

## Frequently asked questions

### **Is this plan similar to the plans that I can get through Anthem on my own?**

The VEBA offers group health coverage which offers substantially richer benefits, such as \$0 copays for inpatient hospital stays, prescription drug coverage through the gap, and zero copayments for diagnostic testing. You can call VEBA Customer Care for more detailed questions.

### **Can I continue to see my current doctor?**

Yes, as long as your doctor accepts Medicare.

### **How does a passive PPO work?**

The distinguishing part of a passive PPO plan is that it allows members the freedom to see any type of provider that accepts Medicare, whether or not they are in Anthem's network.

### **What happens if I live somewhere else part of the year or move to a different state?**

The Anthem Medicare Preferred (PPO) medical plan is available in all 50 states and U.S. territories.

### **What is a primary care physician?**

A primary care physician is a general practice doctor who treats basic medical conditions. Primary care doctors do physicals or checkups and give vaccinations. They can help diagnose health problems and either provide care or refer patients to specialists if the condition requires. They are often the first doctor most patients see when they have a health concern. Please note, you are not required to have a primary care physician with the Anthem Medicare Preferred (PPO) medical plan.

### **Do I need a referral?**

Referrals are not required with the Anthem Medicare Preferred (PPO) medical plan.

### **Do I need prior authorizations?**

Providers are responsible for seeking prior authorization, it is not a requirement of the member. Please note, some services identified in the benefit chart require in-network providers to request prior authorization. Out-of-network providers are not required to get prior authorization. However, we recommend requesting a pre-visit coverage decision to confirm the services you would receive are covered and meet medical necessity requirements. More details on prior authorization are available at [anthem.com](http://anthem.com)

### **What are wellness services?**

Wellness care and services help you avoid an illness or injury. Common examples of wellness care are immunizations and annual physicals. Any screening test done in order to catch a disease early is considered a wellness service. Advice or counseling, such as nutrition and exercise guidance, are also examples of wellness care and services

*Questions? Call Customer Care  
at 1-877-474-8322*

*Or Visit our Website:  
[www.ccsretiree.com](http://www.ccsretiree.com)*

### Can I see my current doctor?

You can see any doctor who accepts Medicare and the plan, and with the addition of the Anthem Blue Cross and Blue Shield (Anthem) network, you have access to a broad range of medical professionals and resources across the nation. If you would like to ask your doctor to participate in the Anthem Medicare PPO Plan, they can call **The First Impressions Welcome Team/Member Services at 1-833-812-1799** (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays for filing and billing information.

### Does my doctor need to be a part of the Anthem network?

No, your doctor does not have to participate in the Anthem network, but they will need to accept Medicare in order to file a claim. You can see any provider that participates with Medicare and accepts the Anthem Medicare Preferred PPO Medical Plan.

### Do I have coverage when traveling outside of the U.S.?

You are covered for urgent and emergency services when traveling outside of the country. You may need to pay out of pocket for your care and services; you may also need to submit your claims directly to Anthem for reimbursement.

### Do I need a referral to participate in the plan?

The Anthem Medicare Preferred (PPO) Medical and Prescription Drug plan Plan is an PPO plan which means it does not require a primary care physician or referral to approve services. You have access to any physician that accepts Medicare

### What is a "medical preauthorization"?

Some medical services require in-network providers to request prior authorization. Your medical provider is responsible for seeking authorization from Anthem before providing you with certain care, treatment or services. Services that require preauthorization are detailed in the Evidence of Coverage.

### How will my mail order prescriptions be handled?

Mail order prescriptions are handled by CarelonRX, an independent company providing pharmacy benefit management services on behalf of your health plan. You will need to have your doctor send a new prescription electronically to CarelonRX.

### How does the mail order feature work?

To continue to receive your medications by mail, please call CarelonRX directly at **1-833-360-3662** (TTY: 711). You can also create an account and log in to [www.anthem.com](http://www.anthem.com) after your effective date and go to the Pharmacy menu. Here you can:

- Review your prescription history, set up home delivery, and turn on automatic refills.
- Check prices when you need medicine — we'll let you know if a generic drug or home delivery may save you money.
- Opt in or out of phone or email notifications about refills, prescription renewals, order status, shipments, and more.
- Manage your payments and account balance.

### Do I need to obtain a prior authorization on my existing prescriptions?

Prior authorization is approval that doctors and pharmacies request and receive from your plan in order to provide you with certain services, treatments, therapies, or drugs. Prior authorization can be requested by doctors, members and pharmacies. Your plan will review the request to determine if you qualify for certain services, treatments, therapies, or drugs.

Drugs that require prior authorization are listed on your Prior Authorization Drug List). Previous prior authorizations cannot be transferred to the new plan due to federal guidelines and regulations.

If you have a prior authorization for an existing prescription, you may need to request a new authorization. To do so, contact CarelonRX at 1-833-360-3662. If you must fill your existing prescription before renewing the prior authorization, you will receive a one-time courtesy fill. You will then be required to provide an updated authorization before it can be filled a second time.

### **What if I don't want to be enrolled with Anthem? Can I stay with Aetna?**

The plans currently being offered through Aetna will be discontinued as of 12/31/2022. You will not be able to keep your plan with Aetna. You will have the option to opt out of the coverage under the new Anthem plan by calling the VEBA Customer Care line at 877-474-8322

### **Are my monthly premiums staying the same?**

Yes! The VEBA is happy to announce that there will be NO RATE INCREASE for 2023.

### **Can I switch to a different plan with Anthem right now?**

You may make changes to your plan selection. Your enrollment change to a different plan option through Anthem will only be effective on or after January 1<sup>st</sup>, 2023.

### **I am scheduled for surgery in January of 2023, what should I do?**

You may keep any appointments that you have scheduled for 2023, including any surgeries. The Anthem Customer Care Team will be coordinating with your providers to help you avoid any interruptions in care. Your new Member ID cards will begin to be mailed in early December and you should present those to your provider once they are received.

### **Who do I contact if I have any problems?**

The VEBA Customer Care Team will continue to service all your needs – including any of your concerns with your new Anthem insurance. You can reach us Monday through Friday from 8 am to 5 pm EST by calling us at **877-474-8322** or go to our website at **www.ccsllcveba.org**

### **Should I be concerned about balance billing?**

Balance billing is not a concern, because the Anthem Medicare Preferred (PPO) plan will pay the Medicare allowable amounts. If you do receive a balance bill from any provider, please contact Anthem's First Impressions Welcome Team so that they can resolve it on your behalf.

### **p What are some added benefits with a Medicare Advantage plan?**

#### **□ First Impressions**

The First Impressions Line is important and will help members before, during, and after enrollment with any questions they might have about their new plan. When a member calls in, they will always talk to a representative (not an automated service) who is senior-sensitivity certified, serves as a member's single point of contact, and is trained to answer questions about network, doctors, and coverage.

#### **□ 24/7 NurseLine**

Registered nurses are available 24/7 to help assess symptoms, ensure members are receiving the right care, increase understanding of condition or course of treatment, and put members minds at ease.

### □ **Care Management**

For those experiencing ongoing health conditions, members will receive a call to complete a health survey, integrate a health plan to address physical, social and emotional well-being, and increase overall quality of life.

### □ **LiveHealth Online**

This service provides medical support, emotional/therapy support, and immediate access to prescriptions through 24/7 access to a board-certified doctor.

### □ **MyHealth Advantage**

This program suggests specific actions that can be taken to improve health. Members and their physicians receive targeted mailings, called MyHealth Notes, that suggest specific actions that can help members comply with best practices

for medical care. This includes appointment reminders, personal health tips, and the ability to view recent claims.

### □ **House Call**

This program offers a personalized visit in your home or other appropriate health care setting that can provide a tailored treatment plan for our members. It is administered by an independent vendor and is available to those members who qualify, at no additional cost.

### □ **Online Resources**

Access online resources anytime from your computer or laptop — you can use these to print a temporary ID card, find a doctor, estimate your costs, and view your claims.

### □ **SilverSneakers**

Members have access to all amenities and classes included in a basic membership, plus SilverSneakers group fitness classes led by certified instructors. SilverSneakers has more than 14,000 fitness locations nationwide and members can also stay connected with the SilverSneakers community through their website.

### □ **Special Offers**

Anthem has special discounts with different vendors for their group Medicare Advantage members to help promote better health and well-being. SpecialOffers include additional savings at Jenny Craig, Lindora, Beltone, 1-800-CONTACTS, Amplifon, lasses.com, Premier Lasik Network, Puritans Pride, and more.

We do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-848-8729** (TTY: **711**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-848-8729** (TTY: **711**)

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage online for more information, including the cost sharing that applies to out-of-network services.

Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.

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