

Reminder: 2018 Health Care Changes

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Hearing Enhancements for MA PPO Plan Members Only

Effective January 1, 2018, most Trust members enrolled in a Medicare Advantage (MA) PPO* plan will have hearing benefits administered through AudioNet America.

Who is AudioNet America?

A national provider network that contracts with 5,500 of the most experienced hearing aid providers throughout the country.



What is the benefit?

One hearing assessment and up to two, mid-level, standard, digital hearing aids covered in full, every 36 months using an AudioNet America provider. It is important members use an AudioNet America provider, otherwise there is no coverage.

There is no action required of members. A Summary of Benefits for the AudioNet America program is available online at www.uawtrust.org/dentalhearingvision or by calling RHCC at 866-637-7555 to have one mailed.

A list of providers can be found online at www.audionetamerica.com or by calling AudioNet America: GM/Chrysler Members: 800-400-2619
Ford Members: 877-500-7370

***Note: This does not impact Humana MA PPO enrolled members in Wisconsin.**

Physical Therapy Change for Ford Medicare Members Only

Effective January 1, 2018, all Ford Medicare members will have outpatient physical therapy coverage administered through their health plan carrier. This change impacts Medicare members only; Non-Medicare members will continue to have physical therapy administered through [TheraMatrix](#).

What does this mean?

There are no changes to the benefit and no action is required of members. However, members should always be certain the place of service participates in the network by calling the health plan at the number on the back of their ID card to confirm.

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Benefit Use Reminders

Health care benefits are important. It's equally important Trust members understand how to use them, in order to get the most out of their benefits. As a refresher, below are two important reminders for retirees based on recent increases in inquiries from members.

Diabetic Supplies

Diabetic supplies are crucial for members who need them and where members obtain their diabetic supplies can make a big difference in what they pay out-of-pocket. When using an approved, in-network supplier, all diabetic supplies are covered at 100%.

All Trust members in need of diabetic testing supplies (e.g., home blood glucose monitor, test strips, etc.) should contact the number referenced on the back of their health plan ID card to be referred to approved suppliers.

Appeals

If a member has a medical, dental or hearing claim that was denied, appeals options are available to members; however, they must properly follow necessary steps in a timely manner.

Step 1: The member must file a first level appeal with the plan carrier within 180 days of receiving the denial and the Explanation of Benefits (EOB) from the carrier.

NOTE: If a member fails to file a first level appeal with the carrier within 180 days, they are not allowed to file a voluntary appeal with the Trust (see Step 2).

Step 2: If the appeal is denied by the plan carrier, the member can then file a voluntary appeal with the Trust.

More information on this topic is found in the [SPD](#).

Health Spotlight: Immunizations



This fall the Trust is focusing health reminders to members on the importance of immunizations.



We are encouraging members to protect themselves and their family by getting vaccines to prevent illnesses and diseases such as the flu, pneumonia, shingles and Tdap (whooping cough, tetanus and diphtheria).

Members should talk to their physician about what is recommended for them. **They can contact their prescription drug carrier or medical plan for details on where to obtain their vaccines.**

Information on this topic will be discussed at retiree meetings and there will be a reminder included on member EOBs received during the fall.

Additional Updates



Language Translation

Members who require or desire Trust information translated in another language (the 15 most common languages nationally) can request them at no charge. Instructions getting assistance can be found [here](#).

Annual Enrollment Deadline Approaching

Members selecting a new plan for 2018 need to contact Retiree Health Care Connect (RHCC) before **Nov. 30, 2017**, in order for the plan to go into effect on Jan. 1, 2018. RHCC: 866-637-7555 (8 a.m. — 8 p.m.)

Tax Reporting Forms

The Trust will provide households with non-Medicare members the 1095-B tax form, which must be post marked by January 31, 2018. Non-Medicare members enrolled in a HMO plan will receive a form from the health plan carrier. Medicare members will receive a form from Medicare. The information on these forms is reported to the Internal Revenue Service (IRS) and the copies members receive is for their reference only.

