

# 2023 – District Council 16 Health & Welfare Medicare Eligible Medical and Prescription Drug Coverage



## FREQUENTLY ASKED QUESTIONS

### PLAN DESIGN:



Medicare Preferred PPO with Senior Rx Plus (MAPD)

MEDICAL	YOU PAY
Deductible	\$0
Inpatient Services	\$0
Emergency Care	\$0
Ambulance Services	\$0
Urgent Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Home Health Care	\$0
Preventative Services	\$0
Office Visit	\$0
Specialist Visit	\$0
Therapy (Occupational/Physical/Speech)	\$0
Diagnostic Procedure/Tests	\$0
Lab Services	\$0
Part B Medications	\$0
Foreign Travel Coverage	\$0 Emergency and Urgent Care services covered by Medicare
Hearing	\$0 Routine Hearing Exam - every 12 months; \$70 max Hearing Aid Allowance- \$1,000, per hearing aid, every 3 years; \$2,000 max
Vision	\$0 Routine Eye Exam Eyewear Allowance- \$150 every 2 years
Fitness Benefit	Included

Prescription	Preferred Pharmacy 30-day Retail Member Pays up to	Standard Pharmacy 30-day Retail Member Pays up to	Preferred Pharmacy 90-day Retail Member Pays up to	Standard Pharmacy 90-day Retail or Mail Order Member Pays up to	90-day Mail Order Member Pays up to
Annual Deductible \$0					
Select Generics	\$0	\$0	\$0	\$0	\$0
Tier 1 (Generic)	\$5	\$10	\$10	\$20	\$20
Tier 2 (Preferred Brand)	\$10	\$20	\$20	\$40	\$40
Tier 3 (Non- Preferred Brand)	\$10	\$20	\$20	\$40	\$40
Tier 4 (Specialty)	\$20	\$20	\$20	Limited to one- month supply	Limited to one- month supply

## PLAN QUESTIONS:

### 1. Are there any plan changes?

Yes, there are several plan Improvements. Some of the Improvements include:

- Only **one** ID card is needed for all medical and prescription services.
- Increased Hearing Aid Allowance
- Increased Eyewear Allowance
- \$0 Routine Podiatry Visits, 12 per year
- SilverSneakers Fitness Benefit included
- Dedicated District Council 16 Retiree Advocacy Team at Labor First to assist members with medical or prescription plan needs

### 2. Do I need to do anything to enroll?

No. All Medicare eligible retirees and/or Medicare eligible dependents who are currently enrolled in the Indemnity Medical Plan will automatically be enrolled into this plan.

**3. Can I stay on the current plan?**

No. All Medicare eligible retirees and/or dependents must change over to the Anthem Medicare plan.

**4. What if my spouse or dependent is not Medicare Eligible?**

He or She will have access to the Non-Medicare benefits.

**5. Can I leave the plan and come back?**

No.

**6. When will I receive my card/ Welcome Kit?**

- You will receive a pre-enrollment guide from Anthem early February.
- You will receive an acceptance letter, confirmation of enrollment letter, and Welcome Kit mid-late February.
- You will receive your Anthem ID card separately.

**7. What do I do if I lose my Anthem card?**

Please call Labor First Toll Free at **855.460.7477 (TTY 711)** and we will obtain a new one on your behalf, mail/email/fax you a temporary card, and call your pharmacy and/or providers if needed.

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

Please call Labor First Toll Free at **855.460.7477 (TTY 711)** to reach your Dedicated District Council 16 Health & Welfare Fund team.

**9. What cards should I carry for Medical and Prescription needs?**

You only need to present your new Anthem MAPD ID card for all medical and prescription needs.

**10. How do I maximize my Hearing Aid Allowance?**

To maximize the hearing aid allowance, you must use the Anthem hearing aid benefit first. You must see a Hearing Care Solutions provider to utilize the Anthem hearing allowance and you will receive your \$1,000 per hearing aid allowance at the point of sale. A receipt will be needed to submit the remaining eligible expenses to the Fund office for an additional reimbursement of \$1,500. Labor First can assist you with this process and in finding a Hearing Care Solutions provider where your Anthem hearing benefit can be used.

**11. How do I maximize my Eyewear Allowance?**

In addition to your current District Council 16 vision benefit. You will now also have an additional \$150 eyewear allowance – every 2 years, if you use the Anthem MAPD plan.

## MEDICAL QUESTIONS:

**12. Is there a Part A and/or Part B Deductible?**

No. There is no deductible on the medical plan.

**13. Is there Co-insurance or Copays?**

No. There are no copays on the Medicare approved medical services.

**14. Does this plan have a network?**

Yes, but you can see any provider that accepts Medicare and is willing to bill Anthem, as your plan has in and out of network benefits where you pay the same.

**15. Can I go to my current providers?**

Yes, you can see any provider that accepts Medicare and is willing to bill the Anthem. Please call Labor First Toll Free at 855.460.7477 (TTY 711) with any concerns.

**16. 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. Please call Labor First Toll Free at 855.460.7477 (TTY 711) for assistance. We can reach out to your provider to educate them on your benefits.

**17. Does this plan require referrals?**

No, this plan does not require referrals.

**18. Does this plan require Pre-Certifications?**

Some services may require Pre-Certification.

**19. Do I still use my Medicare Card?**

Rarely. Put your Medicare card in a safe place in case you need it later. Please keep your Medicare ID card somewhere safe in the event you need to present it for Covid-19 related services such as COVID 19 testing kits and the COVID 19 Vaccine.

## PRESCRIPTION QUESTIONS:

### 20. Is there a Prescription Deductible?

No.

### 21. Are my drugs covered?

Most likely, yes. The Anthem Plan has a Comprehensive Formulary meaning most FDA approved medications are covered. You will receive an Abridged Formulary showing the most commonly used medications with your Welcome Kit and cards. Please call Labor First Toll Free at **855.460.7477 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

### 22. Can I continue to use the same Retail Pharmacy?

Most likely, yes. There should be no pharmacy disruption. Anthem has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy fills. Simply present your new Anthem Card to your pharmacy.

### 23. Are my Copays/Coinsurance structure staying the same?

Yes, your Copays structure is staying the same.

### 24. What are Anthem's Preferred pharmacies?

Anthem has many preferred pharmacies that you can utilize such as CVS Pharmacy, Target, Kroger, Safeway Inc and more. You will receive the Preferred retail pricing going to these select pharmacies.

### 25. Is there a Mail Order Pharmacy?

Yes. Anthem has a dedicated Mail Order pharmacy you may utilize starting March 1, 2023. Your current eligible prescriptions will transfer from Ingenio Rx to Carelon Rx .

### 26. Can I still go to the Veterans Affairs (VA) for my drugs?





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

### 27. Do I need Prior Authorizations (PA) for certain prescription medicines?


Some drugs may require a PA. Please call Labor First Toll Free at **855.460.7477 (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.

# ID Card Samples:

## Front:

		Anthem Medicare Preferred (PPO) 	
<FormattedMemberName>		District Council 16 Northern CA Health and Welfare Trust Fund	
Member ID:		Senior Rx Plus	
Group:	CA052GRS	Office Visit Copay:	\$0
Issuer ID (80840):	9101000302	Specialist Visit Copay:	\$0
RxBIN:	020115	Emergency Room Copay:	\$0
RxPCN:	IS	Preventive Copay:	\$0
RxGRP:	WM2A		
RxID:			CMS H4036-801
District Council 16 Northern CA Health and Welfare Trust Fund will utilize Labor First to handle member contact for health plan administration. See back for contact information.		 	

## Back:

		anthem.com/ca	
Providers: Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply.			
Members: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.			
Possession of this card does not guarantee eligibility for benefits. Anthem Providers can submit claims to <a href="http://avalilly.com">avalilly.com</a> or:			
Medical: P.O. Box 60007 Los Angeles, CA 90060-0007 Pharmacy, Claims Department - Part D Svcs. P.O. Box 52077, Phoenix, AZ 85072-2077			
Labor First Advocacy* 1-855-460-7477		Member Services: 1-833-910-4432	
TDD/TTY: 711		Rx Member Services: 1-833-409-1228	
Help for Pharmacists: 1-833-377-4266		Provider Services: 1-833-910-4432	
24/7 NurseLine: 1-800-700-9184		*Contracts directly with group sponsor	
Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.			
Issued:			