RetireeFirst

2026 – IBEW Local Union 98 Health & Welfare Fund Medicare Advantage with Prescription Drug Plan (MAPD)

Your Dedicated Advocacy Phone Numbers
(267) 996-5183(TTY 711) or toll free (855) 267-6118(TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier

Blue Medicare Advantage

Medical	You pay
Deductible	$0
Office Visit: Primary Care	$0
Office Visit: Specialist	$0
Inpatient Hospital	$0 Per admit (Unlimited days)
Outpatient Care	$0
Inpatient Mental Health & Substance Abuse	$0 Per admit (Unlimited days)
Outpatient Mental Health & Substance Abuse	$0
Home Health Care	$0
Skilled Nursing Facility	$0 (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 (Medicare covered services only)
Acupuncture	$0 (Medicare covered services only)
Podiatry	$0 (Medicare covered services only) $0 (12 Routine podiatry visits per year)
Foreign Travel (World-wide) Coverage	$0 Emergency room and Urgently needed care
Hearing	$0 Routine hearing exam every 12 months $0 Routine hearing aid fitting and evaluation every 12 months, 1 per covered ear, $70 Max) $1,000 Combined hearing aid allowance (Every 36 months, $500 per ear) *Must use Hearing Care Solutions providers
Vision	$0 Routine eye exam through Blue View Vision providers or $70 reimbursement for out-of-network providers (Every 12 months)
Dental	$0 (Medicare covered services only)
Fitness Benefit	SilverSneakers
Over-the-Counter Allowance	$50 Quarterly Allowance (Pre-Paid Card, quarterly rollover that expires at the end of the year)
Healthy Meals	$0 For Healthy Meals after Inpatient Hospital Discharge or Chronic Condition (Up to 14 meals per qualifying event, 4)

	events per year - up to 56 meals total per year)
Smoking Cessation	$0 Counseling to Quit Smoking

Prescription Carrier
Blue Medicare Advantage

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			
Annual Maximum Out of Pocket (MOOP): $660			
Tier 1 A Select Generic	$0	$0	$0
Tier 1 Generic	$10	$20	$20
Tier 2 Preferred Brand	$20	$40	$40
Tier 3 Non-Preferred Brand	$35	$70*	$70*
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.			

***Specialty medications may be limited to a 30-day supply**

Plan Questions

1. **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.

2. **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.

3. **What do I do if I lose my card?**
   Please call RetireeFirst at **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (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.

4. **If I leave the plan, will it affect any of my other benefits?**
   Yes, it may.

5. **How much do I have to pay for the plan?**
   Frank Vaccaro & Associates can be reached at **(215) 599-6436** to answer any billing questions.

6. **Who do I call if I need assistance with the plan?**
   Please call RetireeFirst at **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (TTY 711)** to reach your dedicated IBEW Local 98 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

7. **Is there a medical deductible?**
   No. There is no medical deductible.

8. **Is there co-insurance or copays?**
   No. All Medicare covered medical services are covered at 100%.

9. **Does this plan require referrals?**
   No. This plan does not require referrals.

10. **Does this plan require pre-certifications?**
    Some services may require pre-certifications.

11. **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.

12. **Can I go to my current providers?**
    Yes, you can see any provider that accepts Medicare and is willing to bill Blue Medicare Advantage.

13. **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 Blue Medicare Advantage ID Card for medical and prescriptions.

14. **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 **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

15. **Is there a prescription deductible?**
    No. There is no prescription deductible.

16. **Is there co-insurance or copays?**
    Yes. There are copays. Please refer to the above plan design chart.

17. **Are my prescriptions covered?**
    Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (TTY 711)** if you need help looking up your prescriptions.

18. **Can I go to the same retail pharmacy?**
    Most likely, yes. There should be little to no pharmacy disruption. Blue Medicare Advantage has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

19. **Is there a mail order pharmacy?**
    There is a mail order pharmacy called CarelonRx which can be reached at (833) 409-1228. You can also call RetireeFirst at **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (TTY 711)** with questions about mail order prescriptions.

20. 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.

21. 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.

22. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(267) 996-5183 (TTY 711) or toll free (855) 267-6118 (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.

23. What is the catastrophic phase and is there coverage?

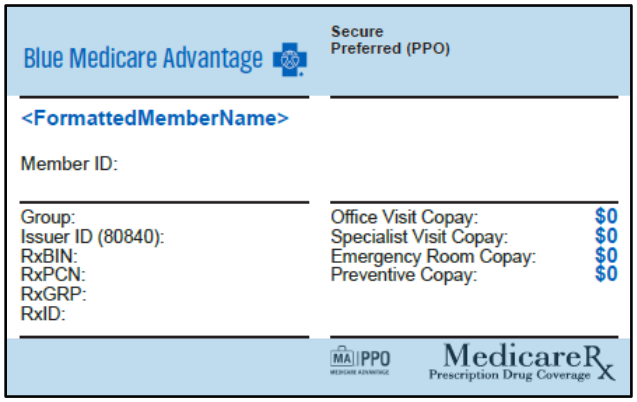
The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be $0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of $2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

24. What is the annual maximum out-of-pocket (MOOP) and how does it work?

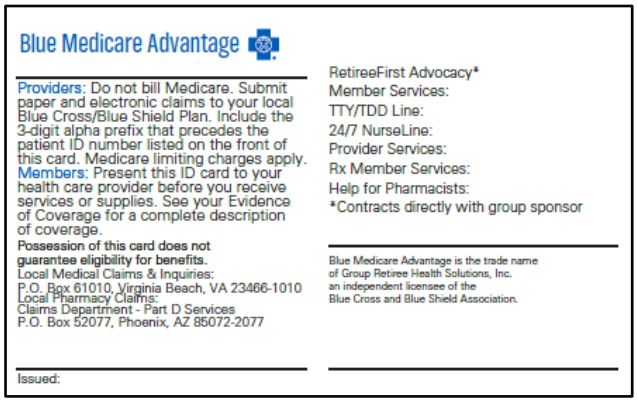
Once your out-of-pocket costs for prescription drugs reaches $660, your copays will be $0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Blue Medicare Advantage 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.