



2025 – Plumbers & Steamfitters Union Local Union 577 Health and Welfare Fund Medicare Advantage with Prescription Drug Plan (MAPD)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out-of-Pocket	\$1,000
Office Visit: Primary Care	\$10
Office Visit: Specialist	\$20
Inpatient Hospital	\$0
Outpatient Care	\$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 copay per purchase of onetouch® (made by lifescan, inc.) and accu-check® (made by roche diagnostics) \$10 for all other brands when purchased through the pharmacy
Preventative Screenings	\$0
Chiropractic	Medicare covered services only
Acupuncture	Medicare covered services only
Podiatry	\$10, 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 covered hearing aid. \$70 Max benefit combined. \$500 Hearing Aid Allowance - per ear - \$1,000 Max - every 3 years Must use Hearing Care Solutions
Vision	\$0 Routine Eye Exam - 1 per year - \$70 Max Benefit. \$100 Eyewear allowance - every 2 years. Must use Blue View Vision
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	\$10	\$30	\$20
Tier 2 Brand	\$35	\$105	\$70
Tier 3 Non-Preferred Brand	\$60	\$180	\$120
Tier 4 Specialty	33%	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. Do I need to do anything to continue my enrollment?

All Medicare-eligible retirees and/or dependents will continue to be enrolled in the plan. There is no action you need to take to remain enrolled.

2. Are there any plan changes?

Yes, there are changes to prescription copay associated with this plan. Please refer to the prescription chart above beginning on page 3 of this document.

3. What mailing should I expect?

- A new Anthem ID card.
 - You will present this card for medical and prescription services.
- Annual Notice of Change (ANOC)

Keep in mind you and your dependents may receive these items on different days; this is normal.

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

Please call RetireeFirst **toll free at (855) 262-9917 (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.

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

Plumbers & Steamfitters Union Local Union 577 Health and Welfare Fund can be reached at (888) 999-7741 to answer any billing questions.

6. Who do I call for assistance with the plan?

Please call RetireeFirst **toll free at (855) 262-9917 (TTY 711)** to reach your dedicated Plumbers & Steamfitters Union Local Union 577 Health and Welfare Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

7. When will I receive my ID card and welcome kit?

You will receive new Anthem ID cards and welcome kits. These 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.

Medical Questions

8. Is there a medical deductible?

No, there is no medical deductible.

9. Is there co-insurance or copays?

Yes, there are copays associated with this plan. Please refer to the plan design chart beginning on page 1.

10. Does this plan require referrals?

No, this plan does not require referrals.

11. Does this plan require pre-certifications?

Some services may require pre-certifications.

12. 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.

13. Can I go to my current providers?

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

14. Do I need to use my Medicare card?

No, put your Medicare card in a safe place in case you need it later. You will continue to only use your Anthem ID Card for medical and prescriptions.

15. 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 (855) 262-9917 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

16. Is there a prescription deductible?

No, there is not a prescription deductible

17. Is there co-insurance or copays?

Yes, there are copays associated with this plan, please refer to the prescription chart beginning on page 3 of this document.

18. Are my prescriptions covered?

Yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst **toll free at (855) 262-9917 (TTY 711)** if you need help looking up your prescriptions.

19. Can I go to the same retail pharmacy?

Yes, you may continue going to your retail pharmacy. Anthem has over 64,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

20. Will I still use the same mail order pharmacy?

Yes, you will continue to use the mail order pharmacy, CarelonRx which can be reached at (833) 409-1228 EST. Your prescriptions with active refills will still be available. You can also call RetireeFirst **toll free at (855) 262-9917 (TTY 711)** with questions about mail order prescriptions.

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 **toll free at (855) 262-9917 (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 \$2,000 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 \$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:

		Anthem Medicare Preferred (PPO)	
<hr/>			
<FormattedMemberName>			
Member ID:		Senior Rx Plus	
<hr/>			
Group: RxBIN: RxPCN: Issuer ID (80840): RxGRP: RxID:	Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay:		
			

Back:

		anthem.com/ca	
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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. 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.			
Retiree First Member Advocate Line: Member Services: TDD/TTY: Pharmacy Member Services: Help for Pharmacists: Provider Services: 24/7 NurseLine:		<hr/>	
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		<hr/>	
<small>Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.</small>			
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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.