

2023 – Medicare Eligible Western Teamsters Welfare Trust Medicare Advantage with Prescription Drug (MAPD) Coverage



Frequently Asked Questions (FAQ)

PLAN DESIGN



MEDICAL	MEMBER PAYS
Medical Deductible	\$0
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0 Per admit
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per admit
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Urgent Care	\$0
Emergency Room	\$0
Ambulance Services	\$0 (Medicare-approved)
Durable Medical Equipment	\$0

ANCILLARY BENEFITS	MEMBER PAYS
Foreign Travel	\$0 Emergency room & urgently needed care \$0 Inpatient care (60 Days per lifetime)
Hearing	\$0 Routine hearing exam every 12 months (\$70 max) \$0 Fitting evaluation every 12 months (\$70 max) \$1,000 Hearing aid allowance every 3 years combined
Vision	\$0 Routine eye exam every 12 months (\$70 max) \$150 Eyewear allowance every 12 months
Chiropractic	\$0 (20 visits per year)
Fitness Benefit	SilverSneakers

Prescription	Preferred Pharmacy 30-Day Retail Member Pays Up To	Standard Pharmacy 30-Day Retail Member Pays Up To	Preferred Pharmacy 90-Day Retail Member Pays Up To	Standard Pharmacy 90-Day Retail Member Pays Up To	Mail Order 90-Day Member Pays Up To
Annual Deductible \$0					
Select Generics	\$0	\$0	\$0	\$0	\$0
Tier 1 Generics	\$5	\$10	\$10	\$20	\$20
Tier 2 Preferred Brands	\$10	\$20	\$20	\$40	\$40
Tier 3 Non-Preferred Brands	\$10	\$20	\$20	\$40	\$40

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

MEDICAL QUESTIONS

1. Are there any plan changes?

Western Teamsters Welfare Trust did their best to match the plan design to your current plan design and mitigate any disruption.

2. Is there a Part A and/or Part B Deductible?

No.

3. Is there co-insurance or copays?

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

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.

6. Does this plan have a network?

Yes, but you can go to any provider that accepts Medicare and is willing to bill Anthem.

7. Can I go to my current providers?

Yes, if your provider accepts Medicare and is willing to bill Anthem.

8. Do I still use my Medicare Card?

Put your Medicare card in a safe place in case you need it at a later date. You will use only your Anthem ID Card for Medical and Drug with the exception of COVID-19 vaccines and COVID testing, which will require your Medicare card.

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

If your provider accepts Medicare, you will pay the same whether or not they are considered in or out of network. Please call Labor First at [\(855\) 460-7040 \(TTY 711\)](tel:8554607040) to assist. We can reach out to your provider to explain.

PRESCRIPTION QUESTIONS

10. Is there a Prescription Deductible?

No.

11. Is there Donut Hole Coverage?

Yes. The plan has Full Donut Hole Coverage.

12. Is there Catastrophic Coverage?

Yes. The plan has Custom Catastrophic Coverage.

13. Are my drugs covered?

Most likely yes. The formulary is a Comprehensive Formulary just as before. You will receive an Abridged Formulary with your Welcome Kit and cards. Please call Labor First at **(855) 460-7040 (TTY 711)** if you do not see your drug listed or need help looking up your drugs.

14. How can I locate select generics that have a \$0 copay?

A list of select generics will be included with your Anthem plan information.

15. Is my copays/coinsurance structure staying the same?

Your copay/coinsurance structure is either remaining the same or improving depending on your previous plan option through Western Teamsters Welfare Trust. 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.

16. 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 fills.

17. How do I locate a Preferred Pharmacy?

The preferred pharmacies are CVS Pharmacy, Target, Kroger, Safeway Inc. and more. You will receive the preferred retail pricing by going to these select pharmacies. Please note, you will receive a list of preferred pharmacies with your Anthem plan information.

18. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?

There is Mail Order and a discount at Mail Order, but you can also use most Retail Pharmacies for the same 90-day fill for 2 standard 30-day copay prices.

19. 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 currently have open Mail Order refills on file with Anthem's IngenioRx Mail Order Pharmacy, the prescriptions for *most* medications will transfer to Anthem's new CarelonRx Mail Order Pharmacy on January 1st, excluding prescriptions that do not have refills and those that require prior authorizations. If you do not currently use the IngenioRx Mail Order Pharmacy, you will need new prescriptions from your provider for Mail Order.

20. 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.

21. Do I need Prior Authorizations for certain prescription medications?

Some drugs may require a Prior Authorization. Please contact Labor First at [\(855\) 460-7040 \(TTY 711\)](tel:8554607040) 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

22. Will I be automatically enrolled in the new Medicare Advantage plan? 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.

23. Can I stay on the current plan?

No. All Medicare eligible retirees and/or dependents must change over to this plan. Your current plans will no longer be available in 2023.

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 Western Teamsters Welfare Trust. Please call Northwest Administrators, Inc. (NWA) at [\(800\) 872-5439](tel:8008725439) if you would like to opt-out.

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

Cards and Welcome Kits should be received by the middle to end of 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.

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

Please call Labor First at [\(855\) 460-7040 \(TTY 711\)](tel:8554607040) 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?

You may leave the plan and return one time only, as long as you maintain creditable coverage while away from the plan.

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

The Fund can be reached at [\(800\) 872-5439](tel:8008725439) to answer any premium questions.

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

Please call Labor First at [\(855\) 460-7040 \(TTY 711\)](tel:8554607040) to reach your Dedicated Western Teamsters Welfare Trust Retiree Advocate Team from the hours of 8:00am-5:00pm

30. Card Sample:

Front:

		Anthem Medicare Preferred (PPO) 	
<FormattedMemberName>		Western Teamsters Welfare Trust	
Member ID:	Senior Rx Plus		
Group:	CA049GRS	Office Visit Copay:	\$0
Issuer ID (80840):	9101000302	Specialist Visit Copay:	\$0
RxBIN:	020115	Emergency Room Copay:	\$0
RxPCN:	IS	Preventive Copay:	\$0
RxGRP:	WM2A		
RxID:		CMS H4036-801	
Western Teamsters Welfare Trust will utilize Labor First to handle member contact for health plan administration. See back for contact information.		 	

Back:

		anthem.com/ca	
<p>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.</p> <p>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</p> <p>Possession of this card does not guarantee eligibility for benefits. Anthem Providers can submit claims to Avality.com or: Medical: P.O. Box 60007 Los Angeles, CA 90060-0007 Pharmacy: Claims Department - Part D Svcs. P.O. Box 52077, Phoenix, AZ 85072-2077</p>		<p>Labor First Advocacy* 1-855-460-7040</p> <p>Member Services: 1-833-910-4432 TDD/TTY: 711 Rx Member Services: 1-833-409-1228 Help for Pharmacists: 1-833-377-4266 Provider Services: 1-833-910-4432 24/7 NurseLine: 1-800-700-9184</p> <p><small>Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.</small></p>	
Issue Date:			