

# WHAT YOU NEED TO KNOW ABOUT MEDICARE

Medicare is a federal health insurance program for people:

- age 65 or older
- under age 65 with certain disabilities
- with end stage renal disease

## MEDICARE HAS FOUR PARTS



- Hospital insurance (Part A) helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.



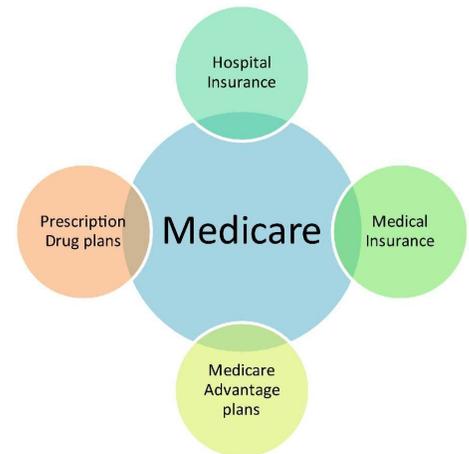
- Medical insurance (Part B) helps pay for doctors' services, including preventive care, and many other medical services and supplies that are not covered by hospital insurance.



- Medicare Advantage (Part C) plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C. A Medicare Advantage Plan generally covers everything that Original Medicare covers, but with some differences.



- Prescription drug coverage (Part D) helps pay for medications doctors prescribe for treatment.



## WHEN YOU NEED TO ENROLL IN MEDICARE

The federal government has specific enrollment periods for Medicare. These enrollment periods cover all people eligible for Medicare and are not specific to eligible Trust members. While there are additional enrollment periods, below are the most common periods to enroll. **If you don't enroll during these times, you may pay a monthly penalty in addition to your premium.**

- **Initial Enrollment Period:** This is the first time you're eligible for coverage under Medicare. In most cases, when you turn age 65, you can enroll (a) three months before, (b) the month of or (c) three months after that birthday
- **Disability Enrollment Period:** Eligible between the 21st and 27th month after getting Social Security or Railroad Retirement Benefits
- **General Enrollment Period:** If you didn't sign up for Part A and/or Part B when you were first eligible, you can sign up between January 1 and March 31. Coverage begins July 1. You may have to pay a higher premium for late enrollment
- **Special Enrollment Period:** If you retire after age 65, you are eligible to enroll anytime within the seven months following retirement without incurring the late enrollment penalty

# COMMON MEDICARE QUESTIONS

## How do I sign up for Medicare? Will someone notify me?

If you're already collecting Social Security, you are automatically enrolled in both Medicare Part A and Part B. You will receive a red, white and blue Medicare card in the mail about two to three months before you turn 65. If you do not receive a card automatically or if you're signing up for another reason, such as end stage renal disease or disability, you will need to contact Social Security, either by going to one of its offices or calling **800-772-1213 (TTY 800-325-0778)**.

In most cases, you are automatically enrolled in Medicare Part B, but you do have the opportunity to refuse it. For those who are not automatically enrolled or decline coverage, there are various enrollment periods for you to sign up. Be aware that, with certain exceptions, there are penalties for not signing up when you should. Deductions for the Medicare Part B premium will be deducted directly from your Social Security Benefit. The 2013 Part B premium for most people is \$104.90. (However, if your modified adjusted gross income as reported on your IRS tax return from two years ago is above a certain amount, **you may pay more.**)

## Why is enrolling in Medicare Part B when first eligible important?

If you do not sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B but did not sign up for it. Additionally, surviving spouses age 65 or older **MUST** enroll in both Medicare Part A and Part B in order to be eligible for health care coverage provided by the Trust. In the event of the retiree's death, the surviving spouse will not be eligible for Trust coverage unless he or she is enrolled in both Medicare Part A and B, if eligible.

## If I have Medicare, how will my claims be processed?

If you are in the Blue Cross Blue Shield Traditional Care Network plan, Medicare is the primary payer of benefits and the Trust is secondary. This means that claims are filed with Medicare first. After Medicare has processed the claim, the remaining balance is submitted to your medical carrier, where it will be determined if the services are covered by the Trust. For Medicare Advantage plans, your medical carrier handles all coordination of benefits with Medicare and you will only receive one bill and Explanation of Benefits from the carrier.

## If I am eligible for Medicare Part B but chose not to enroll, how will my claims be processed?

It is important to enroll and maintain enrollment in Medicare Part B since health care claims are paid as if Medicare is primary, whether or not you are enrolled. If you choose not to enroll, you will be responsible for significantly higher out-of-pocket expenses.

For example, let's say you go in for a medical service. The physician charges \$150 for it and the Medicare allowed amount for the service is \$100. Medicare pays 80% of the allowed amount and the Trust pays the 20% coinsurance. The Trust pays \$20 because Medicare paid the \$80.

Therefore, the claim is considered paid in full. If you are eligible for, but not enrolled in Medicare Part B, then the Trust still pays \$20 and Medicare pays nothing. Consequently **you, the member**, are responsible for \$130.

	Enrolled in Medicare Part B	Not enrolled in Medicare Part B
Total charge for medical service (subject to deductible)	\$150	\$150
Medicare allowed amount	\$100	\$100
Medicare Part B payment (80% of the allowed amount)	\$80	\$0
Trust payment	\$20	\$20
<b>Member Responsibility (if deductible is already met)</b>	<b>\$0</b>	<b>\$130</b>

# THE IMPORTANCE OF ENROLLMENT

It is important that you enroll in Medicare once you are eligible. Once you or your dependents are eligible for Medicare, your benefits under the Trust will be paid as if you have Medicare coverage, whether or not you are enrolled. Enrolling in Part A and Part B will allow you to avoid paying additional out-of-pocket medical expenses. The Trust will not pay amounts that Medicare would have paid. You will be responsible for paying these amounts.

If you are receiving a Social Security benefit, you will automatically receive your red, white and blue Medicare card in the mail 3 months before your 65<sup>th</sup> birthday and premiums for Medicare Part B will be deducted from your Social Security benefit.

If you are not receiving a Social Security benefit or you have not received your card, you will need to contact the Social Security Administration. **It is recommended that you do this three (3) months before you turn 65 to avoid delay of coverage.** You may have to pay a higher premium for Medicare Part B for late enrollment.

## ENSURING ACCURACY

Please be aware that the Trust eligibility systems must use Medicare information to ensure accuracy of records. This includes a member's name, date of birth and Social Security number. Therefore, any discrepancies are due to the information provided by Medicare.

Should you need to correct or change your name within the UAW Trust system at Retiree Health Care Connect for mailings or health plan ID cards, these changes or corrections **must be** made through Medicare by contacting the Social Security Administration Office at **800-772-1213 (TTY 800-325-0778)**.

## SERVICES AND BENEFITS

Medicare provides many services at little or no cost to you. These include healthcare services intended to prevent or detect illnesses at an early stage when treatment is most likely to work best. Preventive services covered include a number of immunizations, screenings and educational services. No cost services include Annual Wellness Visits, Colorectal Cancer Screenings, Diabetes Screenings, Prostate Cancer Screenings, Mammograms, and more. **We encourage you to take advantage of these services. Visit [www.medicare.gov](http://www.medicare.gov) for a full list of preventive services.**

### Preventive Services

Immunizations

Screenings

Education Classes

Find many more at  
[www.medicare.gov](http://www.medicare.gov)

### No-Cost Services

Annual Wellness  
Visits

Colorectal Cancer  
Screenings

Diabetes Screening

Prostate Cancer  
Screening

Mammographies

# MEDICARE EXTRA HELP PROGRAM

The Trust is working with Public Consulting Group, Inc. (PCG) to assist members who may qualify for Extra Help from Medicare. Medicare beneficiaries can qualify for Extra Help with their Medicare prescription drug plan costs. To qualify for the Extra Help, you must be receiving Medicare, have limited resources and income, and reside in the United States. For 2013, resources and income must be limited to:

- Resources must be limited to \$13,300 for an individual or \$26,580 for a married couple living together (including bank accounts, stocks and bonds)
- Annual income must be limited to \$17,235 for an individual or \$23,265 for a married couple living together



**Call PCG toll free at 877-522-1061, visit [www.ExtraHelpUAWTrust.com](http://www.ExtraHelpUAWTrust.com) or email [ExtraHelp@pcgus.com](mailto:ExtraHelp@pcgus.com) to find out if you are eligible for Extra Help through Medicare.** PCG can help you file your application for Extra Help. Pursuing Extra Help is completely your decision. It is our intent to simply offer a free service to assist members with this process. If eligible, these benefits may provide you lower copays for your prescription medications.

## DISABILITY ENROLLMENT PRE-65

**In cases of disability, members may be eligible for Medicare and Social Security benefits.**

While Medicare is generally for those over the age of 65, there are some instances where members may become Medicare-eligible even if they are under age 65. Often, in cases of disability, members may become eligible for Medicare and Social Security benefits. To help assist you, the Trust is working with Public Consulting Group, Inc. (PCG), a nationally recognized leader in Social Security Administration disability benefits representation.

**Call PCG toll free at 1-888-690-1008 to find out if you are eligible for additional benefits through Social Security and Medicare.**

PCG can help you file your application for Social Security Disability benefits. Pursuing Social Security Disability is completely your decision. It is our intent to simply offer a free service to assist members with this process.

If eligible, these benefits may provide you with additional income from Social Security and additional health care benefits available through Medicare. Your eligibility for medical benefits provided through the Trust will continue as it does today.

# ACCESS TO USER-FRIENDLY INFORMATION

The go-to website for all things Medicare—[www.medicare.gov](http://www.medicare.gov)—was completely redesigned last year to make content easier to understand and more user friendly. The new site can also be used on mobile devices, such as tablets and smartphones.

New features include:

- A search for whether a specific test, item or service is covered under Original Medicare
- The ability to get customized information based on a beneficiary's specific situation
- Quick links to replace a lost Medicare card and get help with health care costs
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The “Medicare & You” handbook is also available for the first time for all e-reader devices.

## 5 THINGS TO DO WHEN YOU GET MEDICARE

1. Fill out an Initial Enrollment Questionnaire (IEQ) so your bills are paid correctly and on time.
  - About three months before your Medicare coverage starts, you'll get an Initial Enrollment Questionnaire (IEQ) in the mail. It asks about other health insurance you have that might pay before Medicare does, like group health plan coverage from the Trust. You can also complete the IEQ online at [www.MyMedicare.gov](http://www.MyMedicare.gov).
2. Fill out an Authorization Form if you want your family or friends to be able to call Medicare on your behalf.
  - Medicare cannot give personal health information about you to anyone unless you give permission in writing first. Fill out and submit an e-Authorization Form now in case you cannot do it later.
3. Make a “Welcome to Medicare” Preventive Visit appointment during the first 12 months you have Medicare.
  - The free, one-time comprehensive “Welcome to Medicare” preventive visit puts you in control of your health and your Medicare from the start. Learn how it can benefit you.
4. Sign up for [MyMedicare.gov](http://MyMedicare.gov), a secure online service where you can access your personal Medicare information 24 hours a day, every day.
  - Complete your IEQ
  - Track your health care claims
  - View your “Medicare Summary Notices” (MSNs)
  - Order a replacement Medicare card
  - Check your Medicare Part B deductible status
  - View your eligibility information
5. Learn what Medicare covers.

# QUESTIONS ABOUT PART D DRUG PLANS

Effective January 1, 2013, the Trust implemented a group-sponsored prescription drug program (excludes some HMO plans.) The prescription drug plan is offered through Express Scripts Medicare™ (PDP) on behalf of the Trust. The overall benefit remains similar to the non-Medicare prescription drug coverage today. For example, the three-tier copay structure, 90-day mail order program and a requirement of prior authorization for certain medications remain the same.

**Below is a list of frequently asked questions on the Trust Medicare Part D plan:**

## **What is a group-sponsored Medicare prescription drug plan?**

A group-sponsored Medicare prescription drug plan is a prescription plan offered through the Medicare Part D program and approved by the Centers for Medicare and Medicaid Services (CMS). This benefit offers more coverage than a standard individual Part D plan and generally ensures that retired members and their Medicare-eligible dependents will receive benefits at least equal to those of the plan that the Trust currently offers. An employer-sponsored Medicare prescription drug plan is a way for the Trust to better manage the prescription drug benefit and costs through the federal government funding now available under health care reform – while continuing to offer retiree prescription drug coverage.

## **What is the difference between a group-sponsored Medicare prescription drug plan and an individual Medicare Part D plan?**

This group-sponsored plan was created specifically for the Trust and is only available to its retirees and eligible dependents. Unlike an individual plan, you do not need to enroll in the Trust-sponsored plan; you will automatically be enrolled. Please remember, it's important that you do not also enroll in an individual Part D prescription drug plan. CMS only allows coverage through one Medicare Part D plan.

## **Do I have a choice about whether or not I want this prescription drug coverage?**

Yes. You may “opt out” of this coverage; however, this is the only prescription drug coverage available to Medicare-eligible members through the Trust. **Please note**, if you opt out of this coverage or leave this plan at any point in the future and do not obtain other coverage within a 63-day period, you will be subject to a late enrollment penalty when you do enroll in Medicare prescription drug coverage in the future.

## **What if I'm enrolled in an individual Medicare Advantage Plan or a different prescription drug plan that is NOT sponsored by the Trust?**

You can be in only one Medicare prescription drug plan. If you are currently enrolled in any individual Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, such as a MAPD (HMO or PPO) plan or an MA Private Fee-for-Service (PFFS) Plan, your enrollment in the Express Scripts Medicare prescription drug plan will automatically end that enrollment.