

2025 – Sheet Metal Workers Local 19 Medicare Advantage and Prescription Drug Plans



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 Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-365
Emergency Room	\$0
Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0

Preventative Screenings	\$0
Chiropractic	NO - Medicare covered services only
Acupuncture	NO- Medicare covered services only
Podiatry	\$0, 12 Visits per year
Foreign Travel (World-wide) Coverage	Foreign Travel: \$0, Emergency Room & Urgently Needed Care \$0, Inpatient Care - Limited to 60 days per lifetime
Hearing	\$0, Routine Hearing Exam - \$70 max benefit - 1 every 12 months \$500 Allowance per ear with a maximum benefit of \$1,000 every three years. Hearing Care Solutions three-year warranty included.
Vision	\$0, Routine Eye Exam - 1 every 12 months \$100 Allowance for materials - every 24 months
Dental	NO - Medicare covered services only
Fitness Benefit	Silver Sneakers

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 Generic	\$10	\$20	\$20
Tier 2 Preferred Brand	\$15	\$30	\$30
Tier 3 Non- Preferred Brand	\$30	\$45	\$45

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 **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)**, Monday-Friday, 8am-5pm EST.

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. 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.

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

Please call RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (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. If I leave the plan, will it affect any of my other benefits?

Yes, it may. Please call RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)** for more information.

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

Sheet Metal Workers Local 19 can be reached at **(215) 952-1990** to answer any billing questions.

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

Please call RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)** to reach your dedicated Sheet Metal Workers Local 19 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Medical Questions

8. Is there a medical deductible?

No, there is no deductible for your medical plan.

9. Is there co-insurance or copays?

No, there are no copays or co-insurance for your medical plan.

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-certification.

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 see any provider that accepts Medicare and is willing to bill Anthem Blue Medicare.

14. 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 Blue Medicare 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 at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

16. Is there a prescription deductible?

No, there is no prescription deductible.

17. Is there co-insurance or copays?

Yes, there are copays for prescriptions.

18. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)** if you need help looking up your prescriptions.

19. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Express Scripts has over 64,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

20. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts which can be reached at **(888) 345-2560 (EST)**. You can also call RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (TTY 711)** with questions about mail order prescriptions.

21. 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.

22. 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.

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

Some prescriptions may require prior authorization. Please contact RetireeFirst at **(215) 614-5385 (TTY 711) or toll free (833) 265-8653 (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.

24. 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.

25. 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.

Anthem Blue Medicare Advantage (PPO) Card Sample:

Front:

Blue Medicare Advantage 		Secure Preferred (PPO) 
<FormattedMemberName>		Sheet Metal Workers Local 19 Health Fund
Member ID:		
Group:	PA003GRS	Office Visit Copay: \$0
Issuer ID (80840):	9101000302	Specialist Visit Copay: \$0
Part B RxBIN:	020115	Emergency Room Copay: \$0
Part B RxPCN:	NS	Preventive Copay: \$0
RxGRP:	WM3A	
		CMS H6078-802
<small>Sheet Metal Workers Local 19 will utilize RetireeFirst to handle member contact for health plan administration. See back for contact information.</small>		

Back:

Blue Medicare Advantage 	bluemedadvgrhs.com
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.	RetireeFirst Advocacy* 1-833-265-8653 Member Services: 1-844-451-2057 TTY/TDD Line: 711 24/7 NurseLine: 1-844-916-3650 Provider Services: 1-844-451-2057 <small>*Contracts directly with group sponsor</small>
Possession of this card does not guarantee eligibility for benefits. Local Medical Claims & Inquiries: P.O. Box 61010, Virginia Beach, VA 23466-1010	<small>Blue Medicare Advantage is the trade name of Group Retiree Health Solutions, Inc., an independent licensee of the Blue Cross and Blue Shield Association.</small>
Issued: 10/04/2023	

Express Scripts Medicare® Prescription Drug Plan (PDP) Card

Sample:

Front:



1.215.614.5385

TTY 711

Patient Customer Service:	1.888.345.2560
TDD:	1.800.716.3231

Pharmacist Use Only:	1.800.922.1557
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SUBMIT PHARMACY CLAIMS TO:
 Express Scripts
 ATTN: Medicare Part D
 P.O. Box 14718
 Lexington, KY 40512-4718

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.