



### 2016 Annual Changes and Meeting Schedule

The UAW Trust 2016 Annual Changes have been rolled out to all Union Benefit Representatives and Retiree Chairs. We are pleased that there will be no changes to the benefits for members next year. **Please be sure to keep the information shared regarding the 2016 benefits confidential until members begin receiving their 2016 Benefit Highlights in mid-September.**

While there are no changes to the benefits, the Trust will still be attending select retiree meetings this fall to present on the *Choosing Wisely* campaign and to answer members' questions regarding their benefits. If the Trust is unable to attend your meeting this fall, we can work with you to possibly attend your meeting in early 2016. Colleen Allen will be reaching out to UBRs and chairs very soon, if she hasn't already.

Please continue to request carrier and Trust presence at your meetings through the new online system. **Remember, be sure to request meetings at least 30 days in advance.** Requests made less than three weeks in advance will be very difficult to accommodate.

### UAW Trust Launches *Choosing Wisely*® Campaign

The UAW Trust is pleased to collaborate with the Greater Detroit Area Health Council (GDAHC) to promote *Choosing Wisely*®, an initiative of the American Board of Internal Medicine (ABIM) Foundation in partnership with Consumer Reports and more than 30 national organizations representing medical specialists. The program aims to promote conversations between providers and patients by helping patients:

- Choose care that is supported by evidence;
- Not duplicative of other tests or procedures already received;
- Free from harm; and
- Truly necessary.

When most of us think of health care, we think of healing. But not all health care improves health. Nearly half of the primary care physicians say their own patients get too much medical care. And all that unnecessary care is not helping people live better or longer, according to researchers at Dartmouth College. From state to state and county to county, there are tremendous variations in the way people with serious illnesses are treated. Some regions use two or three times the medical and financial resources of others.

Why does unnecessary care happen? Dartmouth researchers found multiple reasons: Doctors don't always have all the information they need on what constitutes the "right" amount of health care; most doctors are paid per test, visit or procedure; and many times the patient requests it. That combination creates challenges in the delivery of appropriate health care.

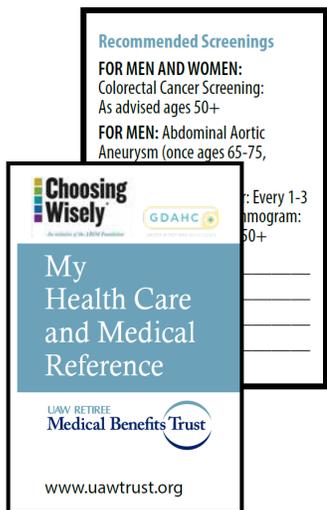
A critical change is needed in the health care system to reduce the overuse of unnecessary tests and procedures. *Choosing Wisely*® is one of several efforts by physicians, patients and other health care stakeholders to improve communications, focus on the appropriate treatments and get people healthier.

From understanding the recommended tests for age groups and gender to complicated issues like knowing how to navigate through the health care system, the resources developed by medical specialty societies as part of *Choosing Wisely*®, can help our members have better conversations with their physician, engage them in their care and in turn lead to better health.

Trust members will receive information on the *Choosing Wisely*® campaign this summer. We have dedicated a section of our website to *Choosing Wisely*® resources with articles and videos on topics that will make them better health care consumers. Additionally, the Trust will begin presenting topic items — such as "5 Questions to Ask Your Doctor" and "Asking Questions About Imaging for Lower-Back Pain" — when we attend retiree meetings this fall and into 2016. For more information and a library of topics, visit [www.uawtrust.org](http://www.uawtrust.org).



An initiative of the ABIM Foundation



*Choosing Wisely*® Wallet Card Mailing to Members in August

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## ER Visits Peak During Summer Months

Summer means fun in the sun, family vacations, backyard barbecues and refreshing swims in the lake. While the longer days of summer allow for more outdoor activities, it also leads to a 15 to 27 percent increase in ER visits. Unfortunately, this spike in summer-related accidents and illnesses often involves injuries that can be prevented.

Not all emergencies are created alike. Some people come to the ER with conditions that a primary care or urgent care doctor could manage.

According to the U.S. Centers for Disease Control and Prevention, the most prevalent summer ailments are:

- Falls and sports injuries
- Head injuries
- Insect bites
- Heat cramps, heat exhaustion and heat stroke
- Burns
- Food poisoning

If Trust members want to save time and money this summer, and they're not experiencing a life-threatening medical issue—there are other medical treatment options available.

On average, only about one-third of emergency room visits are truly life-threatening emergencies.

Members should first check with their primary care physician's (PCP) office to find out the

doctor's preferred emergency room alternatives. A PCP may offer alternatives—such as a retail health clinic or urgent care facility—directly or may collaborate with other providers, so that the care received outside of normal business hours is reflected on the member's medical history and allows for the doctor to coordinate ongoing care.

However, it is important that members make sure the doctor or provider participates in the plan's network.

While it's hoped that the summer will unfold without incident, if an accident or illness occurs, individuals are advised to educate themselves—ahead of time—regarding where to seek care.



**Summer leads to a 15 - 27% increase in ER visits**

## Important Reminders and Updates

### The Express Script Mobile App

Express Scripts recently introduced a mobile app to help members stay on track with instant access to their personal medication information — anytime, anywhere. Members can access the mobile app through their smartphone app store or by scanning the QR code on the Express-Scripts website. [Click here for the link.](#) The app is free.

After downloading the app, members will log in with their Express-Scripts.com username and password. If they have not registered with Express-Scripts.com, they will have the opportunity to create a username and password right from the app.

From the mobile app, members will have instant access to:

- Claims and History: View past prescription activity and payment details
- Refills and Renewals: One touch for home delivery
- Order Status: Track home delivery status
- Medicine Cabinet: Check interactions, set reminders and manage medications
- Transfer to Home Delivery
- Locate a Pharmacy
- Drug Information: Search detailed drug information and see potential side effects

### Summary Plan Description (SPD) Mailed to Members

The Trust mailed an updated Summary Plan Description (SPD) and Schedule of Benefits to all contract holders in mid-June through July. An updated SPD must be furnished to all covered participants every five years.

The SPD describes the health care coverage members have under the Trust. The SPD is intended to be a summary, in everyday terms, of the main features of the benefit program. It contains general information only. Please note: This does not replace the annual Benefit Highlights that will be mailed to members in early September.

The SPD is also currently available on the Trust website. [Click here for the link.](#)

### ACA Tax Reporting Information for 2016

Beginning in 2016, under the Affordable Care Act (ACA), individuals will be required to provide evidence of “minimum essential health coverage” or be subject to a penalty when they file their 2015 income tax return. The Trust coverage meets all requirements of minimum essential health coverage.

The Trust will provide member households with the 1095-B form. Forms will be mailed by January 31, 2016. For members enrolled in Medicare Part A, Medicare coverage is considered “minimum essential coverage” and they will receive a form from Medicare. Additionally, non-Medicare members enrolled in an HMO plan will receive forms from the health plan carrier. Members will receive notice of this requirement in the Benefit Highlights newsletter mailed in September.

