



Communications Workers of America — Local 9509, AFL-CIO

Dear CWA Retiree,

September 10, 2019

The September meeting will be held on the third Wednesday of the month at the CWA Local 9509 Union Hall, 7548 Trade Street San Diego, on September 18th. Our business meeting will start at 10am. Lunch will be immediately after. Lunch is \$4.00 if you wish to attend.

I hope everyone had a safe summer. This is our first meeting after our summer break. Please join us. Will be nice to see everyone.

Attached please see new information regarding AT&T Care Plus services that have been added. Also the hearing aid reimbursement went up to \$10,000.

All retirees should read the new Medicare and you booklet for changes. Plan C and F will no longer be available, but if you already have those plans you can keep them. The information can be found at the end of the booklet.

Attached is also information regarding a new retiree scam. Remember, you should never give anyone your personal information unless you have verified who they are.

Foxyne Hinton
President RMC

Anthony Catanese
Vice President RMC

Lyle Wright
Treasurer RMC Secretary RMC





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If you need to contact the RMC, please call into the Local number at 858-695-1509. We will be returning calls if you need assistance during our break. Someone will get back to you.

If you are a retiree who has a service to offer others, please let us know and we will list it in our newsletter.

If we have missed listing your birthday, please call the Local and leave a message when it is and I will make sure it gets in the newsletter.

We would really like to grow the club. We invite you to attend the meetings and bring a friend. If you would like to mention anyone in the newsletter, please leave a message at the Local. We also welcome any articles or information you think would be of interest to our retirees.

Happy Birthday to the following retirees: Lupe Hart 9/7; Billie La Madrid 9/15; Jan Eliot 9/16; Betti Coe 9/17; Anthony Catanese 9/18 and Merle Edmonson.

Sincerely,

Foxyne Hinton
President RMC

Anthony Catanese
Vice President RMC

Lyle Wright
Treasurer RMC Secretary RMC



New 2019 AT&T CARE PLUS SERVICES

EXPANDED SERVICES

The following new service is added at the end of the Expanded Services section:

Diagnosis and Treatment of Learning Disabilities in Children

Coverage is provided for biofeedback, brain mapping, electroencephalogram (EEG) and digital analysis to diagnose, treat, and manage learning disabilities for enrolled Eligible Dependent children who have been identified as displaying evidence of a learning disability. Documentation must be provided to the Benefits Administrator, which can be either 1) an evaluation from a medical professional acting within the scope of their license that the child is displaying evidence of a learning disability, or 2) evidence that the child is engaged in the special education referral process conducted by an educational institution based on evidence of a learning disability.

No Coordination of Benefits applies with regard to coverage of this service under the Program. If you are enrolled in any other plan or program that provides any coverage for this service, you are not eligible for this coverage under the Program, regardless of any out-of-pocket expenses you may be responsible for.

Participants must obtain Prior Approval from the Benefits Administrator. If Prior Approval is not obtained, no Benefits will be payable under the Program. See the *Prior Approval and Notification Requirements* section for further information. For purposes of this service only, documentation that meets the requirement above will be considered to meet the requirement for a diagnosis of the child's condition.



NOTE: Unless specifically modified in this section, all other provisions of the Program apply, including for example, Claim filing limits and integration with the Base Medical Program Annual Deductible for Participants who contribute to a Health Savings Account as described in the Base Medical Program SPD.

IMPORTANT INFORMATION

This Summary of Material Modifications (SMM) was written for easy readability. In all cases, the official Plan documents govern and are the final authority on Plan terms. If there are any discrepancies between the information in this SMM and Plan documents, the Plan document will control. AT&T Inc. reserves the right to terminate or amend any and all of its employee benefits plans or programs at any time for any reason. Participation in a Plan is neither a contract, nor a guarantee of future employment.

What is this document?

This document is an SMM and describes a change in benefits for the affected Plans and Programs listed in "Appendix A".

What action do I need to take?

You should review this SMM and your Summary Plan Description (SPD) in their entirety. Keep this SMM with your SPD and all other SMMs for future reference. They are your primary resource for questions about your benefits.

Questions?

If you have questions about information in this SMM, your SPD or about the Programs, call the administrator listed in the "For More Information" section of this SMM.

Si usted tiene dificultad que entiende este SMM, entre en contacto con por favor el administrador que aparece en la sección que se titula "For More Information".

HIGHLIGHTS

The highlights below are provided to help you understand the changes described in this SMM effective August 1, 2019. Please use this SMM along with the SPD for the Program for complete information. For full information, you must consider all of the information in the SPD, as amended by any applicable SMMs.

The changes include:

- Five new "Experimental Services" are added:
 - RESPeRATE for treatment of Hypertension
 - Cardiac Contractility Modulation for treatment of moderate-to-severe heart failure
 - Extracorporeal Shock Wave Treatment (ESWT) for the treatment of diabetic foot ulcers
 - Transcranial Magnetic Stimulation (TMS) for treatment of migraines for adolescent patients
 - Zulresso (Brexanolone) Intravenous IV Drug for treatment of postpartum depression – (Under consideration for coverage under Base Medical Programs, if covered under your Base Medical Program, coverage is not available under this Program)

- One service is moved from “Experimental Services” to the “Expanded Services” section:
 - Freestyle Libre Pro Flash Glucose Monitoring System
- One new service is added to the “Expanded Services” section:
 - Durable Medical Equipment reimbursement for certain diabetic supplies and lightweight wheelchairs

INTRODUCTION

This Summary of Material Modifications (SMM) is an update to the Summary Plan Descriptions (SPDs) for the Plans and Programs listed in “Appendix A” of this SMM.

This SMM updates the 2019 AT&T CarePlus SPDs.

EXPERIMENTAL SERVICES


Effective July 1, 2019, the following new Services are added to the Experimental Services table:

RESPeRATE for treatment of Hypertension — A device that helps lower high blood pressure through relaxing constricted blood vessels using slow paced breathing.
Cardiac Contractility Modulation — An implantable device to treat Chronic Heart Failure patients who are not eligible for Cardiac Resynchronization Therapy. The device controls the force of a heartbeat as opposed to the rhythm.
Extracorporeal Shock Wave Treatment (ESWT) — A device to accelerate the body’s healing response for use in the treatment of diabetic foot ulcers.
Transcranial Magnetic Stimulation (TMS) — Noninvasive procedure that uses magnetic fields to stimulate electrical activity in the brain for use in adolescents under the age of 12 in the treatment of migraines.
Zulresso (brexanolone) Intravenous (IV) Drug — Fast acting drug used to treat postpartum depression in hospitalized women.

Effective August 1, 2019, the following service is removed from the Experimental Services table, see the “Expanded Services” section below for Diabetic Management Systems coverage effective August 1, 2019:

Freestyle Libre Pro Flash Glucose Monitoring System — A subcutaneously implanted continuous glucose monitoring (CGM) device that can record daily fluctuations for use in patient management.
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Medicare Fraud Alert

 MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Numero de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
PART A	03-03-2016
PART B	03-03-2016

NRLN President's Forum Important Medicare Information

Seniors with traditional Medicare plans may have access to better quality home healthcare than Medicare Advantage plan participants, according to a study by researchers at Brown University in Providence, Rhode Island.

"Traditional Medicare beneficiaries are able to select and receive care from any Medicare-certified home health agency," Margot Schwartz, one of the researchers, reported to Reuters Health by email. "The limited networks in Medicare Advantage may result in these beneficiaries receiving care from lower-quality home health agencies."

Some higher-quality home health agencies may also opt not to participate in Medicare Advantage plans because of low reimbursement rates, said Momotazur Rahman, also at Brown University and the study's senior author.

"Payment rates by Medicare Advantage plans to home health agencies are much lower compared to traditional Medicare payment rates," Rahman said by email. "This may drive highly-rated home health agencies away from the Medicare Advantage patients."



Fraud Alert: Genetic Testing Scam

The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about a fraud scheme involving genetic testing.

Genetic testing fraud occurs when Medicare is billed for a test or screening that was not medically necessary and/or was not ordered by a Medicare beneficiary's treating physician.

Scammers are offering Medicare beneficiaries "free" screenings or cheek swabs for genetic testing to obtain their Medicare information for identity theft or fraudulent billing purposes. Fraudsters are targeting beneficiaries through telemarketing calls, booths at public events, health fairs, and door-to-door visits.

Beneficiaries who agree to genetic testing or verify personal or Medicare information may receive a cheek swab, an in-person screening or a testing kit in the mail, even if it is not ordered by a physician or medically necessary.

If Medicare denies the claim, the beneficiary could be responsible for the entire cost of the test, which could be thousands of dollars.

Protect Yourself

If a genetic testing kit is mailed to you, don't accept it unless it was ordered by your physician. Refuse the delivery or return it to the sender. Keep a record of the sender's name and the date you returned the items.

Be suspicious of anyone who offers you "free" genetic testing and then requests your Medicare number. If your personal information is compromised, it may be used in other fraud schemes.

A physician that you know and trust should assess your condition and approve any requests for genetic testing.

Medicare beneficiaries should be cautious of unsolicited requests for their Medicare numbers. If anyone other than your physician's office requests your Medicare information, do not provide it.

If you suspect Medicare fraud, [contact the HHS OIG Hotline](#).