

2021 OPEN ENROLLMENT QUESTION & ANSWER SUMMARY

Can I attend more than one meeting?

- Yes! Members can attend any meeting and even attend multiple meetings if they want to. There is no limit or restriction to attendance.

Who do I contact if I have more questions?

- Questions can be directed to the customer service teams at each plan. Contact information is available within the presentation or on the TRB website on the Contact Us page.

Where can I find a benefits chart for 2021?

- This is posted under the Open Enrollment section on the TRB website.

If one is not changing their plan is any action required?

- No, no action is required if you want to stay in your current plan

How do we access a hard copy (booklet) of what is covered for medical, hearing, vision, dental in this plan?

- This information is posted on the TRB website or available through the insurance carriers.

Where do we submit vision and hearing claims?

- Vision and hearing claims can be submitted to the Anthem plan you are enrolled in. Forms are available on the TRB website under Health Insurance Forms or by contacting customer service at Anthem to request one be sent to you.

My card shows that I have the Medicare Preferred PPO, is this the Medicare Advantage plan?

- Yes, this is the Medicare Advantage PPO plan

Can I see out of state providers?

- Yes, as long as they accept Medicare. If you have any issues with this, please contact customer service so Anthem can intervene on your behalf. Note - if you are having any oral surgeries be sure to use your Cigna benefit.

Can I see a provider who does not accept Medicare?

- Yes, but you will be responsible for the costs.

Does the Medicare Advantage plan limit you to only in-network doctors?

- No, you have access to in and out of network providers as long as they accept Medicare.

If you have a home in two states, will you be covered in both locations?

- Yes, it is a national plan. You can live anywhere in the U.S.

Can you choose any doctor on either plan?

- Yes, as long as they accept Medicare.

If your doctor does not accept Medicare how much do you have to pay for your visit?

- If your doctor does not accept Medicare, you would be responsible for the total cost of your services regardless of which plan you have.

In changing from the Medicare Advantage plan to the Medicare Supplement plan, is medical underwriting required and is there a waiting period for pre-existing conditions?

- No, there is no medical underwriting or waiting period.

Will we lose our Medicare coverage if we chose the MA plan?

- No, whichever plan you choose just determines who will be processing the claim.

Does the retiree and spouse have to be enrolled in the same plan?

- No, retirees and spouses can enroll in different plans.

Do I still need to pay my Medicare premium if I am enrolled with a TRB health plan?

- Yes, Part B premium and any IRMAA charges applied for Part B and Part D are separate from the TRB premium and must be paid in order to maintain enrollment in any TRB plan.

I just got a new card in the mail. Will I get another new one in 2021?

- Yes, if you are in the MA card it will look exactly the same. If you are in the Medicare Supplement plan your ID number will change but the card will look exactly the same. If you recently received a card with an SHP prefix this was sent in error; please contact your retirement contact on the board of education.

What if I want to add dental and vision? I was grandfathered to Medicare Advantage plan without the dental and vision.

- You can fill out the Coverage Upgrade form on the TRB Open Enrollment Materials section of the TRB website. This will include dental, vision, and hearing coverage.

Are vision exams part of preventative coverage?

- Vision services are not a covered benefit under Medicare but are part of TRB added benefits,. They do not follow the same rules as “preventative” coverage. Under the Medicare Advantage plan the vision exam has a \$10 copay. Under the Medicare Supplement plan the vision exam is covered at 100% as required by the state mandate.

Is there a copay for telehealth visits?

- During Covid-19 the copay is waived for telehealth services but under traditional benefit circumstances a \$10 copay would apply.

What constitutes as medically necessary hearing aids?

- This means your doctor has determined that you need hearing aids to improve your hearing above a certain level.

Am I responsible for my Medicare Part A deductible?

- You are not responsible for the Part A deductible, except for the per admission hospital copayment.

How do I get the special offers?

- Visit the anthem.com website and register as a user. Then click the link for Special Offers.

Do I need Medigap insurance?

- No, if you enroll in the Medicare Advantage plan or the Medicare Supplement plan you are fully covered.

Is an endoscopy covered on the Medicare Supplement plan?

- Yes, Medicare pays primary and Anthem secondary. If the procedure is done in a hospital, it is a \$100 copay, if done in a doctor’s office, it is a \$10 copay.

Can you see any Acupuncture doctor?

- Yes, as long as they accept Medicare.

How does prior authorization work in an emergency situation?

- We will collaborate with your doctor to receive your records/medical status after you are admitted and review your claims for processing. 98% of claims are approved.

What is the Sydney app?

- It is another way to access the anthem.com website. You can download it to your smartphone to access doctors, review claims, view your ID card, and more. It is free to download to your Android or iPhone.

Is IngenioRx another pharmacy we can use?

- No, Ingenio is part of Anthem and houses the Part B prescriptions. For most other drugs you should use Express Scripts.

Is the shingles vaccination covered under both plans?

- Yes, this is covered by Express Scripts.

Is the flu shot covered under both plans?

- Yes, this is covered by your Part B coverage with Anthem.

What is prior authorization?

- This is the responsibility of your physician. No action is needed on your behalf. We use prior authorization as a collaborative effort to work with your provider to ensure the best care. The services that require prior authorization are inpatient hospitalizations, outpatient surgeries, physical therapy, and other diagnostic imaging tests. A full list of these services are provided on your benefit summary chart.

Will acupuncture be covered the same for 12 free visits as it is under traditional Medicare?

- It is exactly the same as the traditional Medicare. A copay would apply, \$10 under both plans

Is there a lifetime maximum on either plan?

- No, there are no lifetime maximums on either plan

Is the \$240 vision allowance annual?

- No, it is every 24 months

Is the travel coverage worldwide?

- Yes, but just for emergency and urgent care. See your benefit booklet for more details.

What are the discounts for eyeglasses under special offers?

- The offers vary based on each vendor, but it is typically a percentage off the retail price.

Are there differences in OOP (out-of-pocket) maximums?

- For the Medicare supplement plan it is a \$2000 OOP max for the copay plus the part B deductible.
- The Medicare Advantage plan has a \$2,000 OOP max

Is Silver Sneakers on both plans?

- Yes.

Are podiatrists included on the MA plan?

- If they accept Medicare, yes.

The 2020 Supplement covered hearing aids at 100% every 24 months. The 2021 Supplement added the limitation of deluxe and Bluetooth models. Why the change?

- These limitations previously existed. The standard model of hearing aids is all that is covered.

Is there an Express Scripts maximum allowance?

- There is no maximum allowance on prescriptions. There is an OOP (out-of-pocket) maximum of \$3,500 annually, which includes the \$200 deductible.

Please explain the coverage on both plans for chiropractic services under the Supplement plan.

- We pay medically necessary chiropractic benefits the same as Medicare. There are no restrictions on number of visits. For the Medicare Supplement plan, you are subject to Medicare's requirements for care; they pay their 80 percent and then it is sent to us and we pay the remaining 20 percent minus the Part B deductible, with a \$0 copay. The Medicare Advantage plan has a \$10 copay per visit.

Where do I find information on Telehealth?

- It should be on the back of your card or you can find it online – there is a link on the anthem.com website.

If I go to the hospital with an emergency, who decides my "status" for hospital stays (inpatient or outpatient) my doctor or a case manager? Do I have any say?

- Your doctor will decide and they will contact Anthem if you are going to need inpatient services. For the MA plan, Anthem will work with your doctor to coordinate care and provide any necessary pre-authorizations. For the Medicare Supplement plan, Medicare will not coordinate with your doctor until it is time to file the claim.

With the Medicare Advantage plan, can you apply 1500 towards blue tooth hearing aids?

- No, because they are not considered medically necessary. You can find further clarification on the TRB website. Please note this benefit has not changed from last year.

Is physical therapy covered?

- For the Medicare Advantage plan you do need prior authorization, but it is covered with a \$10 copay and there is no limit to the number of visits. For the Medicare Supplement plan Medicare pays the primary costs and Anthem will pay any remaining balances with a \$0 copay.

Is there a maximum number of Covid-19 tests you can take?

- No, through end of 2020 all Covid-19 tests are covered.

If you paid a copay up front for emergency visit and then you were admitted how do you get your money back?

- You can address the issue with the hospital directly, but if you have any issues please contact customer service.

Explain with examples how one can be in skilled Nursing Facility without a 3-day hospitalization? Who writes out the need for this without the hospitalization?

- The Medicare Advantage plan does not require a 3-day hospitalization, but the Medicare Supplement plan requires it since it is a Medicare-based requirement.

Is there a list of gyms that participate in the Silver Sneakers program?

- You can contact Customer Service for a list or to suggest new participants.

Do both plans offer Home Health care? If so, what are the details of each plan?

- Yes, this is covered on both plans.
- There is a \$0 copay for Medicare Supplement
- There is a \$10 copay per visit for the Medicare Advantage plan

Where can we find a list of tier leveled prescriptions and their cost?

- Contact Express Scripts or view the formulary on the TRB website.

How many days are included if you need home health care.

- There is no limit to the home health care as long as it is deemed medically necessary.

What is the hospital stay and admittance cost under the supplement plan?

- \$250 copay.

For sick visits to the doctor under the Medicare Supplement plan, after deductible, is there still a \$10 copay?

- Yes.

Please discuss the difference between the 2 plans regarding Skilled nursing facilities. What is included without paying and what is an additional fee that could be added upon discharge.

- For the Medicare Advantage plan, the inpatient copay applies and there is a 100-day limit to admission in a skilled nursing facility.
- For the Medicare Supplement plan, Medicare requires a 3-day hospital stay requirement before the skilled nursing facility care coverage is available. Medicare covers the first 20 days, then Anthem pays days 21-100 minus your \$250 copay.

The description of the Supplemental Plan General Provisions #10 reads that If an otherwise eligible person is hospitalized on the date upon which coverage would have become effective, the effective date of coverage will be delayed until the day following discharge- does this impact on changing from Advantage to supplemental?

- The plan you are under when you are hospitalized would be responsible for the entire in-patient claim.

How do we determine what is deluxe? Is hearing aid paid if there is upgrade?

- You can submit the claim with the invoice that breaks down charges. You have some coverage, just not 100% like a standard hearing aid. The Medicare Supplement plan will pay up to what Anthem would pay for a standard model but not at 100% of total cost. The Medicare Advantage plan allowance (\$1,500) can only be applied toward the purchase of a medically necessary basic model.

Does the Medicare Advantage plan have a deductible?

- No, just copays.

If you switch plans would you be able to get new glasses and hearing aids?

- Yes.

If a doctor can't determine standard vs upgrade hearing aid, how would we follow up - would calling anthem help?

- Yes, with code or model of hearing aid that is being prescribed for you.

The vision allowance is \$240. If I paid for glasses, can I submit a claim for reimbursement?

- Yes, if you have already gone to the doctor and you have the benefit currently you can access a claim form on the TRB website under the Health Insurance Forms section.

What is the difference between coinsurance and copay?

- Co-insurance is a percentage of an amount from a total charge from a provider that you would be responsible to pay. Copay is a fixed amount you pay for services.

Do CT Scans and PET scans need prior authorizations?

- Yes, under the Medicare Advantage plan.
- No, under the Medicare Supplement plan.

If we go on the Medicare Advantage plan, is there anywhere else where Medicare card is needed?

- Hospice would be the only service that would request a copy of your Medicare card. However, doctors' offices may ask for your card to confirm Anthem coverage is reflected with Medicare.

Is there any benefit of going to a certain drug store?

- Express Scripts has a network of pharmacies. Please contact Express Scripts to verify that your pharmacy is in your plan.

What services apply to the Part B deductible on the Medicare Supplement plan?

- Sick visits, outpatient therapy, outpatient hospital services – anything except inpatient visits.

What is the amount of the part B deductible?

- The 2020 deductible about was \$198, but the 2021 deductible has not been released yet. We will post this information to the TRB website as soon as it becomes available.

Are physical exams included in both plans?

- Yes, these are covered at 100% as they are considered preventive visits. There is no copay.

When I go to get new eyeglasses, do I show my Medicare card? Can I go to any optician?

- Yes, you can go to an optician. If you are a Medicare Supplement member, you will need your Medicare card and your Anthem card. If you are a Medicare Advantage member, you will only need your Anthem card.

For 2020, how many members were in the MA plan vs the MS plan?

- The Medicare Advantage plan has just over 25,000 members; the Medicare Supplement plan has approximately 5600 members.

How do I contact the 24/7 nurse line if I need it?

- The phone number is listed on the back of your ID card. And will be on the new Medicare Supplemental card received in December.

Will all nursing homes and rehab facilities take our PPO if they take Medicare?

- Long term nursing home care is not covered by either plan. Rehab or skilled nursing facilities that accept Medicare may accept your PPO plan.

***Benefit determination will be made at the time the claim is received for processing.**

To review the TRB frequently asked questions for the CT TRB sponsored health plan please visit the FAQ section here: <https://portal.ct.gov/TRB/Content/Health-Insurance/Health-Insurance-Menu/FAQs/Health-Coverage-CTRB>