

County of Sonoma

Frequently Asked Questions:

The County of Sonoma is pleased to offer you the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. You can expect the same level of high-quality care and service you have come to rely on. This plan offers additional benefits above and beyond what Medicare offers at a \$0 copay.

You can refer to your Evidence of Coverage (EOC) for details and exclusions.

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

No, the County of Sonoma 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 **1-833-848-8729**.

Does my doctor need to be a part of a network?

No. You can see any provider as long as they accept Medicare.*

Are there deductibles, coinsurance, or copayments on this plan?

No. There are no deductibles, coinsurance, nor copayments on the medical plan. Your prescription plan will have copays depending on the drug tier.

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

Yes. 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.

Is there a donut hole in the prescription drug plan?

No. Beginning in 2025, the donut hole phase has been eliminated which means you will only pay your copayment for your prescription drugs.

Do I need to choose a primary care physician or get referrals to see other doctors?

No. 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 a good idea to have one physician coordinating all of your medical care but it is not required under this plan.

Will I need prior authorizations for this plan?

Some services under the plan do require prior authorization. If your doctor is in our plan's network, they will handle prior authorization requests for you. You don't have to do anything. If your doctor accepts Medicare, but is not in our plan's network, we recommend you ask them for a pre-service determination. This will confirm that the services you're getting are covered and are medically necessary before you receive care.

Are hearing aids covered?

Yes. Hearing aids are limited to a \$500 benefit per ear with a \$1,000 maximum benefit every three calendar years through Hearing Care Solutions.

For your hearing aid to be covered, our partner, Hearing Care Solutions must be used for both in-network and out-of-network benefits. If you choose to go to an out-of-network provider, your provider must have the hearing aid supplied by Hearing Care Solutions.

Frequently Asked Questions cont.

Is acupuncture covered?

Yes. In addition to the standard Medicare-covered visits your plan also covers additional acupuncture visits rendered by a licensed acupuncturist to treat a disease, illness, or injury. Please see your plan documents for details and exclusions.

Are there limits on physical therapy?

No, but these services will be reviewed for medical necessity.

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/ca.

Is there an out-of-pocket maximum on this plan?

The only cost you will have is for prescriptions. Your out-of-pocket cost on those is \$2,000.

Do I still have coverage out of state?

Yes, you can go anywhere in the country and still receive care. The only condition is that the doctor has to accept Medicare.

Are chiropractic services covered?

Yes. In addition to the standard Medicare-covered visits, your plan also covers additional chiropractic visits rendered by a physician to treat a disease, illness, or injury. Please see your plan documents for details and exclusions.

Who should I call for customer service?

The number for customer service is **1-833-848-8730**.

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, we do not require a minimum stay prior to authorizing the admission into a skilled nursing facility.

Can I get a 90-day supply of drugs at the pharmacy?

Yes, if the doctor writes the prescription this way. Some restrictions may apply (i.e. certain narcotics).

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

Yes.

Are hospital stays for observation covered?

Yes.

Are glasses following cataract surgery covered?

Yes.

Is holistic medicine covered?

No.



**For more information,
visit www.anthem.com/ca or
call 1-833-848-8729 (TTY 711).**

The information in this document is meant to educate. It is not meant to serve as medical advice. Please check with your doctor for any advice about your health. 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.

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

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem BC Health Insurance Company is an LPPPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal.