

ECP Reminders

NON-MEDICARE MEMBERS SUCCESSFULLY TRANSITIONED TO THE BLUE CROSS BLUE SHIELD (BCBS) ENHANCED CARE PPO (ECP) PLAN

On January 1, 2019, the Trust transitioned non-Medicare Trust members to the BCBS ECP plan, which includes coverage for unlimited primary care physician (PCP) and specialist physician office visits, as well as offers helpful programs.

In-Home Health Assessment

On behalf of BCBS, MedXM will reach out to newly retired ECP Trust members to schedule an in-home assessment. Member participation is voluntary, does not impact coverage and is provided at no additional cost.

- A medical professional (doctor, nurse or physician assistant) will come to the member’s home for a health visit, which includes checking basic vital signs.
- During this approximately hour-long visit, members can ask questions, and discuss health issues or concerns, amongst other things.
- Members will receive a \$50 gift card incentive for participation.

Eligible new Trust members can call to schedule an appointment if they’d prefer.

⇒ MedXM 888-306-0615 (8:30 a.m.—7 p.m., Monday—Friday)

Additional Helpful Programs Available to ECP Members

- **Health Guide (866-507-2850)**—A personal guide serving as a member’s advocate, single source for answers, and provides help with navigating the health care system.
 - Introductory components of Health Guide launched on 12/3. Representatives can currently educate members on the program benefits and on their new 2019 benefits, as well as assist members with finding a physician and scheduling appointments for 2019.
 - Note: PHI forms will continue to be needed. All active, non-expired forms have been transferred.
- **Fit4D**—A voluntary diabetes management program providing personalized support.
- **AIM Shopper Support Program**—A program helping members identify ways to lower out-of-pocket costs for certain imaging services.

MEMBER ISSUE RESOLUTION

The Trust, along with carrier partners are fully prepared to assist you and members when issues or questions arise. When escalating issues to the Trust, [complete this form](#) and email it to memberexperience@rhac.com. As a reminder, this support service is exclusively for UBRs only and not intended to be shared with members directly.

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NEW FOR 2019: COST SHARE TRANSFER FOR AETNA MA PPO PLAN ENROLLEES

Beginning January 1, 2019, members who enroll in Medicare Part A and Part B at any point during the year can transfer to the [Aetna Medicare Advantage \(MA\) PPO](#) plan at that time and all costs paid toward their current plan's in-network deductible and out-of-pocket maximum will transfer with them.

For Example: A member is enrolled in the BCBS ECP plan for 2019 and on June 1, 2019, becomes eligible for and enrolls in Medicare. At this point, the member paid \$150 toward their plan deductible. They have two options:

1. Do nothing. The member will remain enrolled in their current plan for the remainder of 2019. The \$150 paid toward the deductible will stay with them.
2. **New for 2019:** Call RHCC and select to move to the Aetna MA PPO plan. If they move to the Aetna MA PPO plan mid-year (in this instance on June 1, 2019), the \$150 paid toward their current plan in-network deductible will move with them and be applied toward the Aetna MA PPO plan deductible.

This is similar to the BCBS cost share transfer process currently in place, which allows members to transfer costs paid toward a BCBS plan (excluding Blue Care Network—BCN) to the BCBS MA PPO plan.

Remember: The MA PPO plan is the primary plan for Medicare-enrolled Trust members. If a member does not choose to enroll in any MA PPO plan mid-year, they will be automatically enrolled on January 1 of the following year. The BCBS TCN plan remains an option for Medicare members only.

BENEFIT NOTICES

ENHANCEMENT: DAVIS VISION

Effective January 1, 2019, coverage through Davis Vision includes three enhancements:

1. **Two-year eyeglass breakage warranty.** All new eyeglass purchases beginning 1/1/2019 will have this coverage.
2. **100% coverage on certain standard progressive lenses.** Members should check with their eye care provider for which brands and lens types are covered.
3. **Costco is in-network.** Members can obtain services at Costco (must be a Costco member).

These features were added to member coverage automatically at no additional cost.

Members can contact Davis Vision at 888-234-5164, or by visiting www.davisvision.com — to access Trust-specific vision benefit information enter client code 3642 in the “Member Section.”

VACCINATION REIMBURSEMENT FOR BCBS MA PPO MEMBERS ONLY

Flu & Pneumonia

Members enrolled in the BCBS MA PPO plan can get the flu and pneumonia vaccines at no cost when administered by an in-network primary care physician's office or retail health clinic.

- ⇒ Members may have to pay for the cost of the office visit, but they can be reimbursed for the **cost of the immunization** by submitting a reimbursement form, [available here](#).

Other Vaccinations

Shingles, diphtheria, pertussis and tetanus, measles, mumps, and rubella, or MMR, vaccines are covered by Medicare Part D.

- ⇒ Members need to use their Express Scripts ID card and obtain the immunization at an Express Scripts participating pharmacy.

REMINDERS & RESOURCES

REMINDER: PAIN MANAGEMENT PROCESS FOR NON-MEDICARE MEMBERS

The misuse of and addiction to opioids is a serious national crisis. In 2018, the Trust implemented new coverage criteria for non-Medicare Express Scripts members who fill a prescription for an opioid medication.

What changed?

Members filling a new prescription for an opioid pain medication are limited to a seven-day supply. *This does not apply to the treatment of cancer pain, hospice care, palliative care, end-of-life care or for members in a long-term care facility.*

What if a member needs more?

If more than two (2) seven-day prescriptions are needed within a 60-day period, the member's doctor is required to call Express Scripts and complete a prior authorization.

A letter regarding the new pain management process was mailed to approximately 138,000 non-Medicare members with Express Scripts prescription drug coverage in March of 2018. The coverage criteria applied to new prescriptions filled on or after April 1, 2018.

Resources

- ⇒ Express Scripts, 866-662-0274, 24 hours a day, 7 days a week
- ⇒ For more information on opioids, visit www.cdc.gov/drugoverdose/

MEDICARE UPDATES

2019 Medicare Cost Share

The standard Medicare premium is \$134—an increase of \$1.50 from 2018. The Medicare Part B annual deductible is be \$185—an increase of \$2 from 2018.

Remember: Some individuals will pay more depending on their income.

- ⇒ [Click here](#) for more information.

New Medicare Card Rollout

The majority of Medicare-enrolled members should have received their [new cards](#). The following (and final) mailings are currently in progress:

- ⇒ Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Tennessee, Puerto Rico and the U.S. Virgin Islands.

If a member's card is marked as mailed and they haven't received it, they should contact Medicare at 800-633-4227.

UBR-ONLY RESOURCES

More information to aid you in member support can be found online:

- ⇒ **Trust UBR File Cabinet:**
<http://uawtrust.org/UBRFileCabinet>
- ⇒ **Aetna UBR Microsite:**
<https://www.aetnamedicare.com/uawtrust/en/ubr.html>
- ⇒ **The updated [2019 UBR Resource Guide](#) is available for download now!**

Retiree Health Care Connect (RHCC)
866-637-7555
Monday–Friday
8:30 a.m.–4:30 p.m. EST.