

MICHAEL D. BORG
Town Manager



TOWN OF NORTH ATTLEBOROUGH
43 South Washington Street
North Attleborough MA 02760
508-699-0100

February 20, 2025

Important Information About Your Town of North Attleborough Retiree Medical and Prescription Drug Benefits

Dear Medicare-eligible Retiree and/or Dependent,

We are pleased to inform you that there will be a change to your medical and prescription drug coverage provided by the Town of North Attleborough through Massachusetts Strategic Health Group (MSHG). This change is being made to address the continually increasing cost of coverage and to ensure that Medicare-eligible participants have access to comprehensive coverage at the most affordable cost.

Your new Medicare Advantage with Prescription Drug Plan will be provided by **Aetna Medicare Advantage Prescription Drug (MAPD) Plan** effective April 1, 2025.

In addition to the new plan, the Town of North Attleborough has also retained RetireeFirst, a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy.

About Your New Plan

Plan Highlights:

- \$0 Medical and Prescription Deductible
- \$0 Medicare covered medical services
- \$0 Routine eye exam every 12 months
- \$150 Eyewear allowance every 12 months (For in and out-of-network)
- \$0 Routine hearing exam every 12 months
- \$2,000 Hearing aid allowance per ear every 24 months (*Must use NationsHearing providers)
- \$0 Routine chiropractic services (20 Visits per year)

- Meal delivery following hospitalization (up to 14 meals)
- \$0 Copay for transportation service (up to 24 one-way trips per year, 60 miles per trip)
- \$0 Copay for wigs (\$350 allowance every year)
- \$150 Fitness Benefit Allowance every year (Including fitness facilities membership, home gym equipment, and weight loss program membership)
- \$0 Enteral Formula
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

Important Things to Know:

- You must be enrolled in Medicare Parts A and B to participate in the Aetna MAPD Plan.
- Put your Medicare card in a safe place in case you need it later. You will use only your Aetna ID card for medical and prescription drugs.
- You can use any willing Medicare medical provider, regardless of whether the provider is in or out of the Aetna network.
- No referrals are needed for Medicare covered medical services.
- You should continue to be able to use almost any retail pharmacy as Aetna includes over 66,000 in-network pharmacies, nationwide.
- Aetna also offers a Mail Order Pharmacy called CVS Caremark® Mail Order Pharmacy for your convenience. If you would like to use the CVS Caremark® Mail Order Pharmacy, you will need new prescriptions.
- You do not need new prescriptions for retail pharmacies. Simply show your new ID card and your refills will be processed under the Aetna MAPD Plan.

Mailings to Expect in the Coming Months:

- Termination of Coverage Letter for Blue Cross Blue Shield Plan
- Aetna Pre-enrollment Kit
- Aetna Approval Letter
- Aetna ID card
- Aetna Welcome Guide - Includes information on how to access the Evidence of Coverage (EOC)
- Please keep in mind each retiree, spouse, and/or dependent may receive the above items on different days; this is normal.

We are required by law to give you the choice of opting out of the new plan. Since you are currently enrolled in the Town of North Attleborough medical and prescription drug plan it is unlikely that you would not want to participate in the new Aetna MAPD Plan. However, you have the option to opt-out. If you opt out, you will not have medical and prescription drug coverage through the Town of North Attleborough. Nevertheless, if you would like to opt-out, please call RetireeFirst Advocates at (508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711) Monday-Friday, 8am-5pm EST.

You're Invited

RetireeFirst will be hosting an in-person informational retiree event as well as a virtual retiree presentation detailing the new plan and answering any questions you may have. Retirees, spouses, and/or dependents are invited to attend the below events:

Virtual Information / In-Person Location	Date	Time
Visit www.zoom.com and click <i>join</i> in the right-hand corner. Meeting ID: 870 0874 2026 Passcode: 123456	Wednesday, March 12, 2025	10:00am EST
Town of North Attleborough Facility 451 Elm Street North Attleborough, MA 02760	Tuesday, March 18, 2025	9:00am EST

Please RSVP for the in-person event by March 17, 2025 to RetireeFirst at (508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711) Monday-Friday, 8am-5pm EST.

We strongly recommend that all Medicare-eligible retirees and/or dependents attend an in-person event or a virtual presentation to better understand any plan changes. Additionally, a Retiree Advocacy Webpage has been set up for easy access to the RetireeFirst plan and contact information. You can access this page at www.retireefirst.com/TownofNorthAttleborough. A recorded version of the Webinar presentation will be posted to the Retiree Advocacy Webpage after March 19, 2025 to view at your convenience.

Enclosed in this mailing is also a Frequently Asked Questions document to answer questions you might have now. If you have questions about any information in this letter, please do not hesitate to call RetireeFirst Advocates at **(508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711) Monday-Friday, 8am-5pm EST.** The phone lines are open!

Sincerely,



Michael D. Borg, Town Manager
Town of North Attleborough

Date	Time	Location
March 11, 2022	10:00am EST	Town of North Attleborough Facility 451 Elm Street North Attleborough, MA 01939
March 18, 2022	9:00am EST	Town of North Attleborough Facility 451 Elm Street North Attleborough, MA 01939

Please RSVP for the in-person event by March 17, 2022 or RetireeFirst at (508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711) Monday-Friday, 8am-5pm EST.

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Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

RetireeFirst

2025 – Town of North Attleborough Medicare Advantage with Prescription Drug Plan (MAPD)



Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 Per admit
Outpatient Services & Surgery	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0 (Unlimited Days)
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0 (Medicare-approved)
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Acupuncture	\$0 (Medicare covered services only)

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Podiatry	\$0 (Medicare covered services only)
Chiropractic	\$0 (Medicare covered services) \$0 (Non-Medicare covered services; 20 Visits per year)
Foreign Travel (World-wide) Coverage	\$0 Emergency & Urgently Needed Care
Hearing	\$0 Routine hearing exam each year \$2,000 Hearing aid allowance per ear every 24 months (*Must Use NationsHearing Providers)
Vision	\$0 Routine eye exam each year \$0 Medicare covered eye exam \$0 Diabetic eye exam \$150 Eyewear allowance every 12 months (In or out-of-network)
Wigs	\$350 Allowance each year
Transportation Service	\$0 (24 one-way trips per year, up to 60 miles per trip)
Meal Delivery	Up to 14 meals following hospitalization
Fitness Benefit Allowance	\$150 Allowance each year (Including fitness facilities membership, home gym equipment, and weight loss program membership)

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Prescription Carrier:



Prescription	Preferred 30-Day Retail You Pay Up To	Standard 30-Day Retail You Pay Up To	Preferred 90-Day Retail and Mail Order You Pay Up To	Standard 90-Day Retail and Mail Order You Pay Up To
Annual Deductible: \$0				
Tier 1 Generic	\$4	\$5	\$8	\$15
Tier 2 Preferred Brand	\$10	\$10	\$20	\$30
Tier 3 Non-Preferred Brand	\$25	\$25	\$50*	\$75*

Note: CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2025.

*Specialty medications may be limited to a 30-day supply

Plan Questions

- 1. Will I be automatically enrolled, or do I need to do anything to enroll?**
All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.
- 2. Can I stay with the current plan?**
No. All Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.
- 3. Can I opt-out of this plan?**
We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current medical and prescription drug plan it is unlikely that you would not want to participate in this new robust plan. However, you have the

option to opt-out and decline this medical and prescription coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **(508) 744-6804 (TTY 711)** or toll free **(833) 217-5312 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

The Town of North Attleborough did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical and Prescription Deductible
- \$0 Medicare covered medical services
- \$0 Routine eye exam every 12 months
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- \$0 Routine hearing exam every 12 months
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- \$0 Enteral Formula
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

5. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

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

Please call RetireeFirst at **(508) 744-6804 (TTY 711)** or toll free **(833) 217-5312 (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.

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

Yes, it may.

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

A participant of the Town of North Attleborough Medicare medical and prescription plan will pay \$104.81 per month for their 2025 premium. This is your 25% cost share.

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

Please call RetireeFirst at **(508) 744-6804 (TTY 711)** or toll free **(833) 217-5312 (TTY 711)** to reach your dedicated Town of North Attleborough Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No. There is no medical deductible.

11. Is there co-insurance or copays?

No. There are no copays or co-insurance. All Medicare approved medical services are covered at 100%.

12. Does this plan require referrals?

No. This plan does not require referrals.

13. Does this plan require pre-certifications?

Some services may require pre-certifications.

14. Does this plan have a network?

Yes, but you can go to any willing Medicare provider, hospital, or facility. This plan's in and out of network benefits are the same.

15. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill Aetna.

16. Do I still use my Medicare card?

No. Put your Medicare card in a safe place in case you need it later. You will only use your Aetna ID Card for medical and prescriptions.

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

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No. There is no prescription deductible.

19. Is there co-insurance or copays?

Yes. There are copays. Please refer to the above plan design chart.

20. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711)** if you need help looking up your prescriptions.

21. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

22. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark® Mail Order Pharmacy which can be reached at (833) 620-8808 (TTY 711). You can also call RetireeFirst at **(508) 744-6804 (TTY 711) or toll free (833) 217-5312 (TTY 711)** with questions about mail order prescriptions.

23. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

24. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at (508) 744-6804 (TTY 711) or toll free (833) 217-5312 (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.

26. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Aetna Medicare Advantage Prescription Drug (MAPD) Plan Card Sample:

Front:

	Medicare PPO
PLAN SPONSOR NAME RETIREEFIRST 1-8XX-XXX-XXXX PLAN# XXX-EG00000000X ID 101XXXXXXXXXX NAME SAMPLE SAMPLETON RxBIN 610502 RxPCN MEDDAET RxGRP# RXAETD	
	
ISSUER (80840) PCP/Office Name: Dr. Sample 999-999-9999 XXXXXXXXX	PCP \$xx ER \$xx AS \$xx HO \$xx/A SP \$xx
Printed on: xxx/xx/xxxx	HXXXX-PBP

Back:

AetnaRetireePlans.com	
Customer Service	1-8XX-XXX-XXXX
Prescription Drug	1-8XX-XXX-XXXX
24 Hour Nurse Line	1-8XX-XXX-XXXX
Provider Services	1-8XX-XXX-XXXX
TDD/TTY	711
Send claims to: Aetna Medicare PO Box 981106 El Paso, TX 79998-1106	
This card does not guarantee coverage.	
Payer ID# 60054	

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Town of North Attleborough
(Massachusetts Strategic Health Group)

Medicare Retiree Advocacy Line

508.744.6804(TTY 711)

833.217.5312(TTY 711) TOLL FREE

RetireeFirst

