

## 2026 – District Council 16 Health & Welfare Medicare Advantage with Prescription Drug Plan (MAPD)



**Your Dedicated Advocacy Phone Number**  
Toll free (855) 460.7477(TTY 711)

## 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
Home Health Care	\$0, Days 1-100
Skilled Nursing Facility	\$0
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 \$0 Inpatient Care - 60 days lifetime max
Hearing	\$0 Routine Hearing Exam - 1 per year - \$70 max \$0 Hearing Aid fitting/evaluation - 1 per hearing aid per year - \$70 max \$1000 Hearing Aid Allowance per hearing Aid - Max \$2,000 - every 3 years
Vision	\$0 Routine Eye Exam - 1 per year - \$70 max \$150 Eyewear Allowance - every 2 years
Fitness Benefit	SilverSneakers

## Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to	Preferred 30-day Retail You pay up to	Preferred 90-day Retail 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	N/A	N/A	\$20	N/A

**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 2026.

## 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.

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 coverage. Nevertheless, if you

would like to opt-out, please call RetireeFirst **toll free at 855.460.7477 (TTY 711)**, Monday-Friday, 8am-5pm PST.

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

## Medical Questions

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

No, there is no medical deductible.

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

No, there is no cost share for 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 **toll free 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 prescription deductible.

**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 **toll free 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 Carelon Rx which can be reached at (833) 409-1228. You can also call RetireeFirst at **toll free at 855.460.7477 (TTY 711)** with questions about mail order prescriptions.

## **21. Is there a specialty mail order pharmacy?**

Anthem has a specialty pharmacy called Carelon Rx which can be reached at (833) 255-0647. You can also call RetireeFirst at **toll free at 855.460.7477 (TTY 711)** with questions about specialty prescriptions.

## **22. 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.

## **23. 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.

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

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

## **25. 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 \$2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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

Once your out-of-pocket costs for prescription drugs reaches \$2,100, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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

Front:



Back:



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.