

2025 – Local Tile 7 Industry 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
Home Health Care	\$0
Skilled Nursing Facility	\$0, days 1-100.
Emergency Room	\$0
Urgent Care	\$0
Lab Services	\$0
Radiology Services	\$0

Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	Medicare Covered Services Only
Acupuncture	Medicare Covered Services Only
Podiatry	Medicare Covered Services Only
Foreign Travel (World-wide) Coverage	\$0 Emergency Room and Urgently Needed Services
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 Select Generics	\$0	\$0	\$0
Tier 1 Generic	\$5	\$5	\$5
Tier 2 Preferred Brand	\$10	\$10	\$10
Tier 3 Non-Preferred Brand	\$20	\$20	\$20
Tier 4 Specialty	\$20	N/A	N/A

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

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 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 **(718) 215-5090 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Tile Local 7 did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- One ID card for your providers and pharmacy
- Medical plan match to current benefits
- \$0 Select Generics
- 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 **(718) 215-5090 (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. Please call Daniel H. Cook and Associates at **(212) 505-5050** to answer any questions regarding additional benefits.

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

Daniel H. Cook and Associates can be reached at **(212) 505-5050** to answer any billing questions.

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

Please call RetireeFirst at **(718) 215-5090 (TTY 711)** to reach your dedicated Tile Local 7 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

Prescription Questions

1. Is there a prescription deductible?

No, there is no prescription deductible.

2. Is there co-insurance or copays?

Yes, there are co-insurance or copays. Please refer to the prescription plan design on page 2.

3. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(718) 215-5090 (TTY 711)** if you need help looking up your prescriptions.

4. 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.

5. 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 **(718) 215-5090 (TTY 711)** with questions about mail order prescriptions.

6. 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.

7. 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.

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




Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(718) 215-5090 (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.

9. 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:

Anthem 		Anthem Medicare Preferred (PPO) 	
<FormattedMemberName>		Local 7 Tile	
Member ID:		Senior Rx Plus	
Group:	NY040GRS	Office Visit Copay:	\$0
Issuer ID (80840):	9101000302	Specialist Visit Copay:	\$0
RxBIN:	020115	Emergency Room Copay:	\$0
RxPCN:	IS	Preventive Copay:	\$0
RxGRP:	WM2A		
RxID:			
			CMS H4036-801
<small>The Local 7 Industry Welfare Fund will utilize RetireeFirst to handle member contact for health plan administration. See back for contact information.</small>		 MedicareRx <small>Prescription Drug Coverage</small>	

Back:

Anthem 		anthem.com	
<small>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. Anthem Providers can submit claims to vitality.com or Medicaid: 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</small>		RetireeFirst Advocacy* 1-718-215-5090 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 and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association.</small>			
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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.