



Communications Workers of America — Local 9509, AFL-CIO

Dear CWA Retiree,

December 11, 2019

The December meeting will be held on the third Wednesday, December 18th. This month is our annual Xmas luncheon. Please note the change in start time. Starts at 11am at the Local at 7548 Trade Street, San Diego. (see attached flyer) Hope to see you there. Great chance to see old friends and make new ones. We will again be having Phil's BBQ.

It's RMC dues time again. The annual dues are \$12. The dues are what keep the RMC going. You can send your dues to the Local made payable to CWA 9509. Please make your envelope attention: RMC. Thank you in advance.

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.

Foxyne Hinton
President RMC

Anthony Catanese
Vice President RMC

Lyle Wright
Treasurer RMC Secretary RMC

7548 Trade Street • San Diego, CA 92121 • 858-695-1509 • FAX 858-695-2074

www.local9509.org





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Happy Birthday to the following retirees: James Kaiser 12/2; Judy Mourao 12/7 and Joann Kelly 12/9.

Sincerely,

Foxyne Hinton
President RMC

Anthony Catanese
Vice President RMC

Lyle Wright
Treasurer RMC Secretary RMC

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RMC Local 9509 Holiday Lunch
Wednesday Dec 18, 2019
11 AM to 2 PM

Gift Exchange
\$10 limit



Phil's BBQ





Services offered by our Local Retirees

Bird Rock Travel

Penni Kai Worldwide Vacation Specialist

11128 Avenida Del Gato

San Diego, Ca 92126

858-566-7778

travelnbug@sbcglobal.net

Bon Bon the Clown

Bonita Love

619-282-9668

bonbonsandiego@yahoo.com

Carole's Handmade Scarves

619-583-6844

Foxyne Hinton
President RMC

Anthony Catanese
Vice President RMC

Lyle Wright
Treasurer RMC Secretary RMC

CarePlus Hearing Aid Benefit

I have gotten several questions regarding AT&T's CarePlus hearing aid benefit and how exactly it works.

Below are two examples to outline the process and provisions for that hearing aid benefit. CarePlus requires that the participant exhaust any available benefit under their medical plan before a claim can be submitted for reimbursement. This means that the participant would need to meet any existing deductible and pay the appropriate copay or coinsurance before the medical plan benefit would be paid out by the plan.

If the participant uses a non-network provider for hearing aids, the costs would go toward meeting the non-network deductible, which for most plans is higher than the in-network deductible. In this instance the non-network deductible would need to be met in full before the base medical plan would pay out a hearing aid benefit.

Once the plan has paid out the maximum amount available then the participant will file with CarePlus for any remaining balance owed, up to \$1,000 per 36 months.

Please note for retirees submitting claims, that original Medicare and many Medigap plans don't offer coverage for routine hearing exams, hearing aids, or exams for fitting hearing aids. Some Medicare Advantage plans offer coverage, which would be described by the examples below. If there is no coverage available under a supplemental medical program, then the retiree can move directly forward to filing a claim for CarePlus benefits.

Note:

- If there are no hearing aid benefits under the medical plan(s) to exhaust, then the hearing aid must be determined by an Audiologist to be medically necessary.
- The audiologist/provider must submit a claim to the medical carrier for the hearing aid, even no coverage is provided under the medical plan. This will generate an EOB to submit with the CarePlus claim, as required.

Plan participants should contact their medical carrier to confirm coverage for hearing aids under their medical plans. If plan participants have questions about hearing aid coverage and the plan provisions under CarePlus, they can refer to their summary plan document or contact the CarePlus team at 877-261-3340

Reimbursement Process – CarePlus Reimburses Participant

1. The participant is prescribed hearing aids by a licensed audiologist.
2. The participant and/or audiologist files a medical claim for coverage.
 - a. The participant must pay the *annual deductible* (or remaining amount from prior claims) before the medical program pays anything.
 - b. The participant must pay the applicable *coinsurance* amount before the medical program pays anything.
 - c. After the participant meets the deductible and pays the coinsurance amount to the audiologist, the *medical program will pay up to the maximum allowed amount* for hearing aids (\$1,000).

If a balance due remains after deductible, coinsurance and medical program payment then:

3. *The participant pays any remaining balance* to the audiologist in order to take possession of the hearing aids.
4. The participant files a manual paper CarePlus claim for reimbursement of the amount paid in Step 3. They must provide both the claim from the provider/audiologist and the Explanation of Benefits (EOB) from the medical carrier which describes how the medical program paid out the claim.

The CarePlus program will reimburse the participant for any remaining costs (Step 3) up to the maximum allowed amount (\$1,000 per 36 months) for hearing aids under the program

Here is an example of what this would look like if CarePlus reimburses the participant for out of pocket expenses:

Example: CarePlus reimburses participant		Medical Program Pays	Participant Pays	CarePlus Program Pays/Reimburses
Full cost of hearing aids	\$5,000			
The participant pays the annual deductible of \$1,000.			\$1,000	
Balance	\$4,000			
The participant pays 20% coinsurance of the remaining balance after the deductible is met.			\$800	
Balance	\$3,200			
The medical program pays up to the maximum allowed amount for hearing aids.		\$1,000		
Balance	\$2,200			
The participant pays the remaining balance to provider/audiologist.			\$2,200	
Balance	\$0			
The participant files a CarePlus claim for reimbursement. CarePlus reimburses the participant up to the maximum allowed amount for hearing aids.				\$1,000
Participant Total Out of Pocket Costs: \$3,000				

Alternately, the participant may choose to request reimbursement be paid directly to the Audiologist and pay the remaining balance, if any, before picking up their hearing aids.

Reimbursement Process – CarePlus Reimburses Provider/Audiologist

1. The participant is prescribed hearing aids by a licensed audiologist.

2. The participant and/or audiologist files medical claim for coverage.
 - a. The participant must pay the *annual deductible* (or remaining amount from prior claims) before the medical program pays anything.
 - b. The participant must pay the applicable *coinsurance* amount before the medical program pays anything.
 - c. After the participant meets the deductible and pays the coinsurance amount to the audiologist, the *medical program will pay up to the maximum allowed* amount for hearing aids (\$1,000).

If a balance due remains after deductible, coinsurance and medical program payment then:

3. The participant files a manual paper CarePlus claim for payment of the remaining balance due. They must provide both the claim from the provider/audiologist and Explanation of Benefits (EOB) from the medical carrier which describes how the medical plan paid out the claim.
4. The *CarePlus program will reimburse the provider/audiologists* for remaining costs *up to the maximum allowed amount* (\$1,000 per 36 months) for hearing aids under the program.
5. If balance still remains, *participant pays the remaining balance* and then can take possession of their hearing aids.

Below is an example where CarePlus would reimburse the provider directly, rather than the participant.

Example: CarePlus pays provider		Medical Program Pays	Participant Pays	CarePlus Program Pays/Reimburses
Full cost of hearing aids	\$5,000			
The participant pays the annual deductible of \$1,000.			\$1,000	
Balance	\$4,000			
The participant pays 20% coinsurance of the remaining balance after the deductible is met.			\$800	
Balance	\$3,200			
The medical program pays up to the maximum allowed amount for hearing aids.		\$1,000		
Balance	\$2,200			
The participant files a CarePlus claim for benefits. CarePlus pays the provider/audiologist up to the maximum allowed amount for hearing aids.				\$1,000
Balance	\$1200			
The participant pays the remaining balance to the provider/audiologist.			\$1,200	
Participant Total Out of Pocket Costs: \$3,000				