



Reminder: Split Medicare Family Eligibility Begins 1/1

As a reminder, the Trust can now accommodate split Medicare family options. A split Medicare family is a household that consists of members enrolled in Medicare coverage and others who are not covered by Medicare. **Effective January 1, 2016, split Medicare families will be allowed to split their medical plan election between available Non-Medicare and Medicare plan options.**

This new medical plan option flexibility allows Medicare members the opportunity to enroll in Medicare medical plan options, such as a Medicare Advantage PPO plan, while Non-Medicare members may remain in their current medical plan. Households that qualify for the flexible medical plan option should have received a letter from the Trust in October explaining their new plan options.

It's important to note that if a member is enrolled in BCBS TCN and changes to BCBS MA PPO mid-year, any money paid toward the deductible moves to the new MA PPO plan. This is only available to members currently enrolled in BCBS TCN who live in a state in which BCBS is the MA PPO carrier. While enrollment for January 1, ended November 25, members can change plans at any time; however, the new plan will be effective the first day of the second month following the election.

ACA Tax Reporting Information

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. To view what the form will look like, [click here](#). Forms will be mailed by January 31, 2016. For members enrolled in Medicare Part A, Medicare coverage is considered "minimum essential coverage" and those individuals will receive a form from Medicare. Additionally, non-Medicare members enrolled in an HMO plan will receive forms from the health plan carrier. In certain circumstances, some Trust members may receive multiple forms. Members have received notice of this requirement in the Benefit Highlights newsletter mailed in September.

Because these forms are being mailed to members, it is very important that the UAW Trust Eligibility Center—Retiree Health Care Connect have an accurate address for members. Members can change and/or verify their mailing address by calling 866-637-7555.

2016 Medicare Part B Premium and Deductible

Most Medicare beneficiaries who currently have Part B premiums withheld from their Social Security checks will continue to pay \$104.90 per month for Part B in 2016. If members aren't collecting Social Security yet or will enroll in Medicare in 2016, the standard Medicare Part B premium will be \$121.80 per month in 2016.

All Medicare beneficiaries will have an increase in the Part B deductible, which is set at \$166 for 2016. To see a summary chart from the Alliance for Retired Americans on the 2016 Medicare Provisions, [click here](#).



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Next Choosing Wisely Topic: Antibiotic Misuse Puts You at Risk

Earlier this year, the UAW Trust launched a collaboration 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.

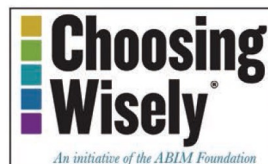
As part of the *Choosing Wisely* campaign, Trust representatives will be at retiree meetings this winter providing information about the next *Choosing Wisely* topic: the misuse of antibiotics.

Flu season is in full swing and the best prevention is an annual flu vaccination. But, for some of us, flu season also means a trip to the doctor and possibly a prescription for an antibiotic. Antibiotics are effective in treating several types of infections, but not all. Often times, they are prescribed for viruses such as bronchitis and the flu, which should never be treated with antibiotics.

Taking antibiotics when they are not necessary has risks. The overuse of antibiotics continues to have severe health consequences.

While antibiotics are important drugs, the overuse and misuse of antibiotics are key factors contributing to antibiotic resistance. All of us, as well as doctors and hospitals, play a role in ensuring proper use of the drugs and minimizing the development of antibiotic resistance.

Look for more information on this topic and other resources by clicking on www.UAWTrust.org.



**At least 2 million
Americans are
sickened by drug
resistant bacteria each
year and 23,000 die**

Important Reminders and Updates

ValueOptions Now Beacon Health Options



ValueOptions, the behavioral health and wellness benefit for Trust members, combined with Beacon Health Strategies, LLC at the end of 2014. In December, the company formally changed its name to Beacon Health Options (formerly ValueOptions). There is no change to members benefits.

New PHI Form for BCBS

Beginning on January 1, 2016, BCBS will be using a new PHI form. All current PHI forms on file remain on file and **do not** need to be replaced. In addition, PHI forms are associated with the local or IAC location and not to a specific UBR or Retiree Chair. Therefore, if a UBR or Chair is not already on a PHI form on file, BCBS customer service can add names for future references.

The new forms are available on the UBR File Cabinet of the Trust website. You can access it by [clicking here](#).

UHC Change Regarding Preferred Diabetic Supplies

Beginning January 1, 2016, UnitedHealthcare will be reducing the number of covered brand name blood glucose testing strips and meters. Members were notified of this change in their 2016 member materials: Annual Notice of Change (ANOC), Explanation of Coverage (EOC) and Summary of Benefits (SB). In addition, members currently using non-preferred diabetic supplies, along with their doctors, will receive a letter informing them of the change.

Members may need to see their doctor to obtain a new prescription for the preferred diabetic testing and monitoring supplies. Members and their doctors will be notified in advance of the change, providing time to talk about changes to the member's diabetic supplies prior to January 1, 2016. If members are unable to speak to their doctor before January 1, 2016, they can request that the plan cover a temporary supply of their current diabetic supplies during their first 90 days of coverage in the plan year.

Kentucky Social Security Number Requirement

Kentucky requires all pharmacies to provide patient identification information prior to dispensing controlled substance prescriptions. Recent clarification of the current laws requires that the patient identification should be provided as the patient's Social Security number. This information is reported to and stored by the Commonwealth of Kentucky where access is limited to healthcare employees, law enforcement and certain government officials. This is a pharmacy requirement for all pharmacies that dispense in Kentucky as well as pharmacies that ship to Kentucky addresses. Express Scripts now requires a Social Security number for processing controlled substance prescriptions. A letter was mailed to impacted patients whose records indicate they have had a controlled substance prescription filled in the prior six months to notify them of this requirement.

