

## 2025 – IBEW Local 25 Health & Benefit Fund Medicare Advantage with Prescription Drug Plan (MAPD)



### Frequently Asked Questions

#### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$400
Office Visit: Primary Care	20%
Office Visit: Specialist	20%
Inpatient Hospital	\$200 copay per day, 1-5 days per admission
Outpatient Care	20%
Home Health Care	20%
Skilled Nursing Facility	\$0 copay per day (1-20 days per benefit period), 20% coinsurance (21-00 days per benefit periods)

Emergency Room	\$120 copay per visit (Waived if admitted within 72 hours)
Urgent Care	\$50 copay per visit (Waived if admitted within 72 hours)
Ambulance Service	20%
Lab Services	20%
Radiology Services	20%
Durable Medical Equipment	20%
Preventative Screenings	\$0
Podiatry	20%, 12 visits per year
Foreign Travel (World-wide) Coverage	<p>\$120 copay, Emergency Room- waived if admitted within 72 hrs.</p> <p>\$50 copay, Urgently Needed Care- waived if admitted with 72 hrs.</p> <p>\$200 Copay for Inpatient Care- 60 Days Lifetime Max</p> <p>Does not apply to Max Out of Pocket</p>
Hearing	<p>\$0 copay, Routine Hearing Exam – 1 per year \$70 Max benefit</p> <p>\$0 copay, Fitting &amp; Evaluations – 1 per hearing aid \$70 Max benefit.</p> <p>\$70 combined between Exam and Evaluations</p> <p>\$1,000 Allowance – Every year – Supplied by Hearing Care Solutions, 866-344-7756</p> <p>Does not apply to Max Out of Pocket</p>
Vision	<p>\$0 copay, Routine Eye Exam – 1 per year \$70 Max benefit</p> <p>\$100 Allowance – every 2 years</p>

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-A Preferred Generic	\$0 Select Drugs	\$0 Select Drugs	\$0 Select Drugs
Tier 1 Generic	20%	20%	20%
Tier 2 Brand	20%	20%	20%
Tier 3 Non-Preferred	20%	20%	20%

## Plan Questions

### 1. How do I enroll in this plan?

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

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 coverage.

Nevertheless, if you would like to opt-out, please call RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (TTY 711)**, Monday-Friday, 8am-5pm EST.

**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.

**3. What do I do if I lose my card?**

Please call RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (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?**

No, if you choose to leave the IBEW Local 25 Health & Benefit Fund plan you will not be able to re-enroll into the IBEW Local 25 Health & Benefit Fund plan later. Please call RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (TTY 711)** to discuss further.

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

IBEW Local 25 can be reached at 631.434.3344 to answer any billing questions.

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

Please call RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (TTY 711)** to reach your dedicated IBEW Local 25 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Medical Questions

**7. Is there a medical deductible?**

No, the plan does not have a deductible, but you will have a Medical Out of Pocket Maximum of \$400 Annually.

**8. Is there co-insurance or copays?**

Yes, the plan has copays and co-insurance.

**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 Anthem Blue Cross Blue Shield (PPO).

**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 Anthem 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 **631.301.4347 (TTY 711) or toll free 855.460.7493 (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, but there is an Annual Prescription Out-of-Pocket Maximum of \$2000.

**16. Is there co-insurance or copays?**

Yes, there is a 20% coinsurance on most prescriptions.

**17. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (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. Anthem has over 66,000 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 **631.301.4347 (TTY 711) or toll free 855.460.7493 (TTY 711)** with questions about mail order prescriptions.

**20. 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.

**21. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require prior authorization. Please contact RetireeFirst at **631.301.4347 (TTY 711) or toll free 855.460.7493 (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.

**22. 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 \$2000 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

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


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

## IBEW Local 25 Health & Benefit Fund Card Sample:

Front:

 	
<b>&lt;FormattedMemberName&gt;</b>	
<b>Member ID:</b>	<b>IBEW Local 25 Health &amp; Benefit Fund</b> <b>Senior Rx Plus</b>
<b>Group:</b> NY048GRS <b>Issuer ID (80840):</b> 9101000302 <b>RxBIN:</b> 020115 <b>RxPCN:</b> JS <b>RxGRP:</b> WM2A <b>RxD:</b>	<b>Office Visit Coinsurance:</b> 20% <b>Specialist Visit Coinsurance:</b> 20% <b>Emergency Room Copay:</b> \$120 <b>Preventive Copay:</b> \$0  <b>CMS H4036-801</b>
<small>IBEW Local 25 will utilize RetireeFirst to handle member contact for health plan administration. See back for contact information.</small>	

Back:

	<a href="https://www.anthem.com">anthem.com</a>
<b>Providers:</b> 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. <b>Members:</b> 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. <b>Possession of this card does not guarantee eligibility for benefits.</b> Anthem Providers can submit claims to <a href="https://www.Avality.com">Avality.com</a> or Medical: P.O. Box 1407, Church Street Station New York, NY 10008-1407 Pharmacy: Claims Department - Part D Svcs P.O. Box 52077, Phoenix, AZ 85072-2077	RetireeFirst Advocacy* 1-855-460-7493 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 *Contracts directly with group sponsor
<small>Anthem Blue Cross Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensees of the Blue Cross and Blue Shield Association.</small>	
Issued: 09/25/2023	

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.