

### Medicare & MA PPO Plan Reminders

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For 2018, the MA PPO plan became the primary plan for Trust Medicare members. Additionally, the Centers for Medicare and Medicaid Services (CMS) announced its own changes for 2018—2019. Below are reminders on Medicare and MA PPO plans to help you assist Trust members.

#### New Medicare Cards

CMS began mailing new Medicare cards in April 2018 and will continue through April 2019.

- No action is required to get a new card and Medicare benefits are not changing.
- New Medicare cards have a unique 11-character identifier and do not include SSNs.
- It does not affect Trust health care benefits.
- All cards issued after April 2018 will be in the new format (as pictured).

Find out more about the new Medicare card and when individuals will be receiving them here:

[www.medicare.gov/newcard](http://www.medicare.gov/newcard)

**Warn members of scams! Medicare will never contact individuals by phone or email and will never ask for personal information.**



#### Aging-in to Medicare After 1/1

As members become Medicare enrolled, the Trust will automatically enroll them into a MA PPO plan on January 1, following the year in which they become Medicare enrolled, unless they contact RHCC to remain in their current plan.

Members have the option to immediately join a MA PPO plan upon attaining Medicare. This could be advantageous to members who have not paid any amount toward their cost share. As a reminder, in most cases, if a member joins a MA PPO plan mid-year, cost share amounts (deductible and out-of-pocket maximum) will reset to \$0. (If a member moves mid-year from the BCBS TCN plan to the BCBS MA PPO plan, the cost share will transfer to the MA PPO plan.)

## UBR Resources

### Reminder: Meeting Requests

We know Trust and carrier attendance at your retiree meeting is valuable for members. To make sure each representative has the opportunity to present educational material and allow each member access to the representative, we recommend requesting carriers on a quarterly, rotating basis. For instance, in January you may request representatives from the health plan carriers available in your area (for example, BCBS, Aetna, HAP etc.), and in February, you may request Express Scripts or Delta Dental. To make a request, please use the online portal.

⇒ [https://uawtrust-web.ungerboeck.com/va/va\\_p1\\_search.aspx?oc=10&cc=UAW&mode=ondate](https://uawtrust-web.ungerboeck.com/va/va_p1_search.aspx?oc=10&cc=UAW&mode=ondate)

### New: Quarterly Trust Update Calls

As you are aware, the Trust is now implementing UBR update calls on a quarterly basis. During this time we provide new information going out to members and review common questions and topics of interest.

⇒ If you have something you'd like covered during the next call, please let us know.

### New: Member Inquiry Submission

We're making every attempt to make things simpler. Moving forward, for member issues such as claims or eligibility problems, please download, complete, and submit the form labeled "[Member Inquiry Submission Form](#)" found in the UBR file cabinet. Upon submission, a representative will follow up with you within 72 hours.

⇒ [memberexperience@rhac.com](mailto:memberexperience@rhac.com)  
UAW Retiree Medical Benefits Trust  
Attn: Member Experience Dept.  
P.O. Box 14309 Detroit, MI 48207  
or Fax: 313-324-5950

## Q&A: Recent Inquiries

In this section, find answers to recent inquiries from your fellow UBRs:

### What happens if someone doesn't get the second dose of the Shingrix vaccine within the two to six month timeframe?

The vaccine series does not need to be restarted if more than 6 months have elapsed since the first dose. However, individuals might remain at risk for herpes zoster during a longer than recommended interval between doses. Remember: Shingrix is a two-dose vaccine. Under the Express Scripts coverage, members pay a tier 1 copay for each dosage.

### What is the Vital Decisions Living Well Program?

This program is a telephonic-based service for individuals with challenging medical situations and advanced illness. In a series of phone calls, specially trained professionals help members (under age 75) define their needs, preferences, and priorities for treatment. This program is completely voluntary and at no cost to members.

Note: Members do not elect to participate in Vital Decisions. Members are identified based on medical claims data. If the member meets the criteria for the program, he or she will receive a letter and phone call from Vital Decisions offering assistance.

## Reminder: Information for International Travelers

When a member is traveling (or decides to live abroad), understanding Trust health care coverage while outside the United States is extremely important. Trust coverage only pays for claims outside of the United States (including cruise ships), if the services are urgent or an emergency. There is no coverage for routine care.

For medical emergencies out of the country:

- **Blue Cross Blue Shield TCN and MA PPO plan members:** Contact Global Core at 800-810-2583 or visit [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com) for assistance with emergencies within 24 hours of admittance
- **Aetna MA PPO plan members:** Contact Aetna at 800-663-0885 or, to download the reimbursement request claim form, visit: [www.aetnamedicare.com/uawtrust/en/contact-us/print-forms.html](http://www.aetnamedicare.com/uawtrust/en/contact-us/print-forms.html)
- **Other plan options:** Contact your health plan carrier for more information

For routine care coverage outside of the U.S., members should consider purchasing a travel insurance policy and consult an insurance or travel agent for more information.