

2025 – Wisconsin Sheet Metal Workers Health and Benefit Fund Anthem Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$147
Maximum Out of Pocket (MOOP)	\$147
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 per admission
Outpatient Care	\$0
Inpatient Mental Health & Substance Abuse	\$0 per admission, 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	Medicare covered services only
Acupuncture	Medicare covered services only
Podiatry	\$0, 12 visits per year
Foreign Travel (World-wide) Coverage	\$0 Emergency and Urgently Needed Care \$0 Inpatient Care - 60 Days Lifetime Max
Hearing	\$0 Routine Hearing Exam - 1 per year \$0 Hearing Aid Fitting Evaluations - 1 per hearing aid. \$50 Max Benefit for Exam and Fitting Evaluations. \$3,000 Hearing Aid Allowance - every 3 years
Vision	\$0 Routine Eye Exam - 1 per year - \$70 max benefit OON \$100 Eyewear Allowance - every two years
Dental	Medicare covered services only
Fitness Benefit	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 Select Generics	\$0	\$0	\$0
Tier 1 Generics	\$5	\$15	\$5
Tier 2 Brand	\$20	\$60	\$20
Tier 3 Non-Preferred Brand	\$50	\$150	\$50
Tier 4 Specialty	\$80	N/A	N/A
<p>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 2025.</p>			

Plan Questions

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

All current SMART Humana MAPD Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

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. 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 want 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 Wisconsin Sheet Metal Health & Benefit Fund toll free 800-654-2329.

4. Are there any plan changes?

Wisconsin Sheet Metal Workers Health and Benefit Fund did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Once your \$147 deductible is met, all Medicare-covered medical services are \$0 cost to you.
- One routine eye exam per year is \$0 cost to you.
- One routine hearing exam per year is \$0 cost to you.
- Access to SilverSneakers Fitness Benefit.
- Prescription Drug Plan provides Mail Order discount for a 90-day supply.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

5. 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.

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

Please call RetireeFirst **toll free 855.250.8655 (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.

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

Yes, it may. For questions, please call RetireeFirst **toll free 855.250.8655 (TTY 711)** to reach your dedicated Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

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

Wisconsin Sheet Metal Workers Health and Benefit Fund can be reached at 800-654-2329 to answer any billing questions.

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

Please call RetireeFirst at **toll free 855.250.8655 (TTY 711)** to reach your dedicated Wisconsin Sheet Metal Workers Health and Benefit Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

10. Is there a medical deductible?

Yes, there is a \$147 Medical deductible.

11. Is there co-insurance or copays?

Once the \$147 deductible is met, there is no co-insurance or copays.

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-certifications.

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 855.250.8655 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

18. Is there a prescription deductible?

No, there isn't a prescription deductible.

19. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst **toll free 855.250.8655 (TTY 711)** if you need help looking up your prescriptions.

20. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Anthem has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

21. Is there a mail order pharmacy?

There is a mail order pharmacy called CarelonRx which can be reached at (833) 409-1228 EST. You can also call RetireeFirst **toll free 855.250.8655 (TTY 711)** with questions about mail order prescriptions.

22. 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.

23. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst **toll free 855.250.8655 (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.

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

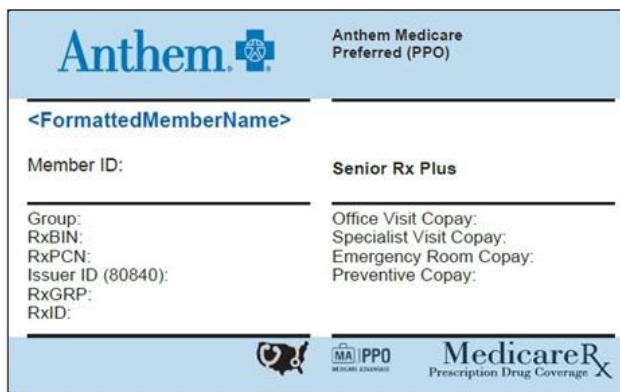
The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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

Once your out-of-pocket costs for prescription drugs reaches \$2,000, 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.

Anthem Medicare Preferred PPO Card Sample:

Front:



Back:



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.