



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 per admission
Home Health Care	\$0
Skilled Nursing Facility	\$0 per day, 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 per visit, max 20 per year
Acupuncture	\$0 per visit, max 20 per year
Podiatry	\$0 per visit, max 12 per year
Foreign Travel (World-wide) Coverage	\$0 for emergency care, urgently needed services, and inpatient care
Hearing	<p>\$0 routine hearing exam, max 1 per year. \$0 fitting and evaluation, max 1 per year.</p> <p>Hearing exams and fitting evaluations are limited to a \$70 maximum benefit every calendar year combined in-network and out-of-network.</p> <p>Hearing aid allowance: \$500 per ear (\$1,000 total) every 3 years. Must Use Hearing Care Solutions</p>
Vision	<p>\$0 routine eye exam, max 1 per year, \$70 maximum, every calendar year. Vision eyewear covered with a \$100 Allowance - every 2 years. Must use a Blue View Vision provider.</p>
Fitness Benefit	Covered 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-A Select Generics	\$0	\$0	\$0
Tier 1 Generics	\$5	\$10	\$10
Tier 2 Preferred Brand	\$20	\$40	\$40
Tier 3 Non- Preferred Brand	\$50	\$100	\$100
Insulin Medications	\$35	\$70	\$70

Plan Questions

1. Will I be automatically enrolled, or do I need to do anything to enroll?

To process your enrollment, you must complete the enclosed ACH form and return it to RetireeFirst by November 30th, 2023. For your convenience, a pre-paid RetireeFirst envelope is included in this mailing.

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. How do I pay for the plan?

Your monthly rate can be found under “Rate Payment ACH Options” on the enclosed Announcement Letter. The rate will be automatically deducted from your bank account monthly via RetireeFirst ACH on the 3rd of the effective month of coverage (or the next business day). Please call RetireeFirst **toll free at (866) 280-5442 (TTY 711)** if you have questions.

4. 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 be able 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 **toll free at (866) 280-5442 (TTY 711)**, Monday-Friday, 8am-5pm PST.

5. Are there any plan changes?

Amador COE & USD 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.
- One routine eye exam per year is \$0 cost to you, \$70 maximum.
- One routine hearing exam per year is \$0 cost to you.
- Chiropractic services are covered at \$0, 20 visits per year.
- Podiatry services covered at \$0, 12 visits per year.
- Acupuncture services covered at \$0, 20 visits per year.
- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

6. 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.

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

Please call RetireeFirst **toll free at (866) 280-5442 (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.

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

Yes, it may.

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

Please call RetireeFirst **toll free at (866) 280-5442 (TTY 711)** to reach your dedicated Amador COE & USD Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

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 copay for Medicare-approved medical services.

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-certification.

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.

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 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 **toll free at (866) 280-5442 (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 table on page 3.

20. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst **toll free at (866) 280-5442 (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 has over 66,000 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 PST. You can also call RetireeFirst call RetireeFirst **toll free at (866) 280-5442 (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 toll free at (866) 280-5442 (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 donut hole and is there donut hole coverage?

The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

27. 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. You may have cost sharing for excluded prescriptions that are covered under this plan.

Anthem Medicare Preferred (PPO) with Senior Rx Plus Card

Sample:

Front:

		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:		
RxID:		
		

Back:

		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		Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.
Issued:		