



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 admit
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per admit
Outpatient Mental Health & Substance Abuse	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0 (Days 1-100)
Emergency Room	\$0
Urgent Care	\$0
Ambulance Services	\$0
Lab Services	\$0

Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$0 (Unlimited visits)
Acupuncture	\$0 (Unlimited visits)
Podiatry	\$0 (12 Visits per year)
Foreign Travel (World-wide) Coverage	\$0 Emergency Room & Urgently Needed Care \$0 Inpatient Care (60 Days Lifetime)
Hearing	\$0 Routine Hearing Exam & Evaluation (Every 12 months, \$70 Max) \$500 Hearing Aid Allowance Per Ear (\$1,000 Total every 36 months) *Must Use Hearing Care Solutions Providers
Vision	\$0 Routine Eye Exam (Every 12 months, \$70 Max) \$150 Eyewear Allowance (Every 12 months) *Must Use Blue View Vision Providers
Dental	Medicare covered services only
Fitness Benefit	SilverSneakers
Over-the-counter Products	\$30 Quarterly allowance (Quarterly rollover, not year to year rollover)

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	\$10
Tier 2 Preferred Brand	\$15	\$45	\$30
Tier 3 Non-Preferred Brand	\$15	\$45*	\$30*

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.

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

Plan Questions

1. Will I be automatically enrolled, or 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.

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 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 at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

The Town of Simsbury did their best to match or enhance your current benefits. Below are benefits that were matched to your current benefits:

- \$0 Medical and prescription deductible
- \$0 Medicare covered medical services
- \$0 Chiropractic visits (Unlimited)

Below are a few enhancements of your new plan:

- \$0 Routine eye exam every 12 months, \$150 Eyewear allowance every 12 months (Must use Blue View Vision providers)
- \$0 Routine hearing exam and evaluation every 12 months, \$500 Hearing aid allowance per ear every 36 months (Must use Hearing Care Solutions providers)
- \$0 Podiatry visits (12 Visits per year)
- \$0 Acupuncture visits (Unlimited)
- SilverSneakers Fitness Benefit
- 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. Each plan participant will receive one Anthem ID Card to use for both medical services and prescriptions. The welcome kit will include information on how to access the following:

- Anthem member portal and mobile app
- Telehealth services
- Plan documents (including Evidence of Coverage)
- ID Card information
- Network providers and pharmacies
- Special benefits (SilverSneakers)

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

Please call RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (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?

If you leave the plan, you may keep other benefits you may have through the Town of Simsbury.

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

The current monthly cost (not including your required contribution percentage) for medical and prescription drug coverage is \$621.57. The new monthly cost (not including your required contribution percentage) for medical and prescription drug coverage will be \$421.04 per month for plan year 2025. Please note, that there will be no changes to the current billing process. If your contributions are deducted from your pension, contributions will continue to be deducted from your monthly pension payment. If you receive a monthly bill, the Town will continue to bill you. Please contact **(860) 658-3291** if you have any questions regarding the billing process.

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

Please call RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)** to reach your dedicated Town of Simsbury Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

10. Is there a medical deductible?

No. There is no medical deductible.

11. Is there co-insurance or copays?

No. All Medicare approved medical services are covered at 100%.

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. Anthem has a network of providers, but you can go to any Medicare provider, hospital, or facility who is willing to bill Anthem, regardless of if the provider is in or out network. This plan covers in and out of network benefits at no additional cost to you. In-network providers can be found by:

- Calling RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)**
- Requesting a Provider and Pharmacy Directory. Instructions will be included in the Anthem Pre-enrollment Guide, which will arrive in a separate mailing.
- Online at www.anthem.com. Instructions on how to setup an online account with Anthem once you have your Anthem ID number will be included in the Anthem Welcome Plan Guide, which will arrive in a separate mailing. You will be able to access claims information, ID information, and more.

15. Can I go to my current providers?

Most likely, 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. The plan combines the benefits of Parts A (hospital), B (doctor's visits, other medical services, and Part B drugs), and D (prescriptions) under one card. You will use only your Anthem ID Card for medical and prescription drugs. All claims go to Anthem directly.

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 at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (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, there are copays. Please refer to the above plan design chart.

20. Are my prescriptions covered?

Most likely, yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (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 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills. In-network pharmacies can be found by:

- Calling RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)**
- Requesting a Provider and Pharmacy Directory. Instructions will be included in the Anthem Pre-enrollment Guide, which will arrive in a separate mailing.
- Online at www.anthem.com. Instructions on how to setup an online account with Anthem once you have your Anthem ID number will be included in the Anthem Welcome Plan Guide, which will arrive in a separate mailing. You will be able to access claims information, ID information, and more.

22. 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 **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)** with questions about mail order prescriptions and for assistance with setting up your Mail Order account and contacting your providers for prescriptions. Additional information about CarelonRx will be included in the Anthem Pre-enrollment Guide, which will arrive in a separate mailing.

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?

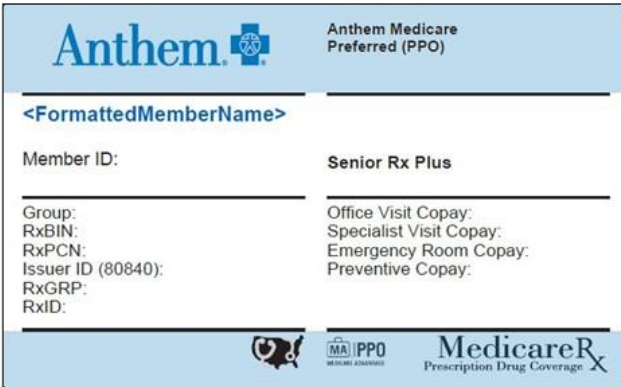
Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(860) 735-7090 (TTY 711) or toll free (855) 203-5618 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements, such as step therapy, quantity limit, or formulary exceptions.

26. What is the 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.

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.