



2026 – IUOE Local Unions 181, 320 & TVA Medicare Advantage with Prescription Drug Plan (MAPD)

Your Dedicated Advocacy Phone Numbers

(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:

Anthem 

Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,400
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-100

Emergency Room	\$50 per visit, waived if admitted within 72 hours for same condition
Urgent Care	\$0
Ambulance Service	\$50
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	10% coinsurance
Preventative Screenings	\$0
Chiropractic	\$0 Medicare Covered Services Only
Acupuncture	\$0 Medicare Covered Services Only
Podiatry	\$0 up to 30 routine visits per year
Foreign Travel (World-wide) Coverage	\$50 Emergency Care (waived if admitted within 72 hours for same condition). \$0 Urgently Needed Services and Inpatient care. Inpatient Care is 60 days per lifetime
Hearing	\$0, 1 routine exam per year \$500 Hearing Aid Allowance per ear, \$1,000 Max every 3 years - must use Hearing Care Solutions provider
Vision	\$0, 1 routine exam, including refraction, per year \$100 eyewear allowance every 2 years - must use Blue View Vision provider
Dental	\$0, Medicare covered services only
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
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Annual Deductible: \$0

Tier 1-A Preferred Generic	\$0	\$0	\$0
Tier 1 Generic	\$20	\$60	\$45
Tier 2 Preferred Brand	\$35	\$105	\$75
Tier 3 Non-Preferred Brand	\$50	\$150	\$115
Tier 4 Specialty	\$50	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 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.

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 **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (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. Members cannot leave the plan and return. Only members who go back to the active plan due to hours worked can return to the retiree plan (termination and enrollment forms needed.)

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

IUOE LOCAL UNIONS 181, 320 & TVA can be reached at (270) 826-6750 to answer any billing questions.

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

Please call RetireeFirst at **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (TTY 711)** to reach your dedicated IUOE LOCAL UNIONS 181, 320 & TVA Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

8. Is there a medical deductible?

No, there is no medical deductible.

9. Is there co-insurance or copays?

Yes, there are some co-pays associated with your plan. Please refer to the medical plan design starting on page 1 of this document to learn more about the costs associated with the plan.

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 **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

16. Is there a prescription deductible?

No, this plan does not include a prescription deductible.

17. Is there co-insurance or copays?

Yes, there are co-pays associated with your plan. Please refer to the table on page 3.

18. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (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 65,000 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 (CST). You can also call RetireeFirst at **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (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 **(270) 282-0303 (TTY 711) or toll free (833) 217-5303 (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?

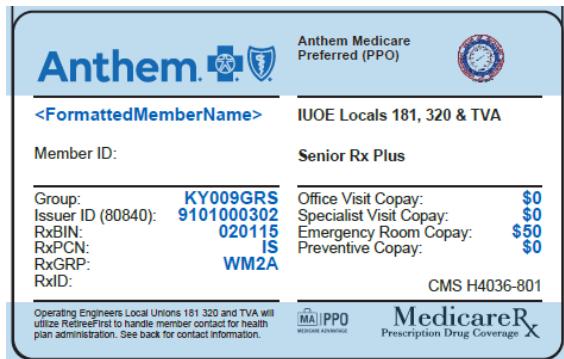
The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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 \$2,100, 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.

Anthem Medicare Preferred (PPO) 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.