

## 2025 – Valley Water Medicare Advantage with Prescription Drug Plan (MAPD)



## Frequently Asked Questions

### Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$1,000
Office Visit: Primary Care	\$10
Office Visit: Specialist	\$30
Inpatient Hospital	\$0, per admit
Outpatient Surgery	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, days 1-100
Emergency Room	\$100, waived if admitted within 72 hours
Urgent Care	\$10, waived if admitted within 72 hours
Ambulance Service	\$100, one way trip

Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	20% per purchase
Preventative Screenings	\$0
Chiropractic	\$10 Medicare Covered Services \$10 Routine Services, 30 visits per year Combined with Acupuncture
Acupuncture	\$10 Medicare Covered Services \$10 Routine Services, 30 visits per year Combined with Chiropractic
Podiatry	\$10 Medicare Covered Services \$10 Routine Services, 12 visits per year
Foreign Travel (World-wide) Coverage	\$100, Emergency Room -waived if admitted within 72 hours \$10, Urgently Needed Care -waived if admitted within 72 hours \$0, Inpatient Care \$10,000 Lifetime Max benefit for all foreign travel urgent, inpatient, or emergency care services, 60-day Lifetime Max benefit for inpatient care services
Hearing	\$0, Routine Hearing Exam, 1 per year \$0, hearing aid fitting evaluation, 1 per year \$70 Max Benefit \$0, hearing aids \$2,000 Allowance every 2 years Must use Hearing Care Solutions
Vision	\$0 Routine Eye Exam, 1 per year \$70 Max Benefit Eyewear, \$100 Allowance - every 2 years

	Must use Blue View Vision
Dental	\$30 Medicare Covered 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-A Preferred Generic	\$0	\$0	\$0
Tier 1 Generic	\$10	\$20	\$20
Tier 2 Brand	\$15	\$30	\$30
Tier 3 Non-Preferred Brand	\$30	\$60	\$60
Tier 4 Specialty	20% \$200 Max	N/A	N/A
<p><b>Note:</b> 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 current Blue Shield Medicare Advantage retirees and/or dependents will be automatically enrolled into the plan. If you are newly eligible, or currently enrolled in the Blue Shield PPO or Kaiser Senior Advantage plan, you must actively enroll in the plan through Valley Water or by calling RetireeFirst.

## 2. Can I stay with the current Blue Shield Medicare Advantage plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan or enroll in the Blue Shield PPO or Kaiser SA plan. The current Blue Shield MAPD will no longer be available.

## 3. Can I opt-out of this plan?

Yes, however all current Blue Shield MAPD enrollees will be enrolled in the Anthem MAPD plan, unless you choose to opt-out during open enrollment and enroll in the Blue Shield PPO plan or the Kaiser Medicare Advantage Plan.

Enrollees in the Blue Shield PPO and Kaiser Medicare Advantage plans will stay in their current plans, unless you opt into the new MAPD plan.

If you would like to opt-out OR opt-in, please call RetireeFirst Advocates at (408) 868-8964 (TTY 711) or toll free (855) 301-8203 (TTY 711) Monday-Friday, 8am-5pm PST

## 4. When are the Valley Water open enrollment dates?

Valley Water will be holding open enrollment from February 17 through March 7 (Valley Water offices will be closed on February 17 for President's Day, however RetireeFirst phone lines will be open for questions).

***NOTE: Valley Water is moving to a calendar year plan eff. 1/1/2026, which means there will be another open enrollment opportunity available in the fall!***

## 5. Are there any plan changes?

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

- Annual Medical Out of Pocket Maximum is \$1,000
- Primary care office visits are \$10
- Specialist care office visits are \$30
- Inpatient hospital care is unlimited days covered at \$0 copay per admission
- \$0 copay for Outpatient Surgery
- Foreign Travel coverage is \$100 emergency room
  - \$10 urgent care – waived if admitted within 72 hours
  - \$0 inpatient care
  - \$10,000 Lifetime Max benefit for all foreign travel urgent, inpatient, or emergency care services, 60-day Lifetime Max benefit for inpatient care services

- Access to SilverSneakers Fitness Benefit.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

## **6. If I enroll in this plan, 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 receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

## **7. What do I do if I lose my card?**

Please call RetireeFirst at **408.868.8964 (TTY 711) or toll free 855.301.8203 (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.

## **8. If I leave the plan, will it affect any of my other benefits?**

Yes, it may. Please call Valley Water employee services at 408.630.3030 for questions regarding other benefits.

## **9. How much do I have to pay for the plan?**

Valley Water can be reached at 408.265.2600 to answer any questions regarding premium payments.

## **10. Who do I call if I need assistance with the plan?**

Please call RetireeFirst at **408.868.8964 (TTY 711) or toll free 855.301.8203 (TTY 711)** to reach your dedicated Valley Water Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

## **11. Can Retiree First assist me if I have questions on the Blue Shield Traditional PPO or Kaiser Permanente Senior Advantage plans?**

No, unfortunately RetireeFirst is only able to help with questions related to the Anthem Medicare Advantage plan.

## Medical Questions

### **12. Is there a medical deductible?**

No, there is no medical deductible associated with your new Anthem plan.

**13. Are there co-insurance or copays?**

Yes, there are co-insurance and copays associated with your plan. Please refer to the medical benefit chart starting on page 1 of this document. There have been no changes to your plan's cost share.

**14. Does this plan require referrals?**

No, this plan does not require referrals.

**15. Does this plan require pre-certifications?**

Some services may require pre-certifications. This is not a change.

**16. 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.

**17. Can I go to my current providers?**

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

**18. 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.

**19. 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 **408.868.8964 (TTY 711) or toll free 855.301.8203 (TTY 711)** to assist; we can reach out to your provider to explain.

## Prescription Questions

**20. Is there a prescription deductible?**

No, there is no prescription deductible associated with your new Anthem plan.

**21. Are there co-insurance or copays?**

Yes, there are copays associated with your plan. Please refer to the prescription drug benefit chart found on page 3 of this document. There have been no changes to your plan's cost share.

## **22. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **408.868.8964 (TTY 711) or toll free 855.301.8203 (TTY 711)** if you need help looking up your prescriptions.

## **23. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Anthem has over 64,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

## **24. 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 **408.868.8964 (TTY 711) or toll free 855.301.8203 (TTY 711)** with questions about mail order prescriptions.

## **25. 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.

## **26. 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.

## **27. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **408.868.8964 (TTY 711) or toll free 855.301.8203 (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.

## **28. 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.



## 29. 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. 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:

Back:

		<b>Anthem Medicare Preferred (PPO)</b>	
<hr/>			
<b>&lt;FormattedMemberName&gt;</b>			
<b>Member ID:</b>	<b>Senior Rx Plus</b>		
<hr/>			
<b>Group:</b> <b>RxBIN:</b> <b>RxPCN:</b> <b>Issuer ID (80840):</b> <b>RxGRP:</b> <b>RxD:</b>	<b>Office Visit Copay:</b> <b>Specialist Visit Copay:</b> <b>Emergency Room Copay:</b> <b>Preventive Copay:</b>		
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		<a href="http://anthem.com/ca">anthem.com/ca</a>	
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<b>Providers:</b> 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.		<b>Retiree First Member Advocate Line:</b> <b>Member Services:</b> <b>TDD/TTY:</b> <b>Pharmacy Member Services:</b> <b>Help for Pharmacists:</b> <b>Provider Services:</b> <b>24/7 NurseLine:</b>	
<b>Members:</b> 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.			
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<b>Medical Claims &amp; Inquiries:</b> P.O. Box 60007, Los Angeles, CA 90060-0007		<b>Pharmacy Claims:</b> ATTN: Claims Department - Part D Services P.O. Box 52077, Phoenix, AZ 85072-2077	
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		<small>Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross 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.