

2023 – IBEW Local 25 Health & Benefit Fund Medicare-Eligible Retirees Empire MediBlue Freedom (PPO) with Senior RX Plus (MAPD) Plan Coverage



Frequently Asked Questions (FAQ)

PLAN DESIGN

CARRIER	
Empire MediBlue Freedom (PPO) with Senior RX Plus® (MAPD) Plan	
MEDICAL COVERAGE	RETIREE PAYS
Annual Medical Deductible	\$0
Medical Maximum Out-of-Pocket	\$400
Primary Care Visit	20%
Specialist Visit	20%
Inpatient Hospital Care	\$200 copay per day, 1-5 days per admission
Outpatient Hospital Care	20%
Inpatient Mental Health and Substance Abuse	\$200 copay per admission
Outpatient Mental Health and Substance Abuse	20%
Skilled Nursing Facility	\$0 copay per day (1-20 days per benefit period) 20% coinsurance (21-100 days per benefit period)
Urgent Care Center	\$50 copay per visit (Waived if admitted within 72 hrs.)
Emergency Room	\$120 copay per visit (Waived if admitted within 72 hrs.)
Ambulance Services	20%
Durable Medical Equipment	20%
Prosthetics Devices	20%

ANCILLARY BENEFITS	RETIREE PAYS
Podiatry	20%, 12 Visits per year
Foreign Travel Coverage	\$120 copay, Emergency Room- waived if admitted within 72 hrs. \$50 copay, Urgently Needed Care- waived if admitted with 72 hrs. \$200 Copay for Inpatient Care- 60 Days Lifetime Max Does not apply to Max Out of Pocket
Hearing	\$0 copay, Routine Hearing Exam – 1 per year \$70 Max benefit \$0 copay, Fitting & Evaluations – 1 per hearing aid \$70 Max benefit \$1,000 Allowance – Every year – Supplied by Hearing Care Solutions, Non-Medicare Services will not apply to Max Out of Pocket
Vision	\$0 copay, Routine Eye Exam – 1 per year \$70 Max benefit \$100 Allowance – every 2 years \$0 copay, Diabetic Eye Exam – 1 per year
Fitness Benefit	SilverSneakers

CARRIER			
Empire MediBlue Freedom (PPO) with Senior RX Plus® (MAPD) Plan			
PRESCRIPTION	30-DAY RETAIL MEMBER PAYS UP TO	90-DAY RETAIL MEMBER PAYS UP TO	90-DAY MAIL ORDER MEMBER PAYS UP TO
Annual Deductible \$0			
Maximum out of Pocket \$2000			
Tier 1-A (Preferred Generic)	\$0 Select Drugs	\$0 Select Drugs	\$0 Select Drugs
Tier 1 Generic	20%	20%	20%
Tier 2 Brand	20%	20%	20%
Tier 3 Non-Preferred Brand	20%	20%	20%
Diabetic Drug and Supplies	\$0 copay		

MEDICAL QUESTIONS

1. Can I stay on the current plan?

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

2. Is there a Deductible?

No, there is no Deductible on the new Empire MediBlue Freedom (PPO) with Senior RX Plus® (MAPD) Plan.

3. Is there Co-insurance or Copays?

Yes, this plan includes a cost share for specific benefits, please refer to the above plan design for more detail. In the coming weeks you will receive your Empire BCBS Summary of Benefits document which will provide a more extensive list of benefits with their cost share.

4. Does this plan require referrals?

No, this plan does not require referrals.

5. Does this plan require Pre-certifications?

Some services may require Pre-certification. Please call Labor First at [631-301-4347 \(TTY 711\)](tel:631-301-4347) or [Toll Free 855-460-7493 \(TTY 711\)](tel:855-460-7493) to assist you.

6. 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.

7. Can I go to my current providers?

Yes, you can see any willing Medicare provider.

8. Do I need to use my Medicare Card?

You will receive a welcome kit and an Empire BCBS ID card for your Group Retiree Medicare Advantage with Prescription Drug (MAPD) plan. This is the card you will bring with you to the doctor and/or pharmacy. You will need this new ID card to ensure that claims will be filed correctly by your providers. Make sure you keep your original Medicare card somewhere safe and only use it for COVID-19 related testing.

9. What if my Provider says they do not accept this plan?

If your provider accepts Medicare, they will be [paid the same](#) by the plan whether or not they are considered in or out of network. Please call Labor First at [631-301-4347 \(TTY 711\)](tel:631-301-4347) or [Toll Free 855-460-7493 \(TTY 711\)](tel:855-460-7493) to assist. We can reach out to your provider to explain.

PRESCRIPTION QUESTIONS

10. Is there a Prescription Deductible?

No. There is no prescription deductible on this plan.

11. Is there a Max Out of Pocket?

Yes, this plan includes a \$2,000 Max Out of Pocket for prescription drugs.

12. What is a Coverage Gap (also known as a Donut Hole)?

The coverage gap/donut hole begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches a certain amount. While most Medicare Part D plans have a gap/donut hole, IBEW Local 25 through Empire BCBS has enhanced your retiree coverage so once the \$2,000 Max Out of Pocket has been reached all your prescription needs will be covered at 100%.

13. Is there a Donut Hole Coverage?

Yes. The plan has Full Donut Hole Coverage.

14. What is the Catastrophic Coverage Stage?

There are “drug payment stages” for your prescription drug coverage under Group Medicare Advantage PPO plans. Once your yearly true out-of-pocket drug costs (including drugs purchased through your retail pharmacy, specialty pharmacies and through mail order) reach a certain amount, you move from the gap coverage (donut hole) to the Catastrophic Coverage Stage. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this stage, the plan will pay 100% for your prescription needs.

15. Is there Catastrophic Coverage?

Yes. The plan has Catastrophic Coverage.

16. Are my drugs covered?

Most likely yes, the formulary is a Comprehensive Formulary. You will receive an Abridged Formulary with your Welcome Kit and cards. The Empire BCBS plan covers basic Medicare part D medications as well as Non-Medicare Part D medications. This includes but is not limited to, hair loss, weight loss, erectile dysfunction, cough medicine and vitamins. Please call Labor First at **631-301-4347** or **Toll Free 855-460-7493 (TTY 711)** to look up your medications.

17. What is my Copays/Coinsurance structure?

Your copay/coinsurance structure is a tiered. Please keep in mind the tiers may change from year to year as well as the cost of drugs copay/coinsurance can vary based on inflation, contracts, supply, etc. so you may see a slight change in copay/coinsurance.

18. Can I go to the same Retail Pharmacy?

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

19. Is there a Mail Order Pharmacy?

There is Mail Order Pharmacy, CarelonRx, through Empire BCBS. You may contact their mail order pharmacy at (833) 409-1228. Please note you can address any mail order concerns or questions with the CarelonRx team. You DO need new prescriptions if you prefer to use the Mail Order Service.

20. Will my prescriptions transfer from the active plan?

If you use the Retail Pharmacy, and have fills remaining, you do NOT need to obtain new scripts. Simply present your new Empire BCBS ID card beginning on your effective date to ensure that claims will be filed correctly by your pharmacy. If you use Mail Order, you WILL need to obtain new scripts from your Provider. **Please fill all prescriptions before to ensure you have enough medication during this transition.**

21. Can I still go to the VA for my drugs?

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

22. Do I need Prior Authorizations for certain prescription medicines?

Some drugs may require a PA. Please contact Labor First at [631-301-4347](tel:631-301-4347) or [Toll Free 855- 460-7493 \(TTY 711\)](tel:855-460-7493) 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.

PLAN QUESTIONS

23. Will I be automatically enrolled in the new Empire MediBlue Freedom (PPO) with Senior RX Plus (MAPD) plan? Do I need to do anything to enroll?

Yes, all Medicare eligible retirees and/or dependents will be automatically enrolled into the plan after you have notified IBEW Local 25 Health & Welfare Fund of your retirement and provided your Medicare number to Labor First. Failure to notify IBEW Local 25 Health & Welfare Fund and Labor with your Medicare number may affect your coverage with the Fund.

24. What is this opt-out?

While you are going to be automatically enrolled, you can choose to opt-out of the plan. However, if you do opt-out you will have no medical or drug coverage through IBEW Local 25 Health & Benefit Fund and you will not be able to re-enroll per the IBEW Local 25 Health & Benefit Fund policy. Please call Labor First at [631-301-4347](tel:631-301-4347) or [Toll Free 855-460-7493 \(TTY 711\)](tel:855-460-7493) if you would like to opt-out.

25. When will I receive my card/ Welcome Kit?

Cards and Welcome Kits should be received approximately 2-3 weeks prior to your effective date. Members 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.

26. What do I do if I lose my card?

Please call Labor First at [631-301-4347](tel:631-301-4347) or [Toll Free 855-460-7493 \(TTY 711\)](tel:855-460-7493) and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

27. Can I leave the plan and come back?

No if you choose to leave the IBEW Local 25 Health & Benefit Fund plan you will not be able to re-enroll into the IBEW Local 25 Health & Benefit Fund plan at a later date. Please call Labor First at [631-301-4347](tel:631-301-4347) or [Toll Free 855-460-7493 \(TTY 711\)](tel:855-460-7493) to discuss further.

28. If I leave the plan will it affect any of my other benefits?

Yes, if you cancel or opt out of the IBEW Local 25 Health & Benefit Fund medical and drug plan, you will also be waiving the IBEW Local 25 Health & Benefit Fund ancillary benefits.

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

If you have any questions the Fund can be reached at **631-434-3344** to answer any premium questions.

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

Please call Labor First at **631-301-4347** or **Toll Free 855-460-7493 (TTY 711)** to reach your Dedicated IBEW Local 25 Health & Benefit Fund Retiree Advocate team from the hours of 8:00am to 5:00pm EST. As always you may also contact the IBEW Local 25 Fund office as well with any questions you may have at **631-434-3344**.

31. Card Sample:

Front:



Back:

