



UAW Retirees of ACC Benefit Trust Health and Welfare Trust

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Dear UAW Retirees of ACC Benefit Trust Member:

The UAW Retirees of ACC Benefit Trust ("Trust") is committed to providing you access to quality health care, particularly during difficult times. We recognize that the past year has been challenging for many members and hope that you and your family members are well.

Working together has made it possible to manage costs while continuing to provide the level of service you expect. We are pleased to provide you with this important update about the enhancements we've made to your benefits for 2022.

Benefit highlights are meant to be brief, but all of the plan details are available in the Summary Plan Description (available online at www.ourbenefitoffice.com/UAWACCRetirees/benefits or mailed upon request from our administrative manager, BeneSys). Call BeneSys at **855-641-4911** to get help with your benefits and answers to your questions.

Together we can work to protect your health and the health of your fellow retirees for many years into the future. We look forward to continuing to serve you.

The Committee of the UAW Retirees of ACC Benefit Trust

Review Your Coverage

We encourage you to spend time understanding your coverage by looking through the enclosed materials which include highlights on:

- Prescription Drug and Medical Benefits
- Turning 65? What You Need to Know about Enrolling in Medicare
- Protecting Yourself Against and Avoiding Scams
- Where to Go for More Information and to Update Your Records

Changes for 2022

Good news! We're reducing your out-of-pocket costs effective January 1, 2022.

Lower Prescription drug copayments

Medicare - Learn more on page 3.
Pre-Medicare – Learn more on page 5.

Lower Medical plan cost sharing:

- Annual deductible
- Coinsurance
- Out-of-pocket maximum

Medicare - Learn more on page 2.
Pre-Medicare – Learn more on page 4

New Pharmacy Benefit Manager for pre-Medicare participants only: Blue Cross Blue Shield of Michigan (BCBSM) has notified us that effective January 1, 2022 OptumRx will replace Express Scripts as the Pharmacy Benefit Manager. There will be **no change in the drugs that are covered** as of January 1, 2022. What will change is who will be administering the program and who you call with your prescription drug questions. See the prescription drug section on page 6.

Medicare-Eligible Medical Plan

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights for Medicare-Eligible Participants

Your out-of-pocket costs are lower effective January 1, 2022.

The new amounts are **bold**.

Medicare-Eligible Medical Benefits*

Benefit Feature	In-Network	Out-of-Network**
Annual Deductible	\$250 (applies to in- and out-of-network services)	
Annual Out-of-Pocket Maximum	\$1,000	
Covered Services	In-Network	Out-of-Network
Annual Wellness Visit	Covered at 100%	
Immunizations and Screenings	Covered at 100%	
Office Visits	\$20 copay per visit (PCP) and \$30 copay per visit for specialist	30% after deductible
Outpatient Care***	Generally, 10% after deductible	Generally, 30% after deductible
Inpatient Hospital Care***	10% after deductible	30% after deductible
Emergency Outpatient Hospital Care (Emergency Room)	\$50 copay per visit (copay waived if admitted within 3 days)	

* A full description of covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered as shown when all Plan provisions are met.

** May require prior authorization.

*** When you use an out-of-network provider, you are also responsible for any charges above the “allowed amount.”

Medicare-Eligible Prescription Benefits

Taking your medications as prescribed is just as important to your health as seeing your PCP. The Trust is making it easier for you to get your prescriptions effective January 1, 2022. Generic drugs now have no copay, and the copays are reduced for brand-name drugs.

Prescription Benefit Highlights

Your copays are lower effective January 1, 2022.

The new amounts are **bold**.

	Participating Pharmacy* (up to a 31-day supply)	Non-Participating Pharmacy**	Mail Order (up to 90-day supply)
Generic	No copay	25%	No copay
Preferred Brand	\$20 copay	\$20 copay, then 25%	\$40 copay
Non-Preferred Brand	\$50 copay	\$50 copay, then 25%	\$100 copay
Specialty	\$50 copay	Not Available	Not Available

* To find a participating pharmacy near you visit www.bcbsm.com/medicare/provdirectory.shtml — or call the number on the back of your member ID card.

** If you use a non-participating pharmacy, you are also responsible for any charges above the allowed amount.

Money saving tips

- **Ask your doctor about generics** — When you receive a prescription from your doctor, ask if a generic version is available. Using generics will save you money and helps the Trust maintain costs and continue to provide valuable benefits into the future.
- **Use mail order** — Mail order is not only a convenient way for you to receive your medications, you save money on your brand-name prescription copays.

Pre-Medicare Medical Plan

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights for Pre-Medicare Participants

Your out-of-pocket costs are lower effective January 1, 2022. The new amounts are **bold**.

Pre-Medicare Medical Benefits*		
Benefit Feature	In-Network	Out-of-Network**
Annual Deductible		
Individual	\$250	\$1,000
Family	\$500	\$2,000
Annual Out-of-Pocket Maximum	Maximum includes deductible	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Covered Services	In-Network	Out-of-Network**
Routine Physical	\$10 after deductible	Not covered
Immunizations	Covered 100%	Not covered
Office Visits	Not covered	Not covered
Outpatient Care (limitations on certain types of care apply)	10% after deductible	30% after deductible
Inpatient Hospital Care (pre-certification required)	10% after deductible	30% after deductible
Emergency Outpatient Hospital Care (Emergency Room)	\$50 copay per visit (waived if admitted) then 10% after deductible	

* A full description of covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered at the percentages shown when all Plan provisions are met.

** In addition, if the out-of-network provider's fee is higher than the allowed amount, you must pay the difference between what the Plan will pay and what the provider charges.

Pre-Medicare Prescription Benefits

Taking your medications as prescribed is just as important to your health as seeing your PCP. The Trust is making it easier for you to get your prescriptions effective January 1, 2022. Generic drugs now have no copay, and the copays are reduced for brand-name drugs.



2022 Prescription Benefit Highlights

Your copays are lower effective January 1, 2022. The new amounts are **bold**.

	Participating Pharmacy* (up to a 30-day supply)	Non-Participating Pharmacy**	Mail Order (up to 90-day supply)
Generic	No copay	25%	No copay
Preferred Brand	\$20 copay	\$20 copay, then 25%	\$40 copay
Non-Preferred Brand	\$50 copay	\$50 copay, then 25%	\$100 copay
Specialty	\$50 copay	Not Available	Not Available

* To find a participating pharmacy near you visit www.bcbsm.com — or call the number on the back of your member ID card.

** If you use a non-participating pharmacy, you are also responsible for any charges above the allowed amount.

Keep in mind, for maintenance medications you can receive the first three 30-day fills at the pharmacy, but then you must use mail order.

Money saving tips

- **Ask your doctor about generics** — When you receive a prescription from your doctor, ask if a generic version is available. Using generics will save you money and helps the Trust maintain costs and continue to provide valuable benefits into the future.
- **Use mail order** — Mail order is not only a convenient way for you to receive your medications, you save money on your brand-name prescription copays. Plus, it's required for maintenance medications.

Pre-Medicare Prescription Benefits



New Pharmacy Benefit Manager – OptumRx

BCBSM will begin using a new pharmacy benefit manager – OptumRx – effective January 1, 2022 for Pre-Medicare members only. What this change will mean for you:

- **New ID card:** You'll get a new ID card by the end of the year with both medical **and** prescription drug coverage information. When you fill a prescription in 2022, use your new BCBSM ID card.
- **Same drug list:** OptumRx will use the same drug list (also called a formulary) as Express Scripts currently does. The medications that are covered will not change on January 1, 2022.
- **Comprehensive network of pharmacies:** In most cases, you will be able to use the same network pharmacies that you do today. If your pharmacy is one of the very few across the country that is no longer on the network pharmacy list, BCBSM will notify you by mail.
- **Current prescriptions:** In 2022, you will still be able to get a refill at the pharmacy using your current prescription if you have remaining refills.

If you use mail order and have refills remaining on your prescription, it will be transferred to OptumRx. OptumRx will call you to set up your account and follow up with a letter to confirm the transfer. **Please note that for security reasons, any credit card information on file with BCBSM will not transfer to OptumRx. You will have to complete a new form to provide your credit card information.**

Watch your mailbox this fall for information from BCBSM about OptumRx. They will mail your new ID card for 2022, information about how your current mail order prescriptions will be transferred, and more about the change to OptumRx.

Be sure to enroll in Original Medicare

65



Congratulations on reaching age 65 – a milestone year!

This is the year that you are required to enroll in Medicare Parts A and B to maintain your Trust coverage.

Turning 65?
It's time to
enroll in Original
Medicare



Keep Your Trust Coverage!

The UAW ACC Benefit Trust provides you with comprehensive medical and prescription benefits with no contribution required. Be sure to enroll in **Original Medicare** (both Parts A and B) when you become eligible to keep this valuable coverage.

Signing up for another health plan means you would lose your Trust coverage until you drop the new coverage you enrolled in and Medicare processes a termination. If in doubt, please contact BeneSys.

Countdown to 65

As you get closer to your 65th birthday, you will see advertisements on television and receive many offers in the mail (from AARP, Humana, and Aetna just to

name a few) claiming to provide great medical and prescription coverage at a low price.

Here's what to do instead:

3 months before

the month in which you turn 65, Medicare will send you information to sign up for Medicare Parts A and B. If you are getting Social Security, you will be automatically enrolled in Medicare Part A.

To enroll in Original Part B, you should apply online at Social Security, or visit your local Social Security office, or call Social Security at **800-772-1213**.

2 months before

you turn 65, you will receive information from BeneSys to help you navigate enrollment in Medicare Parts A and B. You will receive a Medicare Verification Form. Be sure to return the form the month before you turn age 65.

1 more thing to do

Provide a copy of your Medicare card to BeneSys as soon as you receive it.

Fax to:

248-494-7024 or

Mail to:

UAW ACC Benefit Trust
PO Box 1708
Troy MI, 48099-1708



BeneSys is here to help! Call 855-641-4911

Protect Yourself and Avoid Scams

Check for the Trust Name and Logo!



How Do You Know Whether a Mailing About Your Health Care Plan Is Legitimate?

Another important tip to help keep you and your information safe is to check the authenticity of any communication you receive that claims to be representing your health care coverage. If you receive a mailing claiming to be related to your existing coverage, **make sure you check for the Trust name and logo.**



If it's absent, then that mailing is not from the Trust.

If you ever have any questions on the authenticity or content of a mailing you receive concerning your coverage, please call BeneSys at **855-641-4911**.

Learn More About How to Protect Yourself

We know that there are imposters in this world who love to prey on trusting people, especially seniors. Recently, the Department of Labor published guidance on how to protect yourself. We have included that information in the mailing.

Where to Go for More Information

Make sure BeneSys has your up-to-date contact information, including address, email and phone numbers.



If you have questions or want to learn more, please reach out to the vendors listed below by topic. If you're not sure who to call, contact BeneSys and they can help you get to the right resource.

If You Have a Question About:

Contact:

Eligibility or Coverage

BeneSys

855-641-4911

7:30 a.m. to 4:30 p.m. EST

www.ourbenefitoffice.com/UAWACCRetirees/benefits

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Medicare-Eligible

Medical and Prescription Benefits

- Which services are covered under the Plan
- Finding a participating provider
- Which drugs are on the formulary
- Finding a participating pharmacy
- Mail order medications

Blue Cross Blue Shield of Michigan

866-684-8216

www.bcbsm.com/medicare

Pre-Medicare

Medical and Prescription Benefits

- Which services are covered under the Plan
- Finding a participating provider
- Which drugs are on the formulary
- Finding a participating pharmacy
- Mail order medications
- Transition to OptumRx

Blue Cross Blue Shield of Michigan

800-810-2583

www.bcbsm.com