




Frequently Asked Questions (FAQ)

Plan Design

Carrier	
 BlueCross BlueShield of Illinois	
MEDICAL	YOU PAY
Deductible	\$0
Office Visit	\$0
Specialist Visit	\$0
Diagnostic Procedure/Tests	\$0
Lab Services	\$0
Preventative Services	\$0
Therapy (Occupational/Physical/Speech)	\$0
Allergy Shots	\$0
Inpatient Services	\$0
Outpatient Services	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Urgent Care	\$0
Emergency Care	\$0
Ambulance Services	\$0 (Medicare-approved)
Durable Medical Equipment	\$0

ANCILLARY BENEFITS	YOU PAY
Hearing	\$0 Routine hearing exam each year (\$40 allowance for out-of-network) \$2,000 Hearing aid allowance every 36 months
Vision	\$0 Routine eye exam each year (\$40 allowance for out-of-network) \$150 Eyewear allowance every 24 months
Dental	\$0 Deductible \$0 Preventive & Diagnostic \$0 Basic restorative \$0 Major restorative \$1,000 Annual max allowance
Fitness Benefit	SilverSneakers®

Carrier



BlueCross BlueShield of Illinois

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 & Tier 2 Generic	\$10	\$30	\$25
Tier 3 Preferred Brand	\$20	\$60	\$50
Tier 4 Non-Preferred Brand	\$30	\$90	\$75
Tier 5 Specialty	\$100	N/A*	N/A*

***Specialty medications are limited to a 30-day supply**

Medical Questions

1. Is there a Part A and/or Part B deductible?

No. There is no Part A or Part B deductible.

2. Is there co-insurance or copays?

No. All Medicare-approved medical services are covered at 100%.

3. Does this plan require referrals?

No. This plan does not require referrals.

4. Does this plan require Pre-certifications?

Some services may require Pre-certification.

5. 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.

6. Can I go to my current providers?

You can see any provider that accepts Medicare and is willing to bill Blue Cross and Blue Shield of Illinois (BCBSIL).

7. Do I still use my Medicare card?

No. Put your Medicare card in a safe place in case you need it at a later date. You will use only your BCBSIL ID card for medical services and prescription drugs.

8. 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 **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

9. Is there a Prescription Deductible?

No. There is no prescription deductible, but there may be a copay.

10. Is there Donut Hole Coverage?

Yes, the plan has Full Donut Hole Coverage.

11. Is there Catastrophic Coverage?

Yes, the plan has Catastrophic Coverage. If you reach the Catastrophic Phase, you will pay \$0 for covered drugs for the remainder of the year.

12. Are my prescriptions covered?

Most likely yes. The drug list is a comprehensive formulary. You will receive a Full Formulary with your Welcome Kit and cards. Please call RetireeFirst at **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

13. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. BCBSIL has over 57,000 pharmacies in-network. You do NOT need new prescriptions for retail pharmacy refills.

14. Is there a mail order pharmacy? Is there a discount at mail order?

There is mail order through Express Scripts® Mail Order Pharmacy, AllianceRx Walgreens Pharmacy or Amazon Pharmacy. You will receive a discount on your 90-day supplies when filling them through mail order. You can also use most retail pharmacies for the same 90-day fill for 3 retail 30-day copay prices. You DO need new prescriptions if you prefer to use the mail order.

15. Will my prescriptions transfer from my 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.

16. Can I still go to the Veterans Affairs (VA) for my drugs?

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

17. Do I need prior authorizations for certain prescription medications?

Some medications may require prior authorization. Please contact RetireeFirst at **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (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.

Plan Questions

18. Will I be automatically enrolled in the new Medicare Advantage plan? Do I need to do anything to enroll?

RetireeFirst will automatically enroll you along with the group for January 1, 2024. **Please ensure that you contact the carrier(s) for your current individual plan(s) to terminate that coverage effective December 31, 2023.**

19. 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 Roofers Unions Welfare Trust Fund. **In addition, you will no longer receive reimbursement from Roofers Unions Welfare Trust Fund for Medicare Part B premiums, medical plan premiums, or prescription drug plan premiums.** Please call RetireeFirst at **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (TTY 711)** if you would like to opt-out.

20. When will I receive my ID card and Welcome Kit?

Cards and Welcome Kits should arrive in December. 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.

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

Please call RetireeFirst at **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (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.

22. Can I leave the plan and come back?

No. You cannot leave the plan and return.

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

Please call RetireeFirst at **(630) 214-9636 (TTY 711)** or toll free **(855) 430-7104 (TTY 711)** to reach your Dedicated Roofers Unions Welfare Trust Fund Retiree Advocate team Monday-Friday, 8am-5pm CST.

ID CARD SAMPLE

	Blue Cross BlueShield of Illinois	Blue Cross Group Medicare Advantage (PPO) SM
Name: Member Name ID: XOD804295222 Plan (80840): 9101000211		In Network Office Visit: \$15 Specialist: \$15 Emergency Room: \$50
Plan: Blue Cross Group Medicare Advantage (PPO) RxBin: 011552 RxPCN: MAPDILG1 RxGrp: SAMP RxID: 804295222		Out of Network Office Visit: 30% Specialist: 30% Emergency Room: \$50
H8634 813		

www.getblueil.com/medicare



For Providers: 1-877-299-1008 TTY: 711 Pharmacy Help Desk: 1-877-277-7898	For Members: Customer Service: 1-877-299-1008 TTY: 711 Name Advice Line: 1-800-631-7023
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File medical claims with your local plan

Medicare Limiting charges apply

PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage Organization with a Medicare contract.