

# 2020 HEALTH CARE BENEFIT HIGHLIGHTS

## General

Our mission is to provide every member with health benefits and the opportunity to achieve their best quality of life. Since the Trust launched in 2010, we have made great strides to control costs while improving benefits and access to care for our members. We have also been successful in expanding the level of coverage and plan offerings among our national carriers.

**Our focus for 2020 is to improve member affordability by reducing your out-of-pocket costs.** We are excited to share that your 2020 benefit changes include:



### Reduced prescription drug copays - \$5

for all tier 1 generic medications and select immunizations through **retail or mail order** for Express Scripts members



### New annual out-of-pocket maximum protection

on tier 1 and tier 2 pharmacy copays for Express Scripts members



### No cost share increases



### 90-day supply through mail order now at same copay as 30-day at retail

for all non-specialty medications through Express Scripts



### No change in coverage

for vision, dental or hearing benefits

**You will find details of the 2020 benefit enhancements as well as specific health plan cost share features in this newsletter.**

Continue to watch for materials in the mail, which will be co-branded with the Trust logo and those of our carriers, as we continue to advise you on opportunities to get the most value from your Trust provided benefits.

## Prescription Drug Benefits

The Trust recognizes that pharmacy benefits are the most utilized benefits and represent a large portion of out-of-pocket costs for our members. As part of our focus to increase affordability for all members, we are pleased to announce the following changes for our members using Express Scripts\* and Express Scripts Medicare\*.

### Effective 1/1/2020:



- Tier 1 copay for medications and select immunizations **reduced from \$14 to \$5** for 30-day retail supply, and **reduced from \$24 to \$5** for 90-day mail order supply.



- **All mail order copays in all tiers** will be reduced to the same amount as the retail copay. That means you can get a **90-day supply at mail order** for the same amount as what you would pay for a **30-day supply at retail** (66% savings!)



- An annual out-of-pocket copay maximum of \$1,500 will be in place for all tier 1 and tier 2 drugs to limit expenses for members on multiple medications. Please note that tier 3 medications are excluded, as there are lower cost options available in tier 1 and tier 2.



# \$20 for 2020

In 2020, each covered tier 1 medication you take will only cost **\$20** for the entire year through Express Scripts mail order.

# Switch to mail order and save!

\*Members enrolled in Kaiser or HealthPartners do not have pharmacy coverage through Express Scripts and therefore there is no change to the current pharmacy benefit. All other medical plans have prescription drug coverage provided by Express Scripts.

The following tiers and copays apply to members with Express Scripts coverage.



## Prescription Drug Benefits 2020 COPAY FOR MEDICATIONS IN EACH TIER

	Retail (One Month)	Mail-Order (90-Day)*
Tier 1: Generic and Select immunizations	\$5	\$5
Tier 2: Preferred	\$45	\$45
Tier 3: Non-preferred	\$115	\$115

\*Specialty medications are dispensed in one-month increments

If you get your maintenance medications at a retail pharmacy, you will want to use mail order to take advantage of huge savings opportunities in 2020.



## Switch to mail order and save!

2020 Copay (90-day Retail)\*\*    2020 Copay (Mail-Order)    SAVINGS

Tier 1: Generic and Select immunizations	\$15	\$5	\$10
Tier 2: Preferred	\$135	\$45	\$90
Tier 3: Non-preferred	\$345	\$115	\$230

\*\*Retail 90-day supply only available for Medicare members

## No CHANGE

**MA PPO**  
Medicare  
Advantage  
PPO

**TCN**  
BCBS Traditional  
Care Network

**HMO\***  
Health Maintenance  
Organization

<b>Monthly Contribution</b>	\$0 Single \$0 Family	\$17 Single \$34 Family	\$0 Single \$0 Family
<b>Deductible</b> (Amount you pay annually before the plan begins to pay a portion of the costs)	\$245 / Person	\$400 Single \$675 Family	\$400 Single \$675 Family
<b>Coinsurance</b> (Amount you pay after your deductible is met)	10%	10%	N/A
<b>Out-of-Pocket Max</b> (Total amount you pay annually before the plan covers 100% of covered costs)	\$630 / Person	\$800 Single \$1,475 Family	N/A
<b>Primary Care Physician (PCP) Office Visit</b>	\$20 Copay	Covered by Medicare at 80%, after Part B deductible is met; You pay remaining 20%	\$25 Copay
<b>Specialist Office Visit</b>	\$25 Copay	Covered by Medicare at 80%, after Part B deductible is met; You pay remaining 20%	\$35 Copay
<b>Urgent Care</b> (Including Retail Health Clinics)	\$25 Copay	\$50 Copay	\$25 Copay
<b>Emergency Room</b> (Waived if admitted)	\$50 Copay	\$125 Copay	\$50 Copay

**NON-MEDICARE**

**2020**

**No CHANGE**

**ECP**  
BCBS Enhanced  
Care PPO

**HMO\***  
Health Maintenance  
Organization

<b>Monthly Contribution</b>	\$17 Single \$34 Family	\$17 Single \$34 Family
<b>Deductible</b> (Amount you pay annually before the plan begins to pay a portion of the costs)	\$400 Single \$675 Family	\$400 Single \$675 Family
<b>Coinsurance</b> (Amount you pay after your deductible is met)	10%	N/A
<b>Out-of-Pocket Max</b> (Total amount you pay annually before the plan covers 100% of covered costs)	\$800 Single \$1,475 Family	N/A
<b>Primary Care Physician (PCP) Office Visit</b>	\$25 Copay	\$25 Copay
<b>Specialist Office Visit</b>	\$35 Copay	\$35 Copay
<b>Urgent Care</b> (Including Retail Health Clinics)	\$50 Copay	\$50 Copay
<b>Emergency Room</b> (Waived if admitted)	\$125 Copay	\$125 Copay

Reflects in-network costs | \*HMO plan availability limited

## Eligibility for Protected Member Classification

The Trust has two classifications for members: General and Protected. In 2006, the UAW bargained with the autos to establish a Protected class to “protect” lower-income retirees and their surviving spouses from certain cost-sharing provisions such as medical deductibles, copays and monthly contributions. The maximum thresholds to qualify for Protected were established using a basic benefit rate of \$33.33 and annual pension amount of \$8,000 or less per year. This dollar amount meant that this protection was generally available for retirees who retired before October 1, 1984, and most surviving spouses of retirees who retired before October 1, 1990. The Trust has continued to maintain this eligibility criteria to-date.

### Effective 1/1/2020

The Trust will modify the eligibility qualification for the Protected class by removing the basic benefit rate and pension calculation and will instead move to an expanded retirement date-based criteria. As a result of this change:

**All retirees who retired before 10/1/1990 will now qualify for Protected classification.**

**AND**

**All surviving spouses of retirees who retired before 10/1/1999 will now qualify for Protected classification.**

Provisions for being a Protected member will also apply to all eligible dependents of Protected members.

Moving to a simplified and expanded date-based eligibility criteria ensures current Protected members will continue to maintain this status while allowing additional lower pension income retirees to qualify.

**This means that some members currently classified as General may later qualify for Protected status in the future based on this new eligibility criteria.**

Members who qualify for Protected will receive a separate communication from the Trust notifying them of this status change when it occurs.

## Live Healthy, Save Money

Simple choices you make throughout the year can help you live healthier and can add up to big savings.



- **Request generic drugs**

If you are prescribed a brand-name drug, ask your doctor if there's a generic alternative available. Generic drugs are chemically identical to their brand-name counterparts, but they generally cost much less. New generic medications are becoming available all the time.



- **Move your prescriptions to mail-order**

In 2020, the 90-day mail order copays will be the same as the 30-day retail copays for Express Scripts members. That means, you can save 66 percent and get three times the medication through the convenience of home delivery. Not only does mail order cost less, regular shipping is free, so you'll save time and money by not having to visit the pharmacy each time you get a refill. Please note, specialty medications are dispensed in one-month increments.



- **Talk to an Express Scripts pharmacist 24/7**

Trust members with Express Scripts coverage can talk to a pharmacist any time. If you have questions about your medications, or want to discuss lower-cost alternatives, you can get answers quickly with the personalized help of an Express Scripts pharmacist. Simply call Express Scripts Customer Service at 866-662-0274 and request to speak with a pharmacist. Get peace of mind and the answers you need anytime, 24 hours a day, 7 days a week.



- **Practice preventive care**

Always be sure to take prescribed medications, get all appropriate vaccinations, maintain a healthy lifestyle, and visit your primary care physician (PCP) for regular screenings and any treatment of chronic conditions. Prevention is essential to long-term health. Remember, all Trust health plans cover in-network preventive care at 100% so it doesn't cost you extra.



- **Why primary care matters**

Consider your PCP your partner in health and their office as your medical "home." By having the complete picture of your overall health history, your habits, and your personality, your PCP can more easily recognize signs that indicate a potential change in your health and establish a plan to meet your needs. If you don't have a PCP, call the number on the back of your medical ID card.

## HELPFUL RESOURCES

For access to information from the Trust, including the latest news on your health and prescription drug benefits, health and wellness information, a downloadable document center, ways to contact us and more, visit us at [uawtrust.org](https://uawtrust.org).

## To help navigate your healthcare benefits, you have several resources at your fingertips.

### RETIREE HEALTH CARE CONNECT

Trust Eligibility and Customer Service Center

 **866-637-7555**

 **[digital.alight.com/rhcc](https://digital.alight.com/rhcc)**

- Add/remove dependent(s)
- Plan confirmation/eligibility
- Qualified status changes (reporting dependent changes, deaths, etc.)
- Address change
- Add/update an email address or phone number

### EXPRESS SCRIPTS

Prescription Drug Coverage

 **866-662-0274**

 **[express-scripts.com](https://express-scripts.com)**

 **[uawtrust.org/prescriptiondrugcoverage](https://uawtrust.org/prescriptiondrugcoverage)**

### HEALTH PLANS

Contact your health plan by calling the phone number on the back of your medical ID card or visiting their online portal.

 **[uawtrust.org/healthplancarriers](https://uawtrust.org/healthplancarriers)**

### DELTA DENTAL

 **800-524-0149**

 **[deltadentalmi.com](https://deltadentalmi.com)**

### DAVIS VISION

 **888-234-5164**

 **[davisvision.com](https://davisvision.com)**

### TRUHEARING

 **844-394-5420**

 **[truhearing.com/uawtrust](https://truhearing.com/uawtrust)**



**Addendum to the Benefit Highlights, Schedule of Benefits and Summary Plan Description previously published**