



Topics:

- Emergency Services
- Hearing Aid Benefits

Emergency Services

It is always a major decision as to where to go to obtain emergency care. In actuality, there are three choices that members have to obtain care, the physician's office, an urgent care center or the emergency room. In general, the type of service requiring care should dictate the place of service. Use of the physician's office or urgent care centers for emergency care when the condition requiring treatment is not life-threatening should be considered first. The emergency room should be used for situations when conditions or the signs and symptoms suggest a life threatening or disabling condition.

Emergencies cover a wide range of situations. In addition to accidental or traumatic injuries, certain signs and symptoms may suggest a medical emergency that requires immediate medical attention at the hospital emergency room. Patients who show signs and symptoms that may suggest a stroke or heart attack, or any condition that could result in significant impairment to the patient's bodily functions or place the patient's life in jeopardy should be treated in the emergency room. Examples of serious signs and symptoms that should be treated in the emergency room are:

- Chest Pain
- Difficulty Breathing
- Disorientation/Confusion
- Uncontrolled Bleeding

For medical care that needs immediate attention, but the signs and symptoms are not of a life-threatening

nature, the physician's office or an urgent care center may be a better alternative site to receive care.

The charges are usually less and the wait may be significantly shorter than at the emergency room. If the condition cannot be treated at the physician's office or urgent care center, arrangements would be made to transfer the patient to an emergency room for the needed care. The following list shows specific signs and symptoms that could be treated at a physician's office or urgent care center:

- Flu
- Earaches
- Sore Throats
- Sprains

The UAW Retiree Medical Benefits Trust members (URMBT) should consider whether or not the ER is the necessary place for treatment of the signs and symptoms or if an alternate setting might be appropriate when medical treatment is needed for a non-life-threatening condition. The member might consider the following when dealing with an emergent situation:

1. Find and establish a relationship with a primary care physician.
2. See his/her doctor for regular checkups to prevent or detect conditions in their early stages.
3. Establish a plan with the family and doctor for what to do in urgent or emergency situations.
4. Call the physician for advice to help determine if the injury or illness requires immediate attention.
5. Use the physician's office or urgent care center for non-emergency services.

When possible, the member's primary care physician should be the first choice for medical care. Urgent care clinics are intended to fill the void between an emergency room and the primary care physician. Urgent care is not meant to replace visits to the

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primary care physician or necessary trips to the emergency room. Rather it is meant to complement those options by providing fast, expert care for many injuries and illnesses.

Making the right choice can also save money, since

the emergency room is often the most expensive source of treatment. The cost to the member for an office visit is usually the office visit charge, discounted rate; the cost at urgent care clinics is \$50.00 per visit and the cost of the emergency room visit is \$100 per visit.

Hearing Aid Benefits

Note: The hearing benefits described below apply to General Motors and Chrysler URMET enrollees. The hearing benefits for Ford URMET enrollees are provided by the AudioNet America Hearing Aid Program.

How Hearing Aid Coverage Works:

Benefits for hearing aids and related services are provided when services are obtained from Participating Providers.

For services to be covered, an ear specialist (otologist or otolaryngologist) must first provide an examination to determine if the hearing problem is caused by a condition that may be corrected by use of a hearing aid.

Hearing Aid Covered Charges:

If it is determined that the hearing problem may be corrected by use of a hearing aid, benefits can be provided. Payment will be made up to the Allowed Amount for the following services, when obtained from a Participating Provider after 36 months since the last examination for a hearing problem:

- Audiometric examination;
- Hearing aid evaluation test; and
- **One** standard hearing aid and ear mold (acquisition cost and dispensing fee). However, only the specific hearing aid prescribed as a result of the hearing aid evaluation test will be covered. Coverage for a non-standard hearing aid is limited to the Allowed Amount for one standard hearing aid.
- Necessary fitting and adjustment of the hearing aid.
- Binaural hearing aids (one aid for each ear) for dependent children 19 years of age and under, but only if there is hearing loss in both ears.

Hearing Aid Expense Exclusions

Hearing aid services not covered under the Trust include:

- Services and equipment received from non-participating providers;

- Medical and surgical treatment;
- Drugs or other medications;
- Audiometric examinations and hearing aid evaluation tests performed and hearing aids ordered before coverage becomes effective or after coverage ends, unless a hearing aid is prescribed before coverage ends and is delivered and fitted within 60 days;
- Replacement of lost or broken hearing aids;
- Replacement of parts for, and repairs of, hearing aids;
- Deluxe hearing aids (including but not limited to digital, programmable, and eyeglass-type hearing aids) to the extent the charge for such hearing aids is more than the standard covered hearing aid expense for one basic hearing aid;
- The cost for more than one audiometric exam, hearing aid evaluation test, or hearing aid during any three consecutive calendar year period;
- Services provided under Workers' Compensation or other government plans;
- Services or supplies provided under federal or state programs or supplied by a government agency;
- Hearing aids that do not meet Food and Drug Administration (FDA) and Federal Trade Commission (FTC) requirements; and
- Binaural Hearing Aids except for Dependent Children 19 years of age and younger.
- Expenses for and related to the purchase, servicing, fitting and/or repair of hearing aid devices, including implantable hearing devices, except for medically necessary cochlear implants and as provided under the plan's hearing aid benefit.
- Special education and associated costs in conjunction with sign language education for a patient or family members.



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