



## 2025 – IATSE Local 22 Welfare Fund Medicare Advantage with Prescription Drug Plan (MAPD)

### Frequently Asked Questions

#### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Inpatient Mental Health & Substance Abuse	\$0
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	\$0, unlimited visits
Acupuncture	\$0, unlimited visits
Podiatry	\$0, 6 visits per year
Foreign Travel (World-wide) Coverage	\$0 Emergency Room and Urgent Care, \$50,000 Annual Benefit Maximum
Hearing	\$0 Routine Hearing Exam - 1 per year \$0 Fitting/Evaluation - 3 per year \$500 - \$1975 copay per ear depending on technology level of hearing aid
Vision	Medicare covered services only
Dental	Medicare covered services only
Additional Covered Services	\$0, Routine Physical Exam - 1 per year Wigs - \$350 annually
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: \$100			
Tier 1-A Preferred Generics	\$15	\$30	\$30
Tier 1 Generics	\$15	\$30	\$30
Tier 2 Brands	\$30	\$60	\$60
Tier 3 Non-Preferred Brand	\$50	\$100	\$100
Tier 4 Specialty	\$50	N/A	N/A
<p><b>Note:</b> 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 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 the new CareFirst BlueCross BlueShield Group Advantage (PPO) Plan unless you opt out. Your current plan will no longer be available for use beginning January 1, 2025.

### 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 RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** Monday-Friday, 8am-5pm EST.

#### **4. Are there any plan changes?**

IATSE Local 22 did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Medical and Prescription Deductible
- Medicare-covered medical services are \$0 cost to you.
- Access to SilverSneakers Fitness Benefit.
- \$0 Routine Physical exam – 1 every year
- Continued 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 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 at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** 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. Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** for assistance.

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

IATSE Local 22 can be reached at 410.319.7264 or toll free 800.941.2752 to answer any billing questions.

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

Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** to reach your dedicated IATSE Local 22 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, there are no co-insurance or copays

### **12. Does this plan require referrals?**

No, this plan does not require referrals.

### **13. Does this plan require prior authorizations?**

Some services may require prior authorization. Your Evidence of Coverage (EOC), also called your member contract, will provide you with information on the services that require pre-certifications or prior authorizations. This document will be posted to the CareFirst member portal ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) when you are enrolled or you can request a printed copy from CareFirst.

### **14. Does this plan have a network?**

Yes, an expansive national network. We encourage you to visit in-network providers. However, you can go to any provider, hospital or facility that accepts Medicare and is willing to bill CareFirst or their local Blues Plan. In and out-of-network cost sharing is the same under this plan.

### **15. Can I go to my current providers?**

Yes, you can see any provider that accepts Medicare and is willing to bill CareFirst BlueCross BlueShield.

### **16. Do I still use my Medicare card?**

Prior to January 1, 2025, you will receive a welcome kit and a CareFirst ID card for your CareFirst BlueCross BlueShield Group Advantage (PPO) Plan. Each Medicare-eligible retiree and dependent will receive their own ID card. Please note that each enrollee may not receive their plan information on the same day (this is normal). This is the ID card you'll bring with you to your providers and

pharmacies (including vision and dental providers) starting January 1, 2025. You'll need to present this new ID card to ensure that claims will be filed correctly by your providers. Make sure you keep your original Medicare card somewhere safe.

## **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. As long as the provider accepts Medicare and is willing to bill CareFirst or their local Blues Plan, they can continue to see you and will be reimbursed by CareFirst directly at the Medicare rate. Please call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

### **18. Is there a prescription deductible?**

No, there is not a prescription deductible with this plan.

### **19. Is there co-insurance or copays?**

Yes, there are prescription copays associated with this plan.

### **20. Are my prescriptions covered?**

Most likely, yes. The CareFirst BlueCross BlueShield Group Advantage (PPO) Plan covers most Medicare Part D covered drugs as well as enhanced coverage for drugs not typically covered by Medicare (e.g. weight loss/gain, prescription vitamins, cold and cough). You can visit [carefirst.com/learn/groupma](https://carefirst.com/learn/groupma) and click on Search Drugs to see if your drugs are covered. You can call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** to look up your medications and applicable copays.

### **21. Can I go to the same retail pharmacy?**

Most likely, yes. CareFirst has over 62,000 pharmacies in-network. You can visit [carefirst.com/learn/groupma](https://carefirst.com/learn/groupma) and click on Find a Pharmacy to see if your pharmacy is in-network. Please share your new coverage information with your pharmacy.

### **22. Is there a mail order pharmacy?**

There is a mail order pharmacy called CVS/CareMark which can be reached at (800) 552-8159 EST. You can also call RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** with questions about mail order prescriptions.

## **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. This is a separate benefit and may have separate formularies, member cost shares or restrictions.

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



Some prescriptions may require prior authorization. Please contact RetireeFirst at **301.238.5970 (TTY) or toll free 855.460.7314 (TTY711)** 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.

## CareFirst BlueCross BlueShield Medicare Advantage Sample:

Front:

		CareFirst BlueCross BlueShield Group Advantage (PPO)	
Member Name	PCP Office	IN: SX	OON: SX
Member ID	Specialist Office	IN: SX	OON: SX
	Urgent Care Center	IN: SX	OON: SX
	Emergency Room	IN: SX	OON: SX
Group Number	RxBIN	004336	
	RxPCN	MEDDADV	
	RxGRP	RX5522	
Effective Date	BC/BS Plan	193/963	
Issuer		(80840)	
			CMS-H7379-<VAL1>
			

Back:

www.carefirst.com 	
<b>CareFirst BlueCross BlueShield Group Advantage (PPO)</b> Medical Claim Submission Address for CareFirst Service Area Providers Medicare Medical Claims P.O. Box 4495 Scranton, PA 18505	<b>Member/Provider Services</b> Member/Provider Services: Pharmacy Services: 888-970-0917 Medical Emergency: 911 TTY/DD: 711 24-Hour Nurse Advice Line: 833-968-1773 To locate a CareFirst contracted medical provider, visit <a href="http://www.carefirst.com/findadocmappo">www.carefirst.com/findadocmappo</a>
<b>Rx Claims Submission Address</b> Medicare Prescription Drug Claims P.O. Box 52006 Phoenix, AZ 85072-2066	<b>Medical Professional &amp; Hospital Providers:</b> Toll-free Precertification: 1-833-707-2287 File claims with local Blue Cross and/or Blue Shield Plan. Medicare limiting charges apply. <b>PROVIDERS MUST NOT BILL MEDICARE.</b> MA PPO products provided by CareFirst Advantage PPO, Inc. an independent licensee of the Blue Cross and Blue Shield Association.
<Please reference member self-service for Vision and Hearing Claims submission(s).>	
<small>CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage PPO, Inc., an independent licensee of the Blue Cross and Blue Shield Association.</small>	
<small>CS1 MAN/GB 1/22/21</small>	<small>IN - In network OON - Out of network</small>

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.