

### General Questions

#### Is there a difference between the TRS-Care Standard and the TRS-Care Medicare Advantage plan?

The TRS-Care Medicare Advantage plan is for retirees that are age 65 and over, and enrolled in Medicare. Whereas the TRS-Care Standard is typically the plan offered to retirees that are under age 65 and not eligible for Medicare.

#### What is my premium for the 2021 plan year?

The premium you will pay is determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status. For example, if you are the TRS retiree and you are not yet eligible for Medicare and you cover your spouse who is eligible for Medicare, you would pay \$689 per month because, you, the retiree are not yet eligible for Medicare. (Refer to TRS-Care Plan Highlights.)

#### Are my premiums changing?

No, TRS-Care rates and benefits will not change through 2021. The additional appropriation provided by the 85th and 86th Texas Legislative sessions and TRS' effective medical and pharmacy benefit purchasing strategy are keeping the program strong to provide you with the highest value in health care.

#### Is TRS affiliated with TRTA?

TRTA is not a part of TRS. TRTA is a non-profit advocacy group and we are a state agency.

#### How does the TRS-Care fund now have a positive balance?

A number of factors contribute to the \$3 Billion projection in 2023:

- First, following the 2018 health care changes, around 30,000 participants left the program. As a result, TRS-Care has fewer claims each year.
- Second, during the 86<sup>th</sup> legislative session, the Legislature appropriated \$231 million to keep TRS-Care premiums and benefits same.
- Third, this year TRS underwent one of its largest health care procurements ever. This decision to select BCBSTX and UnitedHealthcare as the new medical plan administrators is projected to save the program an estimated \$454 million dollars. Together with the elimination of a federally-required health insurer fee (tax) that TRS-Care was required to pay every year, the TRS-Care program will have a positive balance.

It's important to note that any positive balance could neutralize as TRS-Care spends \$1.5-\$2 billion a year on health care claims and health care funding continues.

#### If TRS-Care fund won't need additional funding in the upcoming legislative session and is projecting a positive balance, can the benefits be enhanced?

While TRS now projects a positive fund balance in TRS-Care after facing funding challenges over the past decade, maintaining this balance and the current rates and benefits helps ensure the program remains

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strong and has the resources to care for you in the future, even in years with higher-than-average costs. Taking steps towards making additional changes to TRS-Care will affect the positive balance and may require TRS to increase premiums to stay solvent. We want you to have steady benefits throughout your retirement.

Moreover, after the 86<sup>th</sup> Texas Legislature infused \$231M into the fund to maintain rates and benefits at their current levels. This coming session, TRS will not need to request additional funding to keep the program afloat.

While there are no changes to copays, deductibles and premiums, in 2021, TRS-Care Standard participants who turns 65 in the middle of the plan year won't need to meet the \$500 annual deductible that year under their TRS-Care Medicare Advantage plan as long as their Medicare enrollment is not delayed, and even if they haven't paid anything towards their annual deductible.

### How can I contact you?

TRS: 1-888-237-6762, 7 a.m.– 6 p.m. CT, Monday–Friday

[www.trs.texas.gov](http://www.trs.texas.gov)

UnitedHealthcare: 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Monday–Friday,

[www.UHCRetiree.com/TRSCare-MA](http://www.UHCRetiree.com/TRSCare-MA)

SilverScript: 1-844-345-4577, TTY 711, 24 hours a day, 7 days a week

[Info.caremark.com/trscaremedicarerx](http://Info.caremark.com/trscaremedicarerx)

## Enrollment and Eligibility Questions

### How do I enroll in the TRS-Care Medicare plans?

First, you need to sign up for Medicare. Everyone needs to purchase Part B, which is the medical coverage. If you're eligible for premium-free Part A, go ahead and enroll in it. If not, just make sure you get Part B. TRS needs your Medicare Beneficiary Identifier (MBI) to enroll you in coverage. If we do not receive this information, we will not be able to enroll you.

- Check out our Turning 65 video for more information:  
[www.youtube.com/watch?v=\\_1s\\_WeYfGo&feature=youtu.be](http://www.youtube.com/watch?v=_1s_WeYfGo&feature=youtu.be)
- Or visit the Turning 65 page on our website for more detailed steps:  
[www.trs.texas.gov/Pages/healthcare\\_turning\\_65.aspx](http://www.trs.texas.gov/Pages/healthcare_turning_65.aspx)

### What if TRS doesn't receive my MBI?

You risk losing TRS-Care coverage if we don't receive your MBI when you're eligible for Medicare.

### Do I need to purchase Medicare Part A?

Typically, for Part A, you may qualify for premium-free Part A if you paid enough quarters into Social Security. The Social Security Administration would be able to advise you if you qualify. You may reach them at 1-800-772-1213. If you are not eligible for premium-free Medicare Part A, you don't need to sign up for it. For Medicare Part B, you would need to purchase Part B to be eligible for the TRS-Care Medicare plans.

### Do I have to purchase Medicare Part B outside of TRS?

Yes, you would purchase Medicare Part B separately through Medicare. **You must purchase and continue paying for Medicare Part B to be eligible for the TRS-Care Medicare Advantage plan.**

The Part B premium is deducted from your monthly federal benefit. If you aren't receiving SSA or Railroad Retirement Board (RRB) benefits, you'll receive a bill from Medicare. The cost of your Medicare premium will depend on your income. If you have questions about how much you may have to pay for your Medicare benefits, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

### Why are some participants charged more for Part D prescription coverage?

In addition to paying the monthly plan premium, some people pay an Income-Related Medicare Adjustment Amount (Part D – IRMAA).

### What is IRMAA?

The Medicare Income Related Monthly Adjustment Amount (IRMAA) is the amount a member may pay in addition to their Part B or Part D premium if their income is at a certain level. The Social Security Administration sets four income brackets that are determined by either the member (or the member and their spouse's) IRMAA.

If this situation applies to you, ***you pay your Part D-IRMAA directly to Medicare, not to TRS or SilverScript.*** You're required to pay the Part D-IRMAA, even if your employer or a third party (like a teacher's union or a retirement system) pays for your Part D plan premiums. If you don't pay the Part D-IRMAA and become disenrolled, you may also lose your TRS-Care coverage and you risk not being able to get it back.

### Do I have to go to the Social Security office to make any changes or to sign up for Medicare?

You do not have to visit your local social security office, especially during the pandemic. You can apply online at [www.ssa.gov/medicare](http://www.ssa.gov/medicare), or you may reach Social Security by calling 1-800-772-1213, TTY 1-800-325-0778, between 8 a.m. – 5:30 p.m. local time, Monday – Friday.

### Why does this plan have a premium when other plans have no premium?

All Medicare Advantage plans are different and yours was designed specifically for retired public school employees. The benefits set for the TRS-Care Medicare Advantage plan, including premiums, is based on the amount of funding. When evaluating your health plan options, look beyond monthly premiums and consider all key out-of-pocket costs, including; doctor copays, inpatient hospital stays, copays and out-

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of-pocket maximum amounts. If a plan sounds too good to be true, it probably is. Be wary of agents who offer you plans with unusually low premiums and deductibles – the costs will come from somewhere so it's important to compare all the details.

### Why do I have to pay two separate premiums?

The \$144.60 per person paid to CMS is the premium amount for enrollment in Medicare Part B. This, in conjunction with the \$135 a participant pays for the TRS-Care Medicare plan, to help cover medical claims.

### Can I add my spouse to my plan?

A couple of options to add your spouse are, when you (the retiree) turns age 65, this would be your chance to add dependents, the other option is if you experience a special enrollment event. For example, if your spouse loses their comprehensive health insurance through no fault of their own, you have 31 days to get them enrolled.

### With the change in medical plan administrator, can my eligible spouse or dependents re-enroll in TRS-Care?

No. The change in medical vendors is not an Open Enrollment Opportunity or Special Enrollment Event. TRS enrollment and eligibility rules are still the same.

If your spouse or eligible dependent loses coverage through no fault of their own, or has a special enrollment event, they may qualify to rejoin TRS-Care. To learn more about TRS-Care eligibility and enrollment, please visit the TRS website: [www.trs.texas.gov/Pages/healthcare\\_trscare\\_eligibility.aspx](http://www.trs.texas.gov/Pages/healthcare_trscare_eligibility.aspx)

You can also contact TRS Health and Insurance Benefits at 1-888-237-6762 for more information on Special Enrollment Events.

### If I terminate TRS-Care coverage effective Jan. 1, 2021, when will I see that reflected in my annuity?

You get your annuity payment at the end of the month, so if you terminate coverage effective Jan. 1, 2020, you'll see this reflected on your Jan. 31, 2020 annuity check. Your last day of coverage would be Dec. 31, 2020. Insurance is due at the end of the month.

## Medical Questions

For personal specific questions regarding coverages for specific codes/tests or procedures, please contact our Customer Advocate Team. The team is composed of dedicated TRS advocates who have all the tools needed to provide comprehensive responses to answer your individual health needs and be your advocate before the transition and after the transition to us. You can contact our customer service team at 1-866-347-9507, TTY 711, 7 a.m.-6 p.m. CT, Monday-Friday.

The TRS-Care Medicare Advantage Plan is a National Preferred Provider Organization (PPO) plan. This means that you can see providers both in and out-of-network for the same cost as long as the provider

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accepts Medicare and is willing to bill UnitedHealthcare. For questions about your provider please contact our Customer Service team at 1-866-347-9507, TTY 711, 7 a.m.-6 p.m. CT, Monday-Friday.

### What is a deductible, coinsurance, and out-of-pocket maximum?

TRS-Care Medicare Advantage participants have a \$500 deductible per individual and a \$3,500 out-of-pocket maximum.

A deductible is the cost a participant pays on health care before the insurance plan starts covering expenses. Services that apply to the deductible include a specialist office visit. Once you've met the \$500 deductible your specialist office visit is a \$10 copay.

Coinsurance is a percentage you pay. Services that have a coinsurance include MRI's. Once you've met the \$500 deductible your cost share would be 5% coinsurance.

An out-of-pocket maximum of \$3,500 is an accumulation of your deductible, coinsurance, and copays. Your out-of-pocket maximum is the most you pay in a year for most covered medical expenses.

For more information on your benefits please contact our Customer Advocate team at 1-866-347-9507, TTY 711, 7 a.m.-6 p.m. CT, Monday-Friday.

### If I am turning 65 soon, what will my deductible be for the 2021 plan year?

If you are joining from the TRS-Care Standard plan to the TRS-Care Medicare Advantage plan in 2021, you will have no deductible through the end of the plan year. Your \$500 deductible will begin Jan. 1, 2022, as long as you provide TRS your Medicare ID number (sometimes called your MBI) before the month of your 65<sup>th</sup> birthday.

### Will we receive a summary of benefits from UnitedHealthcare?

A UnitedHealthcare plan guide was mailed out to all eligible participants in September. You can also access the plan benefits and brochures on [www.UHCRetiree.com/TRS-CareMA](http://www.UHCRetiree.com/TRS-CareMA) or contact our Customer Advocate team at 1-866-347-9507, TTY 711, 7 a.m.-6 p.m. CT, Monday-Friday.

### Who is considered a PCP?

PCPs are considered one of the following: family practice, general practice, internal medicine.

### Will I need a referral to see a specialist and what is the benefit for a specialist office visit?

For a specialist visit, no referral is required, and you will pay a \$10 copay after the \$500 deductible has been met.

### Are there caps of costs on major medical conditions such as cancer in the Advantage program that means coverage will be less than in Medicare?

No, UnitedHealthcare doesn't cap coverage costs for medical services.

### Is the plan a supplement to existing coverage?

The TRS-Care Medicare Advantage Plan is not considered a supplement. It provides coverage which would be covered by original Medicare as well as added benefits and services not covered by Medicare.

### *Covered Services*

#### What do Virtual Visits cost?

If you use Doctor on Demand or AmWell, the copay will be \$0. There is a \$5 copay for Virtual Doctor Visits for other in and out-of-network providers that have the ability and are qualified to offer virtual medical visits.

#### Is ambulance service covered?

Yes, at a 5% coinsurance, members pay cost share per date of service regardless of the number trips. Includes ground and air transport services to the nearest appropriate facility that can provide care.

#### What is coverage & copay for physical therapy for outpatient, inpatient and at home?

For physical therapy provided in an outpatient setting it will be covered at \$5 copay once the deductible has been met. For physical therapy provided in an inpatient setting, it will be covered at \$500 per admit. For more information please go to [www.UHCRetiree.com/TRS-CareMA/review\\_plan\\_benefits.html](http://www.UHCRetiree.com/TRS-CareMA/review_plan_benefits.html) to access your 2021 Plan Guide.

#### What is a cardio screening?

Cardiovascular screenings check a member's cholesterol and other blood fat (lipid) levels.

#### Are Continuous Glucose Monitors covered?

Yes, in addition to the Medicare covered Dexcom G5, all other Continuous Glucose Monitor brands and necessary supplies should be covered at a \$0 cost share.

#### Is the coverage for bone density diagnostic tests?

There is a \$0 copay for qualified individuals (generally, plan members at risk of losing bone mass or at risk of Osteoporosis), the following services are covered every 24 months or more frequently if medically necessary: procedures to identify bone mass, detect bone loss, or determine bone quality, including a physician's interpretation of the results.

#### Is the shingles vaccine covered?

Shingles vaccines is not covered under your medical benefits however it is covered under your prescription benefits which are administered through SilverScripts®.

#### Is there any coverage for COVID 19 tests?

We follow all CDC and Medicare guidelines and directives as it relates to COVID-19 coverage. As the effective date approaches and the COVID situation evolves, we would keep you up to speed through updates on our website and through member mailings.

### Are 3D Mammograms covered?

Yes, they are covered, neither prior authorization nor referral is required for participants to access a participating women's health specialist (i.e., gynecologists and/or certified nurse midwives) for routine and preventive health care services. Routine and preventive health care services include breast exams, mammograms and Pap tests.

### Would a colonoscopy be considered a preventive service?

Medicare covered colorectal screenings are covered under preventive services, (Once every 120 months, high risk members are every 24 months) or 48 months after a previous flexible sigmoidoscopy at a \$0 copay. However, if a polyp or other tissue is found and removed during the colonoscopy, it is no longer preventive care and is now considered outpatient surgery. You may pay a \$250 copay for services provided in an outpatient hospital setting. See [www.medicare.gov/coverage/screening-colonosopies](http://www.medicare.gov/coverage/screening-colonosopies) for more information.

### *Dental and Vision Coverage*

#### Does the TRS-Care Medicare Advantage plan offer dental and vision coverage?

**Vision:** Your TRS-Care Medicare Advantage plan offers the following Vision Coverage:

- Routine eye exams \$0 copay (1 exam every 12 months).
- Plan pays up to \$70 eyewear allowance every 2 years.
- Plan pays up to \$105 contact lens allowance in lieu of eyewear allowances every 2 years.

**Dental:** Your TRS-Care Medicare Advantage Plan only covers Medicare covered dental services which are services rendered by a physician or dental professional for treatment for primary medical conditions such as jaw surgery due to radiation treatments. It does not cover services that are dental in nature such as fillings and routine dental cleanings.

### *Network and Service Area*

#### How do I know if my doctor will accept UnitedHealthcare?

The TRS-Medicare Advantage plan is a National Preferred Provider Organization plan. This means that you may see providers both in and out of network for the same cost. As long as the provider accepts Medicare and is willing to bill UnitedHealthcare. If your doctor has questions about the plan you can provide them with the below flyer or reach out to our Customer Advocate team at 1-866-347-9507, TTY 711, 7 a.m.-6 p.m. CT, Monday-Friday.



TRS-Care Medicare  
Advantage Doctor F

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### What if my provider refuses to bill UnitedHealthcare?

You can submit for a medical direct member reimbursement (DMR) to be reimbursed the Medicare Allowed rate, minus your copay or coinsurance. If your provider has opted out of Medicare, then we would not be able to reimburse on the claim. You can see if your provider has opted out of Medicare by visiting the website: [www.medicare.gov/care-compare](http://www.medicare.gov/care-compare) you may also contact our customer care team for more assistance at: 1-866-347-9507, TTY 711, 7 a.m. – 6 p.m. CT, Monday – Friday.

### Is there any benefit from using an in-network provider vs. an out-of-network provider?

The TRS-Medicare Advantage plan is a National Preferred Provider Organization (PPO) plan. This means that you may see providers both in and out of network for the same cost. As long as the provider accepts Medicare and is willing to bill UnitedHealthcare. By having a bigger, broader network we ensure near universal coverage for all members given that out of network doctors can choose to see or not see our members.

### Will prior authorization be required if I go out-of-network?

No, prior authorization is not required, as long as the out of network provider accepts Medicare and is willing to bill UnitedHealthcare.

### Is there any coverage if I travel to a foreign country?

The TRS-Care Medicare Advantage plans service area includes the 50 United States, the District of Columbia and all U.S. territories. However, under this plan, you have worldwide emergency and urgent care services.

## *Additional Programs and Features*

### Are there any discounts on hearing aids with the new plan?

Through UnitedHealthcare Hearing, TRS-care participants have access to premium name brand and private-labeled hearing aids from major manufacturers at discounted costs ranging from \$699- \$2,499, providing up to 80% off industry prices. There is a \$500 allowance every 3 years, both ears combined. For more information please contact UnitedHealthcare Hearing at 1-888-547-1374, TTY 711, 8 a.m. – 8 p.m. Monday-Friday or visit [www.UCHearing.com/trs-careMA](http://www.UCHearing.com/trs-careMA)

### Will I have GO-365?

UnitedHealthcare does not have GO-365 however we do have the Renew Rewards Program. Renew is our exclusive program that guides and inspires participants to take charge of their health and wellness every day. Renew provides a comprehensive suite of activities and resources participants can engage with daily. They include fitness activities, a program for cognitive health, useful information, healthy recipes, Renew magazine and more — all at no additional cost. TRS-Care participants can earn rewards for completing certain health care activities such as their annual physical or wellness visit.



### What is Renew Rewards?

Renew is our exclusive program that guides and inspires participants to take charge of their health and wellness every day. Renew provides a comprehensive suite of activities and resources participants can engage with daily. They include fitness activities, a program for cognitive health, useful information, healthy recipes, Renew magazine and more — all at no additional cost. TRS-Care participants can earn rewards for completing certain health care activities such as their annual physical or wellness visit.

### Will I continue to have SilverSneakers® next year?

Yes, your SilverSneakers Benefits will automatically transfer over from Humana.

### How do I schedule a HouseCall visit?

After Jan 1, 2021, you can call UnitedHealthcare and one of our advocates will assist you in scheduling a HouseCall. Call us at 1-866-347-9507, TTY 711, From 7 a.m. – 6 p.m. CT, Monday – Friday

### Can I get a LifeAlert or LifeLine for free under my plan?

Yes, your plan Includes a Personal Emergency Response System which is a medical alert device, administered through Phillips Lifeline. Giving you quick access to help in any situation whether an emergency or just need a helping hand 24 hours a day 365 days a year. \$0 copay applies. For additional information or to order your in-home device please call 1-855-595-0389, TTY 711, 8 a.m. – 8:30 p.m. ET, Monday – Friday and 9 a.m.–5:30 p.m. ET, Saturday or by visiting [www.lifeline.philips.com/uhcgroup](http://www.lifeline.philips.com/uhcgroup)

### How do I find more information on the CareLinx caregivers program?

You are eligible to receive services from CareLinx, an in-home caregiver service, at no additional cost. Whether you need temporary support at home after a hospital stay, or general help with daily activities, CareLinx can pair you with a professional caregiver. Your caregiving needs will be reviewed to make sure you're matched with a screened caregiver. You can also discuss how often and for how long a caregiver will visit your home. Feel better knowing your caregiver is qualified to provide the help you may need.

Provided services include:

- Mobility and transportation
- Companionship and help staying active
- Personal care and hygiene
- Light housekeeping
- Medication Management

Once enrolled, you are eligible for 8 hours per month of non-skilled care provided by a CareLinx Professional Caregiver. CareLinx will work with your schedule to ensure that services are being delivered within your schedule. To learn more please contact CareLinx at 1-888-912-9435, TTY 711, 8 a.m.- 9 p.m. CT, Monday-Friday and 10 a.m.- 6 p.m. CT, Saturday-Sunday or visit [www.carelinx.com/trs-carema](http://www.carelinx.com/trs-carema).

### Am I automatically enrolled in FirstLine Essentials+?

Yes, no action is needed. As a TRS-Care Medicare Advantage participant you are automatically enrolled into this benefit. The program works as follows:

- You will have \$40 of program credit each quarter to use to order essential health supplies from the Health Products Benefit catalog or online.
- There are over 400 products like vitamins, supplements, first aid items and more available to order.
- The Health Products catalog will be sent to you each quarter with instructions on how to place your order.
- The products are delivered right to your door at no charge. No shipping, handling or tax.
- At the end of the quarter any unused credits will roll over to the next quarter. You will receive a program statement with your account balance and a new catalog each quarter.
- This is a great program that can help you save some money and trips to the store.

### Will UnitedHealthcare coordinate benefits with Tricare?

The Medicare Advantage plan will pay its share first. The claim then goes to TRICARE and TRICARE will reimburse TRS beneficiaries' copayments for services covered by TRICARE. TRICARE will not pay for Medicare Advantage plan premiums, routine dental care, eyeglasses, hearing aids, or any other services not covered by TRICARE.

## Prescription Drug Questions

### Do I need to sign up for a separate Part D plan?

No, your prescription drug plan is embedded into your TRS-Care Medicare Advantage Plan. You don't need to pay an additional TRS-Care premium for drug coverage.

### Will I receive a new CVS/SilverScript ID card?

Your current SilverScript ID Card will still remain valid next year, you will not get a new one. Your prescription coverage provider is not changing.

### I lost my Rx ID card; how can I order a new one?

**If you need a replacement ID card**, you can request one by calling our Customer Care Team: 1-844-345-4577, press option #2, and they will be able to ship it to you.

### Where do I go to find out what my medication will cost?

You can search what your medication will cost by using the **Check Drug Cost Tool** that is located on the TRS Caremark site under "Check Drug Costs." Please visit the website

<https://info.caremark.com/oe/trscaremedicarerx>

Currently I have prescriptions that cost nothing. Does this still apply with the TRS-Care Medicare Rx plan?

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Current prescriptions should continue to process the same as your drug coverage is not changing. Please contact our dedicated Customer Care team at 1-844-345-4577 (press option #2) for more specific plan coverage information.

### Do I have to meet the \$500 MA deductible before paying drug copays?

Participants on the TRS-Care Medicare Rx plan do not have a deductible.

### How can I check the status of my prescription?

You can call our Customer Care Team: 1-844-345-4577, press option #2, or you can login to [Caremark.com](https://www.caremark.com); from the top menu, hover over Prescriptions and click on View Order Status.

### Do I need a new prior authorization (PA) for the new plan year?

It depends on when your current PA expires. Some PAs run calendar year to calendar year, while others are based off plan year and/or date of approval. So, whenever the PA expires is when you would need a new one. You can call our Customer Care Team: 1-844-345-4577 and press option #2 to request your prior authorization.

### Do I need to re-apply for prior authorizations if I transfer from TRS-Care Standard to the TRS-Care Medicare plans?

Any prior authorizations you currently have under your TRS-Care Standard plan will not transfer to your TRS-Care Medicare Rx plan when you turn 65. You will need to re-apply for your prior auth once you have enrolled in the TRS-Care Medicare Rx plan. You can request your prior authorization by calling SilverScript Customer Care at 1-844-345-4577, press option #2.

### Do I have to get new prescriptions for 2021?

Your prescriptions will automatically transfer over to SilverScript. You will need to present your SilverScript ID Card at the pharmacy for coverage.

**\*\*NOTE: Any prior authorizations you currently have will not transfer, you will need to be re-apply for your prior auth. You can request your prior authorization by calling SilverScript at PH# 844-345-4577, press option #2.**

### Can I get my EOB online?

Yes, you can select to go paperless when you sign into your personal TRS-Care Medicare Rx online account with CVS Caremark.

**\*\*Keep in mind, EOBs only generate after filling a prescription. EOBs will become available a month after you fill a prescription. If you do not fill a prescription within a month, you will not see an EOB for that month.**

### What is a Retail-Plus Pharmacy and how can I locate one?

A retail pharmacy that chooses to participate in the Retail-Plus network and can dispense up to a 90-day supply of maintenance medication. You can find a list of your Retail-Plus pharmacies here: <https://info.caremark.com/oe/trscaremedicarerx> (click Retail Plus Pharmacy Locator).

### Can I fill a 90-day supply at Walgreens?

No, Walgreens is limited to a 31- day supply because they are not part of the Retail Plus Pharmacy network.

### Can I use a non- CVS Pharmacy to fill my medications?

Yes, TRS participants have access to a broad network of pharmacies which include all the large pharmacy chains: Wal-Mart, Kroger, Target, HEB and others. Please note, you must use a network pharmacy in order to receive full benefit coverage on your prescriptions.

### What is the difference between SilverScript and CVS Health?

SilverScript is a part of the CVS Health group of companies. SilverScript will continue to manage the pharmacy benefit for TRS-Care Medicare Rx. You can also contact our Customer Care Team at 1-844-345-4577 (press option #2) for further coverage information.

### Will TRS send the formulary to TRS-Care participants that are turning 65 in 2021?

Yes, you will receive a Welcome Kit from SilverScript 30 days before your enrollment in the TRS-Care Medicare Rx plan. This Welcome Kit will include your Formulary, or covered drug list. You can also contact our Customer Care Team at 1-844-345-4577 (press option #2) for further coverage information.

### Does SilverScript offer Pill-Packs?

“Pill Pack” is an Amazon pharmacy term. CVS Pharmacies offer a similar program called “Simple Dose”. Simple Dose is a presorted Rx pack at no added cost. Each box contains a 30 day supply, delivered to your home or local CVS Pharmacy. You can apply for Simple Does at <https://www.cvs.com/content/pharmacy/simpledose>

### Do you have to have a prescription for diabetes supplies?

Most diabetic supplies will require a prescription. For more information please call SilverScript at 1-844-345-4577, press option #2.

### What do I need to do to get my diabetic test strips at the pharmacy?

Your test strips will be covered under your Part B medical coverage. You will want to present your UnitedHealthcare card at the pharmacy when filling these supplies.

### Why is the generic drug higher than this year?

Your prescription drug plan coverage has not changed for the 2021 plan year. Be sure to look at the correct day supply when checking your copays. For more information please call SilverScript at 1-844-345-4577, press option #2.

### Is the flu shot covered?

Yes, flu shots are covered under your TRS-Care Medicare Rx Plan.

### Is Prolia covered?

Yes, it is covered and included on the Formulary. It is a tier 2 medication. You can also contact our Customer Care team at 1-844-345-4577 (press option #2) for further information.

### Are OTCs (Over the Counter) medications covered?

OTCs are not covered unless prescribed by a doctor. For more information please call SilverScript at 844-345-4577, press option #2.

### Are there medications that SilverScript does not cover?

Yes, medications that are not listed on the formulary are considered “non-formulary drugs”. If you learn that TRS-Care Medicare Rx does not cover your drug, you have two options:

1. You can ask TRS-Care Medicare Rx Customer Care team for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by your plan.
2. You can also apply for a non-formulary exception. Our Customer Care Team will be happy to assist you with this process. You can contact them at 1-844-345-4577, press option #2.

**\*\*Please note that non-formulary exceptions do not guarantee you coverage for a non-formulary drug. \*\***

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2020. All rights reserved.

The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare.