



April 2010

Frequently Asked Questions on Benefits

1) What are Deductibles and co-insurances?

Deductibles and coinsurances are designated cost-sharing amounts for which the enrollee is responsible. The enrollee should consult his/her outline of deductible and co-insurance information that is included in the green (Chrysler), pink (Ford) and blue (General Motors) handouts. These are handy tools to help the enrollees determine their cost sharing responsibility.

2) What does In-Network mean as opposed to Out-of Network and does this matter if I have Medicare?

In-Network means participating providers who have entered into a contract with the Carrier to accept the Carrier's allowed amount as payment in full for covered services (subject to the applicable deductibles, co-insurance, or co-payments).

Out-of Network providers have not entered into such an agreement. When using Out-of Network providers, the enrollee is responsible for a higher co-insurance and Out-of Pocket yearly maximum. There are four situations, however, when Out-of-Network providers are paid as if they were In-Network:

- When services are rendered for emergency care;
- When the enrollee/dependent has Medicare as their primary coverage;
- When there is a valid referral by an In-Network provider to an Out-of Network provider;
- When the patient has no control over the provider rendering the service (anesthesiologist).

3) Do I have to sign up for Medicare Parts A and B?

Yes, an enrollee should sign up for Medicare parts A and B as soon as he/she is eligible in order to negate lesser payment on claims and a sanction on premiums for Part B when enrollment is delayed. If an enrollee is Medicare eligible and does not enroll in Medicare Part B, his/her claims are processed as if the individual is enrolled in Medicare. The member would be responsible for higher out-of-pocket medical expenses. The enrollee would be responsible for paying a member sanction of 80% based on the plan's (BCBS) allowed amount for eligible services, plus the difference between that amount and the charge if the provider bills the difference. The plan (BCBS) would then pay the 20% balance of **their allow amount**, again for eligible services, however, the 20% **would apply to the applicable TCN deductible**. The member's 80% sanction, however, is **not** applied to the TCN deductible or out-of-pocket maximum. Also, Medicare imposes a penalty (higher premium for Part B) if enrollment is delayed.

4) Do I have to pay Medicare deductibles in addition to the Blue Cross Blue Shield (BCBS) Deductible?

Yes, Medicare is primary and processes payment first according to their contract guidelines. Then, the claim is reviewed for additional benefits by the Plan's Carrier. Eligible services are processed by the Plan, applying the appropriate cost-sharing provisions.



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Tips to keep you healthy – Meal Planning Tips

- Eat a variety of foods—including fruits, vegetables, grains legumes (dried beans and peas), low-fat dairy products, lean meat, fish, and poultry (without the skin) to provide necessary nutrients.
- Eat every 3-4 hours through the day starting soon after you wake up.
- Don't skip breakfast.
- Limit total fat intake to 30% or less of total calories.
- Choose a diet high in fiber. Fiber is important because it may reduce the risk of colon cancer and help lower cholesterol levels.
- Drink plenty of water (at least eight glasses per day)

Integrating fiber into the diet:

- Choose the following high fiber foods: most fruits and vegetables, whole-grain breads, rolls and muffins, whole-grain ready-to-eat cereals, beans and lentils.
- Eat the skin and membranes of fruits and vegetables that are high in fiber such as apples, peaches, tomatoes, and carrots.
- Increase the amount of fiber in the daily diet gradually to give the body time to adjust.

Reminder on Cardiac Rehabilitation

Effective 1/1/2010, under the UAW Retiree Medical Benefits Trust Program, Cardiac Rehabilitation is not a covered benefit for Ford and General Motors. However, it is covered in-network for Chrysler enrollees. The Chrysler benefit is limited to 12 weeks of service or 36 visits for certain conditions.



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