IAFF Health & Wellness Trust

Benefits Enrollment Guide

Medicare Retirees



Plan Year | 2027

2027 MEDICARE BENEFIT PREVIEW

The IAFF Health & Wellness Trust is committed to providing our members comprehensive, affordable, and sustainable health plans for our member and their families.

This Enrollment Guide outlines plan options for our Medicare-eligible retirees and their spouses, how to enroll and who to contact with questions.

As an eligible Medicare-entitled retiree, you have the option to enroll in one of the Trust's Medicare Advantage Plans (MAPD) offered through Humana, or a group supplement to Medicare offered through United American.

MEDICARE ADVANTAGE PPO & PRESCRIPTION DRUG PLAN BENEFIT HIGHLIGHTS

- Includes both Medical and Prescription Drug benefits in one plan
- Prescription Drug benefits are enhanced to include an expanded formulary as well as a bonus / non-Part D drug list
- Vision Exam & Hardware offered through EyeMed
- Hearing Exam & Hardware offered through Humana
- Retiree Advocacy Services are provided by RetireeFirst

See all plan details on pages 4 and 5.

HOW TO ENROLL

Please contact our retiree advocates at RetireeFirst for enrollment assistance.

- You will need to complete a Trust Election Form, along with applicable carrier enrollment forms.
- If your spouse will also be enrolled, you will each need to complete your own separate carrier enrollment form.
- Have your unique Medicare Beneficiary Identifier (MBI #) readily available - this number will be assigned by Medicare and is required in order to be enrolled in the plan.

RetireeFirst
(360) 205-1415 or toll-free at (844) 818-1088
Monday - Friday 8:00am - 8:00pm EST

RetireeFirst Member Advocacy Services

RetireeFirst (a division of LaborFirst) specializes in providing customized group health benefits and advocacy services for retirees of organized labor.

They have a dedicated advocacy team exclusively for IAFF HWT members, ready to help with any medical, prescription, vision, or hearing plan needs.

Services include:

- Dedicated call center, Monday through Friday 8am to 8pm (EST)
- Guidance on IAFF HWT plan options
- Real-time pharmacy and provider assistance
- Support with Social Security, CMS and physician coordination
- Help with Part B medications and supplies
- Replacement of lost ID cards
- Assistance with Prior Authorizations (PA) and Step Therapy (ST)
- Mail order support

Need Help with Your IAFF HWT Medicare Plan?

Call **RetireeFirst** at your dedicated phone number for any questions or issues related to your coverage:

(360) 205-1415 or Toll Free at (844) 818-1088 (TTY 711)

Who is Eligible?

You are eligible for an IAFF HWT Medicare if you are:

- A retiree of an IAFF participating Local or a retired Public Safety Officer
- Entitled to Medicare benefits under Part A and enrolled in Part B
- Must be a United States resident, living no more than 12 months at a time outside the country (Medicare Advantage only)

Eligible Spouses

- Spouse of Eligible Retiree
- Spouse of non-Medicare Entitled Retiree
- Entitled to Medicare benefits under Part A and enrolled in Part B
- Must be a United States resident, living no more than 12 months at a time outside the country

Spouses who are not yet eligible for Medicare may continue coverage on the IAFF HWT Non-Medicare plan if they were previously eligible through your active employment with a Participating Local. For details, contact the IAFF HWT Trust Office.

2027 Humana Medicare Advantage PPO & Prescription Drug Plans

The IAFF HWT Medicare Advantage PPO and Prescription Drug Plans combine your medical and prescription drug benefits into one comprehensive plan, administered by Humana.

	2027 IAFF HWT Humana HIGH Option	2027 IAFF HWT Humana LOW Option	2027 IAFF HWT Humana Saver Option
Monthly Premium	**$552.16**	**$399.55**	**$352.33**
Type of Plan	**Medicare Advantage PPO and Prescription Drug Plan**	**Medicare Advantage PPO and Prescription Drug Plan**	**Medicare Advantage PPO and Prescription Drug Plan**
MEDICAL			
Deductible	$0	$0	$300
Hospitalization	Covered in Full	Covered in Full	Covered in Full
Physician Services	Covered in Full	Covered in Full	Covered in Full
Outpaitient Hospital	Covered in Full	Covered in Full	Covered in Full
Skilled Nursing Facility	Covered in Full	Covered in Full	Covered in Full
PRESCRIPTION DRUGS			
Carrier	**Humana***	**Humana***	**Humana***
Type of Plan	Medicare Advantage (MAPD)	Medicare Advantage (MAPD)	Medicare Advantage (MAPD)
Deductible	No Deductible	No Deductible	$100
Out-of-Pocket Maximum	N/A	$2,400	$2,400
Tier 1 Generics	$0 Copay	$5 Copay	$5 Copay
Tier 2 Preferred	$0 Copay	$35 Copay	$35 Copay
Tier 3 Non-Preferred	$0 Copay	$75 Copay	$75 Copay
Tier 4 Specialty	$0 Copay	33% Cost Share	33% Cost Share
OTHER			
Vision Exam	Covered in Full	Covered in Full	Covered in Full
Vision Hardware	$150 every 12 months	$150 every 12 months	$150 every 12 months
Hearing Exam	Covered in Full	Covered in Full	Covered in Full
Hearing Aids	$500 every 36 months	$500 every 36 months	$500 every 36 months

- Must be enrolled in Medicare Part A and Part B
- Use any doctor or provider nationwide who accepts Medicare
- Includes one (1) vision exam covered in full and up to $150 for eyewear each year *(*through EyeMed)
- Includes one (1) hearing exam covered in full and up to $500 toward hearings aids every three (3) years
- Access to over 60,000 pharmacies nationwide through the Humana network
- 90-day mail order option for prescription convenience
- Includes a Bonus Drug List with additional coverage for select medications (ED, cough and cold, hair loss, weight loss and vitamins)

Humana®

2027 IAFF HWT Group Supplement to Medicare

As an alternative to a Trust Medicare Advantage and Prescription Drug Plans Plan, you may choose to enroll in a group supplement to Medicare plan through United American.

Please note:

- You must be enrolled in Medicare Part A and Part B
- The United America supplement to plan **does not** include prescription drug coverage. You will be responsible for obtaining your own Part D Prescription Drug plan outside of IAFF HWT (see ***IAFF HWT Medicare Advantage PPO & Prescription Drug Plan*** options).
- You may use any doctor or provider across the country who accepts Medicare.
- Medicare will be your primary insurance - you must carry your Medicare card with you when accessing care.
- Plans include coverage for skilled nursing facilities, Medicare Part A and B deductible, Part B excess charges and limited foreign travel emergency

MEDICAL	2027 IAFF HWT Medicare Supplement Plan F	2027 IAFF HWT Medicare Supplement Plan G
Carrier	United American	United American
Deductible	$0	CMS Standard Part B Deductible
Hospitalization	Covered in Full	Covered in Full
Physician Services	Covered in Full	Covered in Full
Outpatient Hospital	Covered in Full	Covered in Full
Skilled Nursing Facilty	Covered in Full	Covered in Full
PRESCRIPTION DRUGS		
Deductible	No Rx Coverage	No Rx Coverage
Out-of-Pocket Maximum		
Tier 1 Generics		
Tier 2 Preferred Brand		
Tier 3 Non-Preferred Brand		
Tier 4 Specialty		
OTHER		
Vision Exam	Covered in Full *(Davis Vision providers Only)*	Covered in Full *(Davis Vision providers Only)*
Vision Hardware	Davis Vision discounts only	Davis Vision discounts only
Hearing Aids	EPIC Hearing discounts only	EPIC Hearing discounts only

Plan availability is based on when you first became eligible for Medicare and where you live.

Members who became eligible for Medicare before January 1, 2020, or who reside outside of Washington, Florida, Minnesota, or Vermont, will be enrolled in Medicare Supplement Plan F.

Members who reside in Washington, Florida, Minnesota, or Vermont and became eligible for Medicare on or after January 1, 2020, will be enrolled in Medicare Supplement Plan G.

Frequently Asked Questions - General

How much does coverage cost?

2027 monthly premium rates for the IAFF HWT Medicare Advantage PPO and Prescription Drug Plan options are shown below.

Please contact RetireeFirst for United American Medicare Supplement rates as they will vary based on where you live.

2027 Monthly Premium (per enrollee)	
Humana - High Option	$552.16
Humana - Low Option	$399.55
Humana - Saver Option	$352.33

How do I continue coverage at renewal?

If you are not making any changes, no action is required - your current coverage will automatically renew in January. If you wish to change plans, submit a new Enrollment Application to the Trust Office at least 30 days before the effective date to ensure a smooth transition to your new plan.

Do I need to contact DRS about my plan's premium change?

No. If your premiums are deducted through DRS, PERSI or ACH, those withdrawals will automatically adjust to the new premium rate. To make other arrangements, contact the Trust Office at (866) 265-5231 or **IAFFHealthTrust@vimly.com**.

What are my payment options?

Select and authorize one of the following payment methods on page of your Trust Election Form:

- Automatic deduction from your DRS or PERSI check (WA and ID retirees only)
- Automatic debit (ACH) from your checking account
- Bill to Employer

Please contact the Trust Office at (877) 624-6219 or **IAFFHealthMember@magnacare.com** for more information.

Do I have to enroll in the same plan as my spouse?

No. You and your Medicare-eligible spouse may each choose different plan options.

Frequently Asked Questions - MAPD Plans

Do the Humana Medicare Advantage plans require referrals?

No. You do not need referrals with the Humana MAPD plan.

Do the Humana Medicare Advantage plans have a network?

No. You may see any provider that accepts Medicare and is willing to bill the **Humana Group Medicare Advantage (PPO)** Network. Your benefits are the same in and out of network.

If you have questions, contact your **RetireeFirst** advocates at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711).

Can I continue to see my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill the **Humana Group Medicare Advantage (PPO)** Medicare Network. Please contact your **RetireeFirst** advocates at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711) with any questions or concerns. Your providers do not have to be contracted with Humana to accept this plan.

What if my provider says they do not accept this plan?

If your provider accepts Medicare, they will be paid the same whether or not they are considered in-network. Call **RetireeFirst** at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711) for assistance - they can contact your provider directly to explain the plan.

Do I still use my Medicare card if I enroll in an Humana Medicare Advantage plan?

No. Once enrolled, you will only use your Humana ID card for all medical and prescription services. Keep your Medicare card in a safe place in case you need it later.

Is there a mail order pharmacy?

Yes, Humana Mail Order Pharmacy is available for your convenience. For assistance, contact Humana Mail Order Customer Service at (800) 379-0092.

Do I need Prior Authorization for certain Medications?

Some medications may require prior authorization. For help with prior authorizations, step-therapy, quantity limits, or Formulary exceptions, contact **RetireeFirst** at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711).

Am I covered if I travel outside the country?

Yes. All Humana Medicare Advantage plans (and the Medicare Supplement Plan) include foreign travel emergency coverage . For details, refer to your plan booklet or contact your **RetireeFirst** advocates at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711).

Frequently Asked Questions - MAPD Plans

What if I lose my Member ID Card?

Call **RetireeFirst** at (360) 205-1415 or Toll Free (844) 818-1088 (TTY 711).

They can:

- Order a replacement card on your behalf
- Mail a temporary ID card
- Notify your pharmacy or providers if needed

Are there extra benefits included with the Humana Medicare Advantage Plans?

Yes! The Humana plans includes **SilverSneakers**. You'll receive your **SilverSneakers** ID card about 3-6 weeks after your plan becomes active.

To learn more or find participating locations:

- Visit www.silversneakers.com
- Call **SilverSneakers** at (866) 584-7389
- Or call **RetireeFirst** at (360) 205-1415 (TTY 711)

What does the Humana Vision Benefit Include?

$0 copay exam and $150 per year towards frames/contact lenses.

- Administered by **EyeMed**. Please contact **RetireeFirst** for assistance at (360) 205-1415 (TTY 711).
- Visit an EyeMed provider and show your Humana ID card.
- See an out-of-network provider and either have them bill EyeMed directly or submit a reimbursement form yourself.

What does the Humana Hearing benefit include?

$0 copay hearing aid exam and $500 towards hearing aids once every three (3) years.

How to Use Your Hearing Benefit:

- See a licensed audiologist who can bill your medical plan for your exam.
- Choose hearing aids through the same facility if they can bill your plan.
- Alternatively, purchase hearing aids through a retailer or online and submit a reimbursement form to Humana.

Need Assistance? Contact **RetireeFirst** at (360) 205-1415 (TTY 711).

Helpful Contact Information

DESCRIPTION OF INFORMATION	CONTACT
Humana Medicare Advantage & Prescription Drug Plans Contact **RetireeFirst** for help with: • Benefits, providers, claim issues • Pharmacies and prescription coverage • Vision and hearing benefits • SilverSneakers fitness program • Order replacement Humana ID cards	**RetireeFirst - a division of LaborFirst** Monday-Friday: 8:00am-8pm EST 360-205-1415 Toll-Free @ 844-818-1088 (TTY 711)
United American Group Supplement to Supplement Contact **RetireeFirst** for help with: • Benefit and claim issues • Vision and hearing discount programs • Order replacement ID cards	**RetireeFirst - a division of LaborFirst** Monday-Friday: 8:00am-8pm EST 360-205-1415 Toll-Free @ 844-818-1088 (TTY 711) **EPIC Hearing Discounts:** 866-956-5400
IAFF HWT Trust Office Contact MagnaCare for help with: • Eligibility and enrollment • Billing • General Trust operations	**MagnaCare** Monday-Friday: 9:00am-9pm EST Phone: 877-624-6219 **IAFFHealthMember@magnacare.com**

For more information on Medicare, including Part A and Part B benefits and cost, please visit Medicare.gov.

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IAFF Health & Wellness Trust

This enrollment guide is designed to provide basic information regarding benefit plans and programs available to eligible employees of the IAFF Health & Wellness Plan of the Northwest Firefighters Benefits Trust (IAFF Health & Wellness Trust). This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of IAFF Health & Wellness Trust, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. IAFF Health & Wellness Trust reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.