



## Frequently Asked Questions: MEA Benefits Trust Medicare Preferred (PPO) with Senior Rx Plus

### **Do I need to purchase a Medicare Part D plan for myself?**

No, the MEABT Medicare Advantage Plan includes a Part D prescription drug plan.

### **What is the phone number for the First Impressions Customer Service Team?**

First Impressions can be reached at 1-844-951-0624.

### **Does your Doctor need to be a part of a network?**

No, you can see any provider that participates with Medicare.

### **Does my Dr. need to continue to submit claims to Medicare first?**

No, effective July 1, 2020 your Dr. will file all claims directly to Anthem.

### **Do I still need to present my Medicare card at the Drs. Office?**

No, you only need to present your new Anthem ID card effective July 1.

### **Are their deductibles, coinsurance or copayments on this plan?**

There are no deductibles, coinsurance or copayments on the medical plan. Your prescription plan will have copays depending on the tier your drug is on. If you would like to see which tier it is on, you can check on this link: [Medicare D Formulary](#)

### **Do I have coverage when I'm traveling out of the country?**

You are covered for urgent and emergency services when outside of the country. You may need to pay for the service and submit for reimbursement.

### **Do I need to choose a Primary Care Physician or get referrals to see other Drs.?**

It is not required for you to choose a Primary Care Physician nor do you need referrals from a Primary Care Physician to see other providers. It is, however, a good idea to have one physician coordinating all of your medical care but it is not required under this plan.

### **Is there a donut hole in the prescription drug plan?**

No, on your Medicare Advantage plan, you will only pay your copayment for your prescriptions.

### **Will I need prior authorizations for this plan?**

Some services under the plan do require prior authorization, however, it is not the member's responsibility to ensure this happens. Your physician will work directly with Anthem to obtain prior authorization

### **When will I receive my new ID card?**

Approximately 2 weeks prior to the July 1, 2020 effective date.

### **What do I need to do on my end to enroll?**

You need to do nothing. Anthem will handle the enrollment internally so that you will be automatically enrolled into the Medicare Advantage Plan for July 1.

### **When will I get information about the plan?**

You should have received a pre-enrollment kit in early April, that contains additional information about your benefits.

### **Can I opt out of this plan?**

You were provided with an opt out form with the pre-enrollment kit. If you do not want to retain your group sponsored plan through the MEABT you can fill out the form and return it to Anthem. However, please note that if you opt out of the plan, you will not be allowed back in with the group sponsored MEABT plan.

### **Do I still need to keep my Blue View Vision Plan?**

Yes, the Medicare Advantage plan covers Medicare covered services plus a \$50 allowance towards routine refraction services. There is no coverage for any other routine services so you would want to continue your Blue View Vision plan if you want to have the benefit of routine eye exams and glasses.

### **Are Hearing Aids covered?**

Yes, the benefit that will be provided is consistent with State of Maine mandates which require members to have a \$3,000 allowance per hearing aid per hearing impaired ear every 36 months. You can utilize this service with any provider.

### **Are routine physicals provided on a plan year or calendar year?**

Routine physicals are provided based on calendar year as is all services under a Medicare Advantage plan.

### **Is the Onlife Health Program continuing?**

No, we will be transitioning to a new wellness program, Virgin Pulse. This will be for all members, and you will be receiving information on the new program.

### **Is Acupuncture covered?**

Yes, this will still be a covered benefit.

### **Are there limits on Physical Therapy?**

No, but these services will be reviewed for medical necessity

**Are compression garments covered?** We received a lot of questions on these in all meetings. Anthem will provide benefits if the garments are considered medically necessary according to Medicare defined guidelines.

### **Is there a lifetime maximum on the plan?**

No.

### **Can I view my claims online?**

Yes, you can view your claims by registering as a member at [www.anthem.com](http://www.anthem.com)

### **Are there any out of pocket maximum on this plan?**

The only cost you will have is for prescriptions. Your out of pocket cost on those is \$6350

### **Is there a different drug formulary for my prescriptions on this plan?**

Yes, the formulary is different, we will be using the [Medicare D Formulary](#). You can look up your prescription drugs on the formulary to see which tier they are on.

### **Will my copayments on my drugs change?**

In some cases yes. It is important to note that there may be a change to your cost share, and you may be paying more on a particular drug, there is also the possibility that you may be paying a little less. Any member who is negatively impacted because their prescription copay will change as a result of the new formulary will be notified prior to July 1. These members will also receive a list of drugs that will result in a lower copayment and are equivalent to the drugs they are currently taking, which they should discuss with their physician.

### **Is the pharmacy benefit manager changing?**

No, it will remain IngenioRX

### **Is the Anthem ConditionCare Incentive program continuing?**

No, however, your Medicare Advantage plan has a Select Generic program whereby certain prescribed drugs are at no cost to you.

### **I currently have a spouse covered on my plan will they be able to continue on my new plan?**

Yes, but each member is enrolled separately with their own identification number. Premium deductions will continue to work the same as they are today.

### **I am a snowbird. Do I still have coverage out of State?**

Yes, you can go anywhere in the country and still receive care, as long as the physician / facility participates with Medicare.

### **If I am in the hospital will all of the providers be covered while I am in the hospital?**

Inpatient admissions do require prior authorization from your physician. If the admissions is authorized, all of the medical services rendered while in the hospital would be covered.

### **After July 1 who will I call for customer service?**

The number for customer service will be located on the back of your ID card.

### **Medicare requires you to be hospitalized a minimum of 3 days prior to authorizing an admission into a Skilled Nursing facility. Is this the case with the Medicare Advantage Plan?**

No, you are not required to have a minimum stay prior to authorizing the admission into a Skilled Nursing Facility.

### **Can I continue to get a 90-day supply of drugs, for a 60-day copay at the pharmacy? (mail order cost)**

Yes, if the doctor writes the script for 90-day supply and there are no restrictions specific to that drug. This does not apply to tier 4 specialty drugs nor narcotics.

**I am a surviving spouse of a retiree. Am I still covered?**

Yes.

**Are hospital stays for observation covered?**

Yes.

**If I opt out in July, how will I get another plan to cover me effective July 1?**

The rules for Medicare Advantage Plans and Medicare Supplemental plans are different. When a member leaves their group-sponsored plan it opens up a special open enrollment period which allows transfer to another Medicare Advantage Plan within 2 months. If the member leaves and wants to join a Medicare supplemental plan they may be subject to underwriting.

**Are glasses following cataract surgery covered?**

Yes.

**Is holistic medicine covered?**

No.

**Are chiropractic services covered?**

Yes, they are covered with no limit in number of visits, but subject to prior authorization. These services must be medically necessary.

**How does this plan differ from the 0 premium plans offered in the individual market?**

A group sponsored plan has the flexibility of benefits and has been structured specifically for MEABT. The plan was designed to closely mirror the benefits under the Group Companion Plan and in some instances, will provide enhanced benefits. With an individual plan you get a specific plan design that is available to all and is not as flexible as group sponsored plans.

**Who reviews services to determine medical necessity?**

Anthem clinical staff reviews medical necessity based on Medicare criteria.

**For more information, visit [www.anthem.com](http://www.anthem.com) or 1.844.951.0624**