

## 2025 – District Council 16 Health & Welfare 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 admission |
| Outpatient Care            | \$0               |
| Skilled Nursing Facility   | \$0, Days 1-100   |
| Emergency Room             | \$0               |
| Urgent Care                | \$0               |
| Ambulance Service          | \$0               |
| Lab Services               | \$0               |
| Radiology Services         | \$0               |
| Durable Medical Equipment  | \$0               |

|                                      |  |
|--------------------------------------|--|
| Preventative Screenings              | \$0  |
| Chiropractic                         | \$0, 25 visits per year  |
| Acupuncture                          | \$0, 25 visits per year  |
| Podiatry                             | \$0, 12 visits per year  |
| Foreign Travel (World-wide) Coverage | \$0 Emergency and Urgently Needed Care<br>\$0 Inpatient Care - 60 days lifetime max  |
| Hearing                              | \$0 Routine Hearing Exam - 1 per year - \$70 max<br>\$0 Hearing Aid fitting/evaluation - 1 per hearing aid per year - \$70 max<br>\$1000 Hearing Aid Allowance per hearing Aid - Max \$2,000 - every 3 years |
| Vision                               | \$0 Routine Eye Exam - 1 per year - \$70 max<br>\$150 Eyewear Allowance - every 2 years  |
| Fitness Benefit                      | SilverSneakers   |

## Prescription Carrier



| Prescription               | 30-day Retail<br>You pay up to | 90-day Retail<br>You pay up to | 90-day Mail Order<br>You pay up to | Preferred 30-day Retail<br>You pay up to | Preferred 90-day Retail<br>You pay up to |
|----------------------------|--------------------------------|--------------------------------|------------------------------------|--|--|
| Annual Deductible: \$0     |                                |                                |                                    |  |  |
| Tier 1-A (Pref Generics)   | \$0                            | \$0                            | \$0                                | \$0                                      | \$0                                      |
| Tier 1 Generic             | \$10                           | \$20                           | \$20                               | \$5                                      | \$10                                     |
| Tier 2 Preferred Brand     | \$20                           | \$40                           | \$40                               | \$10                                     | \$20                                     |
| Tier 3 Non-Preferred Brand | \$20                           | \$40                           | \$40                               | \$10                                     | \$20                                     |
| Tier 4 Specialty           | \$20                           | Limited to a one-month supply  | N/A                                | N/A                                      | N/A                                      |

## Plan Questions

### 1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application and authorized representative form need to be completed and returned to RetireeFirst in the included pre-paid envelope.

**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. 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.

**4. What do I do if I lose my card?**

Please call RetireeFirst at **855.460.7477 (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.

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

Yes, it may.

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

District Council 16 International Union of Painters and Allied Trades (IUPAT) can be reached at 800.922.9902 to answer any billing questions.

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

Please call RetireeFirst at **855.460.7477 (TTY 711)** to reach your dedicated District Council 16 Health & Welfare Medicare Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

## Medical Questions

**8. Is there a medical deductible?**

No, there is no deductible on the medical plan.

**9. Is there co-insurance or copays?**

No, there are no copays on the Medicare approved medical services.

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

No, this plan does not require referrals.

**11. Does this plan require pre-certifications?**

Some services may require pre-certifications.

**12. 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.

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

Yes, you can see any provider that accepts Medicare and is willing to bill Anthem.

**14. 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 Anthem ID Card for medical and prescriptions.

**15. 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 **855.460.7477 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**16. Is there a prescription deductible?**

No, there is no deductible on the prescription plan.

**17. Is there co-insurance or copays?**

Yes, there are copays for prescriptions. Please refer to the table above.

**18. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **855.460.7477 (TTY 711)** if you need help looking up your prescriptions.

**19. Can I go to the same retail pharmacy?**

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

**20. Is there a mail order pharmacy?**

There is a mail order pharmacy called Caredon Rx which can be reached at (833) 409-1228. You can also call RetireeFirst at **855.460.7477 (TTY 711)** with questions about mail order prescriptions.

**21. 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.

**22. 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.

**23. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst 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.

**24. 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 \$2000 for prescription drugs.

**25. What is the annual maximum out-of-pocket (MOOP) and how does it work?**


Once your out-of-pocket costs for prescription drugs reaches \$2,000, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year.

## District Council 16 International Union of Painters and Allied Trades (IUPAT) Card Sample:

Front:

|   |            |  |     |
|---|------------|--|-----|
| <b>Anthem</b>    |            | 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:   |            |  |     |
| 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. |            | CMS H4036-801  |     |
|   |            | <b>MedicareRx</b><br>Prescription Drug Coverage  |     |

Back:

|   |  |  |  |
|---|--|--|--|
| <b>Anthem</b>    |  | anthem.com/ca  |  |
| <p><b>Providers:</b> 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.</p> <p><b>Members:</b> 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.</p> <p><b>Possession of this card does not guarantee eligibility for benefits.</b><br/>Anthem Providers can submit claims to <a href="http://avaliz.com/nc">avaliz.com/nc</a><br/>Medical: P.O. Box 60007<br/>Los Angeles, CA 90060-0007<br/>Pharmacy, Claims Department - Part D Svcs.<br/>P.O. Box 52077, Phoenix, AZ 85072-2077</p> |  | <p>RetireeFirst Advocacy* 1-855-460-7477</p> <p>Member Services: 1-833-910-4432</p> <p>TDD/TTY: 711</p> <p>Rx Member Services: 1-833-409-1228</p> <p>Help for Pharmacists: 1-833-377-4266</p> <p>Provider Services: 1-833-910-4432</p> <p>24/7 NurseLine: 1-800-700-9184</p> <p>*Contracts directly with group sponsor</p> |  |
| Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.  |  |  |  |
| Issued: 10/09/2023  |  |  |  |

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.