

2026 – Roofers’ Local 11 Union Welfare Trust and Pension Fund Medicare Advantage with Prescription Drug Plan (MAPD)



Your Dedicated Advocacy Phone Number(s)
(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:



Medical	You pay
Deductible	\$0
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Home Health Care	\$0
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$0
Urgent Care	\$0

Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	Medicare Covered Services Only
Acupuncture	Medicare Covered Services Only
Podiatry	Medicare Covered Services Only
Foreign Travel (World-wide) Coverage	\$0 Emergency Care and Urgently needed services
Hearing	\$0 Routine Hearing Exam – 1 per year \$40 allowance OON \$2,000 Hearing Aid Allowance – every 36 months
Vision	\$0 Routine Eye Exam – 1 per year \$40 allowance OON \$150 Materials Allowance every 24 months
Dental	\$0 Deductible \$0 – Preventive & Diagnostic \$0 - Basic Restorative \$0 – Major Restorative \$1,000 Annual Max Allowance
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			
Annual Maximum Out of Pocket (MOOP): \$2,100			
Tier 1 (Preferred Generics)	\$10	\$30	\$25
Tier 2 Generics	\$10	\$30	\$25
Tier 3 Preferred Brand	\$20	\$60	\$50
Tier 4 Non-Preferred Brand	\$30	\$90	\$75
Tier 5 Specialty	\$100	N/A	N/A
Insulin Medications	\$35	N/A	N/A
<p>Note: 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 2026.</p>			

Plan Questions

1. How do I enroll in this plan?

To finalize your enrollment into the plan, the enclosed application and authorized representative form need to be completed and returned to RetireeFirst in the included pre-paid envelope.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

3. 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 each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

4. What do I do if I lose my card?

Please call RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (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.

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

Yes, it may. If you leave the plan, you will be unable to return later. The 50% Medicare Part B premium reimbursement will not be credited to you if you leave the plan.

6. How much do I have to pay for the plan?

Roofers Unions Welfare Trust Fund can be reached at 630.463.7159 to answer any billing questions.

7. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)** to reach your dedicated Roofers Union Welfare Trust Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

8. Is there a medical deductible?

No, there is no medical deductible.

9. Is there co-insurance or copays?

No, there is no co-insurance or copays

10. Does this plan require referrals?

No, this plan does not require referrals.

11. Does this plan require pre-certifications?

Some services may require pre-certifications.

12. 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.

13. Can I go to my current providers?

Yes, you can see any provider that accepts Medicare and is willing to bill Blue Cross Blue Shield of Illinois.

14. 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 Blue Cross Blue Shield of Illinois ID Card for medical and prescriptions.

15. 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 **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

16. Is there a prescription deductible?

No, there is no prescription deductible.

17. Is there co-insurance or copays?

Yes, there are co-insurance or copays.

18. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)** if you need help looking up your prescriptions.

19. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Blue Cross Blue Shield of Illinois has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

20. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts Mail Order Pharmacy at (833) 599-0729, AllianceRx Walgreens Pharmacy at *877) 277-7895 or Amazon Pharmacy at (855) 393-4279 EST. You can also call RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)** with questions about mail order prescriptions.

21. Is there a specialty mail order pharmacy?

Blue Cross Blue Shield of Illinois has a specialty pharmacy called Accredo which can be reached at (833) 721-1619 EST. You can also call RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (TTY 711)** with questions about specialty prescriptions.

22. 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.

23. 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.

24. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(630) 214-9636 (TTY 711) or toll free (855) 430-7104 (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.

25. 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 \$2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Blue Cross Blue Shield of Illinois Card Sample:

Front:

Front of Card:

 BlueCross BlueShield of Illinois	Blue Cross Group Medicare Advantage (PPO) SM 
Name: Member Name ID: JLX804123456	Office Visit: \$0 Specialist: \$0 Emergency Room: \$0
Plan (80840): 9101000211 RxBin: 011552 RxPCN: MAPDILG1 RxGrp: RUWT RxID: 804123456	Plan: Blue Cross Group Medicare Advantage Open Access(PPO) Group Number: PIL00029
H0107 802	

Back:

Back of Card:

bcbsil.com/medicare



Provider: File medical claims with your local BCBS plan Medicare Limiting charges apply	Customer Service: 1-877-299-1008 TTY: 711 Enrollment and Billing* 1-855-430-7104 Nurse Advice Line: 1-800-631-7023 *Contract directly with Group
PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue	 BlueCross BlueShield of Illinois Cross and Blue Shield Association. HCSC is a Medicare Advantage Organization with a Medicare contract.

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.