

2025 – North Central States Regional Council of Carpenters 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 |
| Home Health 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 - Unlimited Visits |
| Acupuncture | \$0 - Unlimited Visits |
| 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 \$0 Hearing Aid Fitting Evaluations - 1 per covered hearing aid \$70 Max Benefit for Exam and Fitting Evaluations combined - per year \$2,000 Hearing Aid Allowance - per ear - \$4,000 Total - every 3 years Must Use TruHearing |
| Vision | \$0 Routine Eye Exam - 1 per year - \$70 Max Benefit \$100 Eyewear Allowance - every 2 years Must use a Blue View Vision Provider |
| 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 |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|
| Annual Deductible: \$0 | | | |
| Tier 1 Generic | \$8 | \$16 | \$16 |
| Tier 2 Preferred Brand | 25% - \$15 Min / \$35 Max | 25% - \$30 Min / \$70 Max | 25% - \$30 Min / \$70 Max |
| Tier 3 Non-Preferred Brand | 25% - \$15 Min / \$35 Max | 25% - \$30 Min / \$70 Max | 25% - \$30 Min / \$70 Max |
| Tier 4 Specialty | 25% - \$50 Max | N/A | 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 2025.

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 **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (TTY 711)**, Monday-Friday, 8am-5pm CST.

4. Are there any plan changes?

North Central States Regional Council of Carpenters did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Medicare Covered Medical Services are \$0 cost to you.
- \$0 Routine Eye Exam covered 1 per year with a \$70 Max Benefit
 - \$100 Eyewear Allowance - every 2 years - Must use a Blue View Vision Provider
- \$0 Podiatry covered with 12 visits per year.
- \$0 Routine Hearing Exam - 1 per year
 - \$0 Hearing Aid Fitting Evaluations - 1 per covered hearing aid
 - \$70 Max Benefit for Exam and Fitting Evaluations combined - per year
 - \$2,000 Hearing Aid Allowance - per ear - \$4,000 Total - every 3 years. Must Use TruHearing
- \$0 Emergency and Urgently Needed Care for foreign travel.
 - \$0 Inpatient care for foreign travel, 60 days lifetime max.
- 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 **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (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, if you leave this plan, you will lose your voluntary vision and hearing benefits as well.

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

North Central States Regional Council of Carpenters can be reached at 715.835.3174 to answer any billing questions.

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

Please call RetireeFirst at **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (TTY 711)** to reach your dedicated North Central States Regional Council of Carpenters Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

10. Is there a medical deductible?

No, there is no medical deductible.

11. Is there co-insurance or copays?

No, there is no co-insurance or copays.

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?

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

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 Anthem Blue Cross Blue Shield 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 **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (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, please review the prescription benefit plan design information beginning on page 3 of this document.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (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. Anthem Blue Cross Blue Shield has over 65,000 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 CarelonRx which can be reached at 833-409-1228 (CST). You can also call RetireeFirst at **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (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 **(715) 280-8147 (TTY 711) or toll free (855) 267-6100 (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.

Anthem Medicare Preferred (PPO) Card Sample:

Front:

| | | | |
|---|--|---|--|
| Anthem  | | Anthem Medicare Preferred (PPO) | |
| <FormattedMemberName> | | | |
| Member ID: | | Senior Rx Plus | |
| Group: | | Office Visit Copay: | |
| RxBIN: | | Specialist Visit Copay: | |
| RxPCN: | | Emergency Room Copay: | |
| Issuer ID (80840): | | Preventive Copay: | |
| RxGRP: | | | |
| RxD: | | | |
|  | | MedicareRx Prescription Drug Coverage  | |

Back:

| | |
|---|--|
| Anthem  | 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. | Retiree First Member Advocate Line: Member Services: TDD/TTY: Pharmacy Member Services: Help for Pharmacists: Provider Services: 24/7 NurseLine: |
| 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. | Medical Claims & Inquiries: P.O. Box 60007, Los Angeles, CA 90060-0007 Pharmacy Claims: ATTN: Claims Department - Part D Services P.O. Box 52077, Phoenix, AZ 85072-2077 |
| | <small>Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.</small> |
| Issued: | |

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.