



Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$250 (Part A Only)
Maximum Out of Pocket (MOOP)	\$2,250
Office Visit: Primary Care	4%
Office Visit: Specialist	4%
Inpatient Hospital	\$0 per admit, after deductible
Outpatient Care	4%
Home Health Care	\$0
Skilled Nursing Facility	\$0 per day, days 1-100
Emergency Room	\$0

Urgent Care	\$65, waived if admitted within 72 hours
Ambulance Service	4%
Lab Services	\$0
Radiology Services	4%
Durable Medical Equipment	4%
Preventative Screenings	\$0
Chiropractic	\$0, Medicare Covered Services Only
Acupuncture	4%, 20 visits per year
Podiatry	4%, 12 visits per year
Foreign Travel (World-wide) Coverage	\$100 deductible, 20% coinsurance, \$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services
Hearing	\$0, Medicare Covered Services Only
Vision	\$0, Routine Eye Exam - 1 per year \$100 Allowance - every 2 years -Must Use Blue View Vision
Dental	\$0, Medicare Covered Services Only
Fitness Benefit	Included - 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			
Annual Maximum Out of Pocket (MOOP): \$2,000			
Tier 1- A Preferred Generic	\$0	\$0	\$0
Tier 1 Generic	\$6	\$15	\$15
Tier 2 Preferred Brand	\$30	\$75	\$75
Tier 3 Non-Preferred Brand	\$50	\$125	\$125
Tier 4 Specialty	\$100	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. Will I be automatically enrolled, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents already enrolled in the County's current Medicare-eligible plan 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 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 **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (TTY 711)**, Monday-Friday, 8am-5pm MST.

4. Are there any plan changes?

El Paso County did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$250 Medical Deductible (Part A Only)
- \$2,250 Medical Maximum out of Pocket
- You pay 4% coinsurance for Primary Care and Specialist visits
- You pay 4% coinsurance for Acupuncture visits, 20 visits per year
- You pay 4% coinsurance for Podiatry visits, 12 visits per year
- You pay \$0 for Emergency Room Services
- You pay \$65 for Urgent Care Services
- Access to SilverSneakers Fitness Benefit.
- Discounted Prescription costs when using 90-day Retail or 90-day Mail Order Pharmacy.
- 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 each 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 **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (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?

Yes, it may.

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

Please call RetireeFirst at **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (TTY 711)** to reach your dedicated El Paso County Retiree Advocacy Team, Monday-Friday, 8am-5pm, MST.

Medical Questions

9. Is there a medical deductible?

Yes, this plan has \$250 Medical Deductible (Part A only)

10. Is there co-insurance or copays?

Yes, your plan does include some copays and coinsurance costs, please refer to the medical benefit chart starting on page 1 of this document.

11. Does this plan require referrals?

No, this plan does not require referrals.

12. Does this plan require pre-certifications?

Some services may require pre-certifications.

13. 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.

14. Can I go to my current providers?

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

15. 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.

16. 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 **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

17. Is there a prescription deductible?

No, this plan does not have a deductible for the prescription benefits.

18. Is there co-insurance or copays?

Yes, your plan does include some copays, please refer to the prescription benefit chart starting on page 3 of this document.

19. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (TTY 711)** if you need help looking up your prescriptions.

20. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Anthem Blue Cross Blue Shield has over 65,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

21. 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 **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (TTY 711)** with questions about mail order prescriptions.

22. 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.

23. 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.

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

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(719) 249-7788 (TTY 711) or toll free (855) 531-8844 (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.

25. 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.

26. 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.

Anthem Medicare Preferred (PPO) Plan ID Card Sample:

Front:

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

Back:

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