

**Benefit  
 Enhancement for  
 GM and Chrysler  
 Members**



### Hearing Benefit for GM & Chrysler Members Effective 3/1

Effective March 1, 2016, GM and Chrysler members with medical coverage through Blue Cross Blue Shield (BCBS) Traditional Care Network (TCN) or Preferred Provider Organization (PPO) and Humana Traditional Care Network (TCN) and non-Medicare members in Humana Preferred Provider Organization (PPO) will have hearing benefits administered through AudioNet America. This new benefit will allow for a hearing assessment and up to two (2) mid-level standard digital hearing aids to be covered in full, once every 36 months using an AudioNet America provider. This coverage is an increase from the current benefit of one (1) standard hearing aid every 36 months.

**Beginning March 1, 2016, GM and Chrysler members in those medical plans must use AudioNet America's provider network in order to receive covered benefits with no out-of-pocket costs on standard mid-level devices. No action is required from the member. The benefit will be added to coverage automatically on March 1, 2016.**

Additional information about the AudioNet program as well as a list of providers can be found on the AudioNet website at [www.audionetamerica.com](http://www.audionetamerica.com) or by calling AudioNet America at 800-400-2619.

Please note, members will not receive an ID card from AudioNet. If members call BCBS or Humana regarding hearing benefits, the call center will refer them to AudioNet for coverage. Members should have received a letter in January from the Trust that included a Summary of Benefits under the AudioNet America program. **This change does not affect Ford members; Ford members in the BCBS TCN and PPO plans currently have coverage through AudioNet.**

The announcement letter mailed to members in January, as well as Frequently Asked Questions, can be found on the Trust website, [www.uawtrust.org](http://www.uawtrust.org).

### Deadline Extended for 1095-B Form Mailing

**Please be aware that the IRS has extended the deadline for mailing 1095-B forms from January 31, 2016 to March 31, 2016. Because of this, members in certain HMOs and/or Medicare may be affected and not receive their form until later this year.**

Any Trust members in self-insured plans (BCBS TCN, BCBS PPOs, Humana TCN, Humana PPOs) and **not** enrolled in Medicare will receive their form from the Trust. The Trust, through Aon Hewitt, began mailing 1095-B forms to those members on **January 25, 2016**.

**Members do not need to wait for the form to file their taxes.** A copy will be sent to the IRS. Once the member receives it, they should keep a copy of the 1095-B form with their 2015 tax documents.

Members who need duplicate copies of the Trust provided 1095-B form should contact RHCC at 866-637-7555.

### Medical Benefit Summary Sheets—For All Plans

Available medical plans for UAW Trust members vary depending on where they live. In all, more than 10 different medical plans and carriers are available throughout the U.S.

Because Benefit Reps and Retiree Chairs often ask for specifics on these plans, we have added the summary sheets for all available medical plans through the Trust to our website. For access to these summaries, [click here](#).



**IMPORTANT**

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## Upcoming Telephonic Member Outreach Campaigns

Beginning February 15, Davis Vision began reaching out via telephone to approximately 115,000 diabetic GM and Chrysler Trust members who have not had a retinal eye exam in the last year.

The calls are aimed at reminding those members that their vision benefit through Davis Vision allows for a free eye exam every 12 months and to encourage members to get an annual retinal eye exam. The campaign is expected to last through April.

Members will receive calls from a live representative who can also assist them with finding a provider to schedule an appointment.

In addition, the Trust will be conducting a telephonic survey in March to 40-64 year old members in the Blue Cross Blue Shield Traditional Care Network plan who did not have a primary care physician office visit in 2015. The Trust is targeting about 2,500 members in select states.

Visiting a primary care physician is a critical part to our member's overall healthcare. PCPs are responsible for preventive health to detect diseases early or to prevent disease in the first place.

The purpose of this campaign is to gain information about why members do not use their office visit coverage. For example, we'd like to find out if those members have other health care coverage or if there are barrier issues, such as accessibility or affordability.



## Important Reminders and Updates

### Express Scripts Copay Waiver for Some Brand Drugs

In February, Express Scripts began mailing copay waivers to non-Medicare members currently taking a brand medication (Tier 2 or Tier 3), where a generic equivalent or lower cost alternative is available. If the member's doctor prescribes one of the generic drugs on the copay waiver list, the member will have the choice to have their copay waived for the first generic filled at either retail or mail order. The member will have until June 30th to change to a generic medication and to receive the copay waiver.

A similar mailing is planned for Medicare members in April. Members will **not** be required to move to the generic but will only be eligible for the copay waiver if they do so.

### Enrollee ID Number Masked on BCBS EOBs

Beginning in November of 2015, BCBS began masking the enrollee's ID number on EOBs. For privacy and security protection, the first five digits are replaced with \*\*\*\*\*. This change was made to mailed EOBs, as well as those available online through the member portal.

### Updated UBR Reference Guides

A benefits reference and resource guide for UBRs at each auto has been updated with 2016 information and is available on the Trust website. You can access the guides in the UBR File Cabinet or by [clicking here](#).

These guides provide information on benefits under the UAW Retiree Medical Benefits Trust. They also further describe how Trust coverage coordinates with Medicare and how a member's coverage transitions once they are enrolled in Medicare. Important contact information for UBRs is included in the manual. The guide is intended for the use of UBRs and Retiree Chairs only and should not be shared with members.

### Sign Up for a BP Screening for your Monthly Meeting

In 2013, the Trust launched a blood pressure screening program through Summit Health. Through this program, registered nurses administer blood pressure screening tests at retiree meetings, health fairs or other events. You can request these screenings once a year, free of charge at any of your retiree meetings or events. Anyone at retiree events can have their blood pressure screened, including spouses and caregivers. To schedule a screening at your event, call Summit Health, a Quest Diagnostic company, at **877-929-3631**.

### Medicare Part D Prescriber Rule Effective June 1

Beginning on June 1, 2016, the Centers for Medicare and Medicaid Services (CMS) will require any physician or other eligible professional (such as dentists or physician assistants) who prescribe Part D drugs to enroll in the Medicare program or opt out in order to prescribe drugs to their patients with Part D prescription drug benefit plans. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare.

This means that if a Trust Medicare member is prescribed a medication from a physician or other eligible professional and that physician has not enrolled in the Medicare program, the member's prescription may be denied. Express Scripts is working on a provision (in accordance with CMS guidelines), to allow the first fill of the prescription regardless of the physician's enrollment, in order to alleviate disruption for the member. However, if the physician does not enroll, the member will not be able to get any refills for the prescription. UBRs and/or retiree chairs with member issues can call the ESI UBR hotline at 800-346-1325.

Delta Dental is currently working with the Delta Dental Plan Association to promote and bring attention to its providers regarding their participation with Medicare. On June 1, Delta Dental call centers reps will have access to the provider database and will be able to report to an inquiring member a dentist's Medicare status.

### Vital Decisions Program

The Trust has partnered with Vital Decisions to help assist patients and their family members experiencing a challenging medical situation or advanced illness. Vital Decisions is a telephonic service that helps members identify and incorporate their personal goals into their healthcare decisions. Through a series of telephone conversations, Vital Decisions will discuss the member's medical situation, understand what is important to the member and help develop a plan to address the many healthcare decisions that member may face presently and in the future. Members for the program are identified based on medical claims data. The Vital Decisions program is free of charge to Trust members and participation is voluntary.



IMPORTANT