



## Know Your Benefits

### Deductibles and Out-of-pocket Maximums

Here is a refresher on deductibles and out-of-pocket maximums. The information below can also be referenced on the blue, green and pink colored handouts that the enrollees should have.

This information is applicable to the following UAW General Motors and Chrysler Medical Benefits Trust Enrollees:

- Traditional Care Network (TCN)
- General and Protected Retiree Plan
- Medicare and Non-Medicare Enrollees

This information is applicable to UAW Ford Retiree Benefits Trust Enrollees:

- Traditional Care Network (TCN) and all PPO Plans
- Medicare and Non-Medicare/Non-Protected Enrollees

#### Monthly Contributions

<b>Protected (flat rate)</b>	\$15.00	
<b>General</b>	<b>Individual</b>	<b>Family (two or more)</b>
	\$15.00	\$30.00
<b>Calendar Year Deductible</b>	<b>Individual</b>	<b>Family (two or more)</b>
	\$170.00	\$340.00
<b>Emergency Room (ER) co-pay</b>	\$100.00 each occurrence	
(waived if admitted to hospital)		
<b>In-Network Calendar Year Co-Insurance</b>	<b>Individual</b>	<b>Family (two or more)</b>
(Coinsurance – 90% paid by plan and 10 % paid by enrollee)	\$115.00	\$230.00
<b>In-Network Calendar Year Out-of Pocket Maximums</b>	<b>Individual</b>	<b>Family (two or more)</b>
(Calendar year deductible plus calendar year coinsurance)	\$285.00	\$570.00
<b>Out-of Network Calendar Year Co-insurance</b>	<b>Individual</b>	<b>Family (two or more)</b>
(Coinsurance – 70% paid by plan and 30 % paid by enrollee)	\$400.00	\$800.00

# NRS Benefit Information

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Out-of-Network Calendar Year Out-of-Pocket Maximums	Individual	Family (two or more)
(Calendar year deductible plus calendar year coinsurance)	\$570.00	\$1,140.00
Prescription Drugs – Three (3) Tiers	Retail (30-Day Supply)	Mail Order (90-Day Supply)
<b>Tier 1:</b>	\$10.00	\$20.00
<b>Tier 2:</b>	\$30.00	\$60.00
<b>Tier 3:</b>	\$80.00	\$160.00
Exclusions from Deductible and Out-of-Pocket Maximums		
Office Visits Mental Health Preventive Services	Substance Abuse Hearing Aid services Prescription Drug Co-pays	ER Co-pays Covered ER Services Durable Medical Equipment Prosthetic and Orthotics

## Preventative Services and Timeframes

The following preventative services are a benefit for all URMBT enrollees, except the Cancer Antigen 125 (CA-125) screening. This is a benefit for FORD enrollees only.

SERVICE	FREQUENCY
<b>Pap Smear</b>	1 per calendar year *
<b>Proctoscopic Exams without Biopsy</b>	1 every 3 years for enrollees age 40 and older *
<b>Mammogram</b>	1 per calendar year for enrollees age 40 and older *
<b>Prostate-Specific Antigen (PSA)</b>	1 per calendar year for enrollees age 40 and older *
<b>Fecal Occult Blood or Fecal Immunochemical Test</b>	1 per calendar year for enrollees age 50 and older *
<b>Flexible Sigmoidoscopy, Barium Enema, Colonoscopy</b>	1 flexible sigmoidoscopy exam or 1 barium enema every 5 years, or 1 colonoscopy every 10 years, beginning at age 50
<b>Total Serum Cholesterol with LDL Test</b>	1 every 5 years for enrollees age 20 and older
<b>Hepatitis C Screening</b>	Enrollees at risk, or who have signs or symptoms*
<b>Well Baby Care</b>	6 visits to physician during first 2 years of life
<b>Immunizations and Vaccination</b>	Coverage is based on the recommendations and Approvals of The Advisory Committee on Immunization Practices (ACIP), including Appropriate dosages, ages and frequency Of administration

**Note:** The procedures identified with an\* are covered 100% in-network and applicable to cost-share when rendered out-of-network. The procedures not showing an\* are NOT COVERED out-of-network.

## Exception: for URMFT Ford Enrolees Only

SERVICE	FREQUENCY
<b>Cancer Antigen 125 (CA-125) Screening</b>	1 per calendar year for enrollees age 25 and older who have a family history of ovarian cancer (first degree family member) For this preventative Service, the Protected Group pays In-network at 100%, but Out-of-network is Not Covered. For the General Group, claims are paid, but cost sharing Applies; Out-of-Network is Not Covered.

## Steps to Resolve Claim Issues

Unless specifically excluded, all covered services through the Traditional Care Network (TCN) Plan will be subject to a calendar year deductible and co-insurance payment amount. Also, emergency room co-payments will apply to each covered emergency room visit, unless the patient is admitted.

After the patient's claims are submitted to Blue Cross Blue Shield (BCBS) by the providers, the member will receive an Explanation of Benefits (EOB) form showing how the claims were processed and any amounts the member would owe. The following tips will help the enrollee track the claims in question and show any amounts that may be owed. Please suggest that the enrollees do the following:

- Save the EOB's.
- WAIT for a bill from the provider.
- Match the service dates and the amounts shown as...YOU MAY OWE on the EOB's to the
- Provider's billing statement. If the amounts agree, the member should pay the provider the amount shown and file the EOB for his/her records
- If the amounts shown on the EOB and the provider's billing statement do NOT agree, the enrollee should do the following:

Contact the provider and ask why the amounts are different. If not resolved, he/she should call the customer service number shown on the ID Card. If not resolved during the phone contact, he/she should bring a copy of the EOB (and Medicare Summary Notice, if applicable), along with the provider's billing statement to the drop-in-center. If still not resolved during this discussion, the enrollee should bring the above documents to the monthly UAW Council meeting so a BCBS representative can assist with the discrepancy.

The member should not pay the provider's billing amount until they have matched and reviewed all pertinent billing material and the amounts are consistent with the EOB statements and or the Medicare Summary Notice (if applicable). advised to do so by the UAW counselor or the BCBS representative if there is a question regarding the balance owed.

# Surviving Yard Work in the Heat

The most important thing to remember when working outside in the heat is actually two things: hydrate aggressively and slow down. Take frequent small breaks and drink water or a sport drink. When it's humid and hot out, people sweat off nearly half a gallon of body fluids an hour, so it is important to pause and drink at least 8 ounces every 15 minutes.

People should drink up before starting to work outside, drink every 15 minutes, and drink some more when the job is done. By working slower and keeping hydrated, you will have more energy for the rest of the day and avoid a heat related sickness.

Plan your yard work for the cooler early morning hours or late in the day, an hour or two before sunset. If the yard work must be done during the heat of the day, you should wear light clothes in a single layer. Multiple layers trap heat, so it is best to wear loose, single layer, light clothing.

Wear a wide-brimmed hat with a sweat band, long sleeves and long pants to protect from bug bites and small debris tossed in the air. It is also recommended that enclosed shoes be worn to protect the feet from broken twigs, small rocks and pebbles that get tossed up by the mower.

In addition, sun block and goggles should be standard items used for skin and eye protection.

When the yard work is completed, you should eat a banana for the potassium and drink some orange juice or V8 Juice for a boost of energy.

In summary, when doing the yard work, remember to:

- Work slowly
- Hydrate often
- Work in the early morning or late evening hours if possible
- Pace yourself



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