These plans can be viewed on page 8.

- a. **High** – Richest Rx Plan Benefit
- b. **Low** – Value Rx Plan Benefit

OR

**OPTION 3
(Plan 2A)** Choose the Kaiser Medicare Advantage with Prescription Drug HMO plan. This plan design can be viewed on page 9.

**OPTION 4
(Plans 3 or 4)** Choose from a Medicare Supplement plan through Cigna or United America. These plans can be viewed on page 10.

AND / OR

(Plans A, B, C, D & E) Then choose a Prescription plan from Cigna or AARP. These plans can be viewed on page 11.

If you choose an alternative to the Default Option 1, please call Labor First to change your enrollment at:

(443) 290-3113 (TTY 711)

OPTION 1

Default Cigna Medicare Advantage Plan with Rx Drug (MAPD)

You will automatically be enrolled into this plan.

Cigna National PPO	Mid Plan 1A
Benefit	Retiree Pays
Deductible / Annual Out-of-Pocket Max	\$0 / \$500
Lifetime Coverage Max	Unlimited
Inpatient Hospital / Facility Services	\$0
Emergency Care	\$0
Office Visit	10%
Outpatient Services	10%
Skilled Nursing	\$0: Days 1-100

Ancillary Benefits Coverage	
Hearing Benefits	\$0 copay fitting. \$0 copay for hearing aids (any type). \$700 maximum per ear per device every 3 years
Vision Benefits	Yes, discount plan available
Fitness Benefit	Silver & Fit - \$0
Post Hospital Meal Delivery	Included
Clinical Care Program	Included

Prescription Drug Benefits	
Rx Deductible	\$250
30 Day Retail	
Generics	\$10
Brand	25%
Non-Preferred Brand	30%
Specialty	20% (\$150 max)
90 Day Retail/Mail Order	
Generics	\$25
Brand	25%
Non-Preferred Brand	30%
Specialty	20% (\$375 max)
Donut Hole	Full coverage

**The Cigna Medicare Advantage with Prescription Drug Plan
FAQ Section can be located on page 14.**

OPTION 2

Alternative Cigna Medicare Advantage Plan w/ Rx - PPO Options

Medicare Advantage – CIGNA	Mid Option Plan 1A (DEFAULT)	High Option Plan 1B	Low Option Plan 1C
Benefit	Retiree Pays	Retiree Pays	Retiree Pays
Deductible	\$0	\$0	\$0
Lifetime Coverage Max	Unlimited	Unlimited	Unlimited
Inpatient Hospital / Facility Services	\$0	\$0	\$0
Emergency Care	\$0	\$0	\$0
Office Visit	10%	10%	10%
Outpatient Services	10%	10%	10%
Skilled Nursing	\$0: Days 1-100	\$0: Days 1-100	\$0: Days 1-100
Annual Out-of-Pocket Max	\$500	\$500	\$500

Ancillary Benefits Coverage			
Hearing Benefits	\$0 copay fitting. \$0 copay hearing aids (any type). \$700 max per ear per device every 3 years		
Vision Benefits	Yes, discount plan avail.	Yes, discount plan avail.	Yes, discount plan avail.
Fitness Benefit	Silver & Fit - \$0	Silver & Fit - \$0	Silver & Fit - \$0
Post Hospital Meal Delivery	Included	Included	Included
Clinical Care Program	Included	Included	Included

Prescription Drug Benefits			
Rx Deductible	\$250	\$0	\$250
30 Day Retail			
Generics	\$10	\$6	\$6
Brand	25%	20%	25%
Non-Preferred Brand	30%	20%	25%
Specialty	20% (\$150 max)	20% (\$150 max)	\$150
90 Day Retail/MO			
Generics	\$25	\$18	\$15
Brand	25%	\$40	25%
Non-Preferred Brand	30%	\$40	25%
Specialty	20% (\$375 max)	20% (\$375 max)	\$375
Donut Hole	Full coverage	Full coverage	Full coverage

**The Cigna Medicare Advantage with Prescription Drug Plan
FAQ Section can be located on page 14.**

OPTION 3

Kaiser Permanente Medicare Advantage Plan w/ Rx – HMO Option

Medicare Advantage – Kaiser	Plan 2A
Benefit	Retiree Pays
Deductible	\$0
Lifetime Coverage Max	Unlimited
Inpatient Hospital / Facility Services	\$100 per benefit period
Emergency Care	\$50
Office Visit	\$0
Outpatient Hospital Facility Services	\$15
Outpatient / Inpatient Services	\$0 - \$100
Skilled Nursing	\$0: Days 1-100
Annual Out-of-Pocket Max	\$3,400

Ancillary Benefits Coverage	
Hearing Benefits	\$0 copay fitting. \$0 copay hearing aids (any type). \$1000 max per ear per device every 3 years
Vision Benefits	\$100 allowance per calendar year (Kaiser facilities)
Fitness Benefit	Included
Post Hospital Meal Delivery	Not available
Clinical Care Program	Included

Prescription Drug Benefits	
Deductible	\$0
Mail Order from Kaiser Permanente Mail Order Pharmacy	\$10 Generic or Brand Up to 90 days supply
Kaiser Permanente Medical Center Pharmacy	\$15 Generic or Brand Up to 60 days supply
Affiliated Network Pharmacy Giant, Rite Aid, Safeway, Target & Walmart	\$25 Generic or Brand Up to 60 days supply

Kaiser Permanente Medicare Advantage with Prescription Drug Plan FAQ Section can be located on page 15 - 16.

OPTION 4

Alternative Medicare Supplement Options

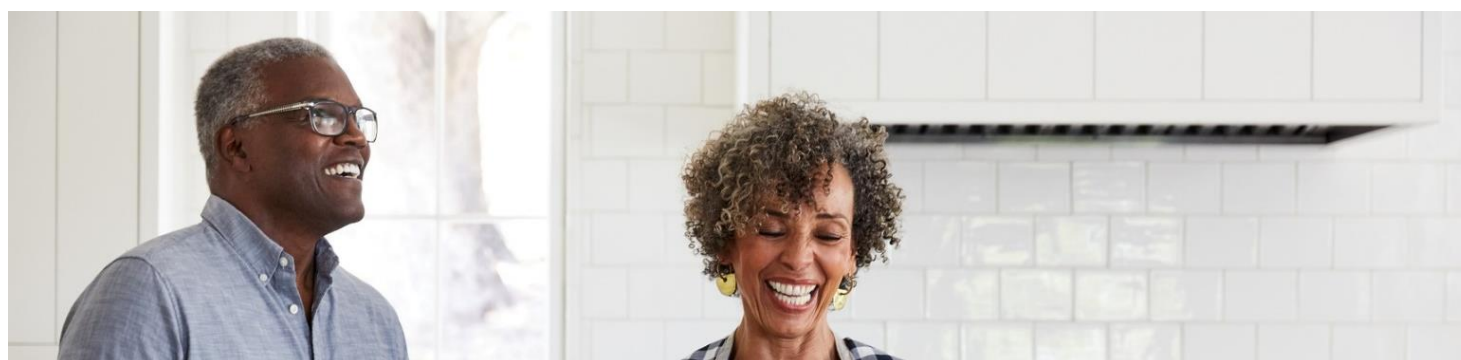
Medicare Supplement Plan	Cigna Surround Plan 3 (CURRENT)	United American Plan 4
Benefit	Retiree Pays	Retiree Pays
Deductible	\$0	Part A: \$0 Part B: \$1,500
Lifetime Coverage Max	Unlimited	Unlimited
Inpatient Hospital / Facility Services	\$0	\$0
Emergency Care	\$0	\$50
Office Visit	20%	\$20
Outpatient Hospital Facility Services	20%	\$0
Outpatient / Inpatient Services	\$0	\$20
Skilled Nursing	\$0: Days 1-365	\$0: Days 1-100
Annual Out-of-Pocket Max	\$2,000	N/A

Ancillary Benefits Coverage		
Hearing Benefits	You pay 0% / Plan pays 100%. (2) hearing aids every (3) years	30%-60% savings provided off MSRP
Vision Benefits	Not Included	100% balance for eye exam (1) per calendar year; Discounted Frames, Lenses, Contacts and Lasik
Fitness Benefit	Not Included	Not Included
Post Hospital Meal Delivery	Not Included	Not Included
Clinical Care Program	Not Included	Not Included

The Medicare Supplement FAQ Section can be located on page 16.

OPTION 4
Alternative Prescription Rx Options

	Cigna RX HIGH Plan A	Cigna RX MID Plan B	Cigna RX LOW Plan C	AARP Saver Plan D	AARP Walgreens Plan E
Benefit	Retiree Pays	Retiree Pays	Retiree Pays	Retiree Pays	Retiree Pays
Rx Deductible	\$0	\$250	\$250	\$445	Tier 1-2: \$0 Tier 3-5: \$445
30 Day Retail					
Pref Generics	N/A	N/A	N/A	\$1	\$0
Generics	\$6	\$10	\$6	\$7	\$6
Brand	20%	25%	25%	\$33	\$40
Non-Preferred Brand	20%	30%	25%	40%	40%
Specialty	20% (\$150 max)	20% (\$150 max)	\$150	25%	25%
90 Day Retail / MO					
Pref Generics	N/A	N/A	N/A	\$3	\$0
Generics	\$18	\$25	\$15	\$21	\$18
Brand	\$40	25%	25%	\$99	\$120
Non-Preferred Brand	\$40	30%	25%	40%	40%
Specialty	20% (\$375 max)	20% (\$375 max)	\$375	N/A	N/A
Features					
Donut Hole	Full Coverage	Full Coverage	Full Coverage	CMS Minimum	CMS Minimum
ED Drugs	Included	Included	Included	Not Included	Not Included
\$0 Preventive Drugs	Included	Included	Not Included	Not Included	Not Included



The Prescription Drug FAQ Section can be located on page 17.

FREQUENTLY ASKED QUESTIONS

General Questions

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

Cards and Welcome Kits should be received mid-late December. Members and covered Spouses/Medicare Eligible Dependents will each receive separate welcome kits and ID cards. UA Medicare supplement packets, AARP® MedicareRx packets and Cigna Rx packets are mailed separately and at different times.

2. What will be my premium charge?

Please see the included rate sheets for your premium amount and subsidy level.

3. How will I pay my premium?

If your pension covers the full premium, you will continue to pay using your current process. If your pension does not cover the full premium, Labor First will contact you regarding the payment options.

4. What prescription plan should I choose if I plan to enroll into either the Cigna Medicare Supplement Plan or the UA Medicare Supplement Plan

You can choose from any of the five (5) prescription plans.

5. If I choose to remain in the default Cigna Medicare Advantage plan, can my spouse choose a different option, and vice versa?

Yes, you and your spouse/dependents can mix and match the coverage that best meets your needs.

6. If I am happy with the default plan, do I have to do anything to enroll?

No, if you are happy with being enrolled into

the default Cigna Medicare Advantage Mid plan, you do not have to do anything. You will automatically be enrolled.

7. If I chose to enroll into another plan, do I have to do anything?

If you chose to enroll into another option offered through Labor First, you are required to complete an application. Please call Labor First at **(443) 290-3113 (TTY 711) or (833) 550-1675 (TTY 711)** and an application will be mailed, emailed or faxed to you.

8. How much will this plan cost me?

Please reference the enclosed rate sheet for your 2021 plan cost.

9. What do I do if I lose my ID Card?

Please call Labor First at **(443) 290-3113 (TTY 711) or (833) 550-1675 (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.

10. Who is Labor First?

Labor First is a Retiree Benefits Administrator and Advocacy Company that specializes in retiree healthcare. Our dedicated Member Advocates are here to not only assist members with enrollment, but to provide ongoing retiree support to CCBC throughout their enrollment in any of our plans.

11. When can I call Labor First?

Labor First is open Monday – Friday 9:00 AM – 5:00 PM EST beginning now and continuing through your enrollment into the plan.

12. What items can Labor First assist me with?

Labor First can assist with a variety of things from medical and prescription billing questions, assisting with enrollment, eligibility verification from providers, medical and prescription prior authorizations, medication look up, provider and RX network questions, Medicare / SSA assistance and much more.

13. How do I know what plan is best for me?

Based on the information provided by Cigna and CCBC, members were defaulted into the Cigna Mid MAPD plan which provides robust benefits at an affordable price point. However, we understand that everyone's medical needs may differ. The factors that the Labor First advocates will take into consideration are your financial status, existing health, how often you visit your providers and your current list of medications to help you make an unbiased decision.

14. What should I be prepared with when I call Labor First?

We recommend you have a list of your medications, dosage, frequency and your rate sheet.

15. Can I enroll in a medical plan with Labor First but not a prescription drug plan or vice versa?

CCBC allows you to elect only one line of coverage, but it is important to understand these benefits may affect your coverage outside CCBC's plans. It is important that you discuss your other coverage with a Labor First advocate prior to December 7, 2020.

16. What is the difference between Medicare Advantage and Medicare Supplemental coverage?

For both Medicare Supplemental and Medicare Advantage you are required to be enrolled in both Medicare Part A and Medicare Part B and continue paying your Part B premium. A Medicare Supplemental plan supplements Original Medicare. Original Medicare pays 80% of cost as primary coverage and the Medicare Supplemental plan pays for the balance minus the copay or coinsurance as secondary coverage. Medicare Supplemental coverage cannot contain Rx coverage and does not cover additional benefits such as: vision, fitness, meal delivery services after inpatient hospital care, 24/7 nurse line, at home wellness visits and more.

In comparison, Medicare Advantage plans take the place of Original Medicare as the primary and only payer aside from any copay or coinsurance left over. These plans can include Rx coverage, and additional riders for vision, fitness, meal delivery services after inpatient hospital care, 24/7 nurse line, at home wellness visits and more. The MAPD plans offered in this guide are not like the MAPD plan you have heard about on TV. It does not require referrals and you can continue to see any provider that accepts Medicare and is willing to bill Cigna.



"We like this plan."

- Baltimore County Retiree

Cigna Medicare Advantage with Prescription Drug Plan Questions (Plans 1A, 1B & 1C)

1. **Does this plan require referrals?**
No, this plan does not require referrals.
2. **Does this plan require pre-certifications?**
Some services may require pre-certification.
3. **Does this plan have a network?**
Yes, but you can go to any provider, hospital, or facility that accepts Medicare and is willing to bill Cigna. This plans in and out of network benefits are the same.
4. **Can I go to my current providers?**
Yes, you can see any provider that accepts Medicare and is willing to bill Cigna.
5. **Do I still use my Medicare Card?**
No. Put your Medicare card in a safe place in case you need it at a later date. You will use only your newly combined Cigna ID Card for medical and prescription.
6. **What if my Provider says they do not accept this plan?**
If your provider accepts Medicare, they will be paid the same by the plan whether they are considered in or out of network. Please call Labor First at **(443) 290-3113 (TTY 711) or (833) 550-1675 (TTY 711)** to assist. We can reach out to your provider to explain.
7. **Are my drugs covered?**
Most likely yes, the formulary is a comprehensive formulary just as before. You will receive an abridged formulary with your Welcome Kit and cards. Please call Labor First at **(443) 290-3113 (TTY 711) or (833) 550-1675 (TTY 711)** if you need you do not see your drug listed or need help looking up your drugs.
8. **Can I go to the same Retail Pharmacy?**
Most likely, yes. There should be little to no pharmacy disruption. Cigna has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.
9. **Is there a Home Delivery Pharmacy?**
Yes, Cigna offers a home delivery pharmacy through Express Scripts.
10. **Is there a discount at the Home Delivery Pharmacy?**
Yes, for generic medications there is a 90-day discount. This discount is also available at the retail pharmacy.
11. **Will my prescriptions transfer from the old plan?**
If you use the retail pharmacy or Express Scripts Home Delivery Pharmacy and have refills remaining, you do NOT need to obtain new prescriptions.
12. **Can I still go to the VA for my drugs?**
Yes. If you obtain some drugs from the VA, you may continue to do so.
13. **Do I need Prior Authorizations for certain prescription medicines?**
Some drugs may require a PA. Please contact Labor First at **(443) 290-3113 (TTY 711) or (833) 550-1675 (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.

Kaiser Medicare Advantage with Prescription Drug Plan Questions

(Plan 2A)

1. Does this plan require referrals?

Yes, some services require referrals from your primary care provider for specialist visits and hospital-based care. Other services like primary care, OB/GYN, behavioral health, or out-of-area dialysis do not require a referral. If you have specific questions about what requires a referral, you may call Member Services at (888) 777-5536.

2. Does this plan require pre-certifications?

Some services may require pre-certification.

3. Does this plan have a network?

Yes, you must use a doctor, hospital or facility within the Kaiser Permanente Medicare Advantage network. The network contains over 4,000 physicians and specialty providers and can be found at www.kp.org under "Doctors and Locations" or www.kp.org/directory

4. Can I go to my current providers?

You can see any provider that accepts Medicare and is within the Kaiser Permanente Medicare Advantage network. You can find the details at kp.org/directory.

5. Do I still use my Medicare Card?

No. Put your Medicare card in a safe place in case you need it at a later date. You will use only your Kaiser ID Card for Medical and Drug.

6. What if my Provider says they do not accept this plan?

If your provider accepts Medicare and is in the Kaiser network, you should be able to be seen

there. Please call Kaiser Permanente Member Services to assist at (888) 777-5536.

7. Are my drugs covered?

Most likely yes, the formulary is a comprehensive formulary just as before. Please call Kaiser at (888) 777-5536 if you need assistance looking up your drugs or visit www.kp.org/seniorrx

8. Can I go to the same Network Pharmacy?

Most likely, yes if your pharmacy is within the Kaiser Permanente network. The pharmacy directory can be accessed at www.kp.org/directory. It provides a list of our plan's network pharmacies. We call the pharmacies on this list our "network pharmacies" because we have contracted with them to provide prescription drugs to plan members. You may also visit any Kaiser Permanente Pharmacy. You do NOT need new prescriptions for retail pharmacy refills.

9. Is there a Home Delivery Pharmacy?

Yes, Kaiser Permanente offers home delivery or mail order prescriptions. Mail order prescriptions can be mailed to you at no additional cost. Just call 1-800-700-1479 (TTY 711) to get most prescription refills mailed to you. Or register for an account at www.kp.org. Then place your order online and choose the mail option. You may pay lesser cost shares by using the Kaiser Permanente Mail Order Pharmacy and should receive them within 3-5 days. Please consult your Evidence of Coverage for more details.

10. Is there a discount at the Home Delivery Pharmacy?

Yes, there is a 90-day discount.

11. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy or Kaiser Home Delivery Pharmacy and have refills remaining, you do NOT need to obtain new scripts. To transfer your prescription to a Kaiser Permanente pharmacy, visit www.kp.org/newmember and click “transition prescriptions” or call 1-800-700-1479 (TTY 711). You will need to provide your Kaiser Permanente medical record number, the name and telephone number of your current pharmacy, the name, strength, and directions for use of the prescribed medication, the prescription number of the prescribed medication, the name and phone number of the physician who prescribed the medication.

12. Can I still go to the VA for my drugs?

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

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

Some drugs may require a prior authorization. Please contact Kaiser at (888) 777-5536 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.

Medicare Supplement Plan Questions for Cigna Surround and United American (Plans 3 & 4)

1. **Does this plan require referrals?**
No, this plan does not require referrals.
2. **Does this plan require pre-certifications?**
No, this plan does not require pre-certifications.
3. **Does this plan have a network?**
No, you can go to any provider, hospital, or facility that accepts Medicare.
4. **Can I go to my current providers?**
Yes, you can see any provider that accepts Medicare.
5. **Do I still need my Medicare Card?**
Yes, Medicare will continue to be your primary insurance. You will need to show your provider your Medicare card and your UA ID card at the hospital and doctor’s visits. The claim will automatically be processed by Medicare and UA. You will receive an Explanation of Benefits (EOB) from both.



“Plan was a good fit.”

- Baltimore County Retiree

Prescription Drug Plan Questions for Cigna and AARP (Plans A, B, C, D, & E)

1. Are my drugs covered?

If you are interested in enrolling into one of the Cigna Rx plans, your medications are most likely covered. If you are interested in one of the AARP plans offered, the formularies are more limited. It's possible a medication that you are taking is not covered but an alternative may be available. Please have your current list of medications available and contact one of our Retiree Advocates. We can review your information and provide prescription plan options that best meet your needs and budget.

2. Can I go to the same Pharmacy?

If you are interested in enrolling into one of the Cigna Rx plans, you can most likely visit any pharmacy and there should be little to no pharmacy disruption. If you plan to enroll into one of the AARP plan options, we recommend visiting a preferred pharmacy as there are higher copays for out of network pharmacies. You do NOT need new prescriptions for retail pharmacy fills. However, you will see the most cost savings using the preferred retail pharmacies for the prescription plan that you choose.

3. Is there a Mail Order Pharmacy?

Yes, but you will need new prescriptions if you prefer to use the mail order service. Cigna uses Express Scripts for their home delivery services and AARP uses Optum Rx for their mail order.

4. Can I still go to the VA for my drugs?

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

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

Some drugs may require a PA. Please contact Labor First at (443) 290-3113 (TTY 711) or (833) 550-1675 (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.

6. Does this plan have donut hole coverage?

The Cigna High, Medium and Low plans all have donut hole coverage. This means you will continue to pay your same cost share throughout the donut hole. The AARP plans do NOT have donut hole coverage. This means during this phase you will be responsible for 25% of the cost for brand name drugs and 37% for generic drugs.

7. What Medications classes fall under the \$0 preventive drugs?

Diabetic medications and supplies, Asthma, Blood Pressure, Blood Thinners, Cholesterol, and Osteoporosis are the classes covered under the \$0 preventive drug listing. Not all medications under these classes are covered at \$0. Please contact Labor First to determine if your medications fall under this list.

8. What are the important differences between the Cigna Rx plans and the AARP Rx plans?

The Cigna High and Cigna Medium plans have the most comprehensive drug list, also known as the formulary, and the three Cigna plans have full donut hole coverage. The AARP plans are generally recommended to retirees with little to no medications as the formulary is very limited, there is a limited pharmacy network, and CMS standard coverage for the donut hole.

IMPORTANT CONTACTS

CONTACT:	REGARDING:
<p>Labor First, LLC 3000 Midlantic Drive, Suite 101 Mount Laurel, NJ 08054 Phone: (443) 290-3113 or Toll Free (833) 550-1675 Email: Members@laborfirst.com Internet: www.laborfirst.com</p>	<ul style="list-style-type: none"> • Medical and Prescription billing questions • Assist with enrollment • Eligibility verification from providers • Medical and Prescription prior authorizations • Drug and copay look up • Provider and pharmacy network questions • Medicare/SSA assistance and many more.
<p>Community College of Baltimore County Human Resources – Benefits Section, Room 001 800 S. Rolling Road Catonsville, MD 21228</p>	<ul style="list-style-type: none"> • Who is eligible for County health plan coverage? • Life status changes–i.e. marriage, divorce, birth, adoption, death of dependents, loss of dependent status • Changes to life insurance beneficiaries • Assistance with benefits elections when retiring • Dental and Vision Enrollments • Questions about your pension benefits • Questions about who you designated as your retirement beneficiary • Requests for retirement conferences • Changes to your address or other retirement information on file • Life status changes - i.e. marriage, divorce, or death of dependent spouse or other retirement beneficiary
<p>Social Security Administration (SSA) Phone: 800-772-1213</p>	<ul style="list-style-type: none"> • Change of address • General Medicare Part A or B eligibility or premiums
<p>Medicare Help Line Phone: 1-800-MEDICARE (633-4227) www.medicare.gov</p>	<ul style="list-style-type: none"> • Request new ID card • Ordering Medicare publications • General Medicare information

Thank you from **Community College of Baltimore County & Labor First**



"Very happy with the price of the plan."
- Baltimore County Retiree