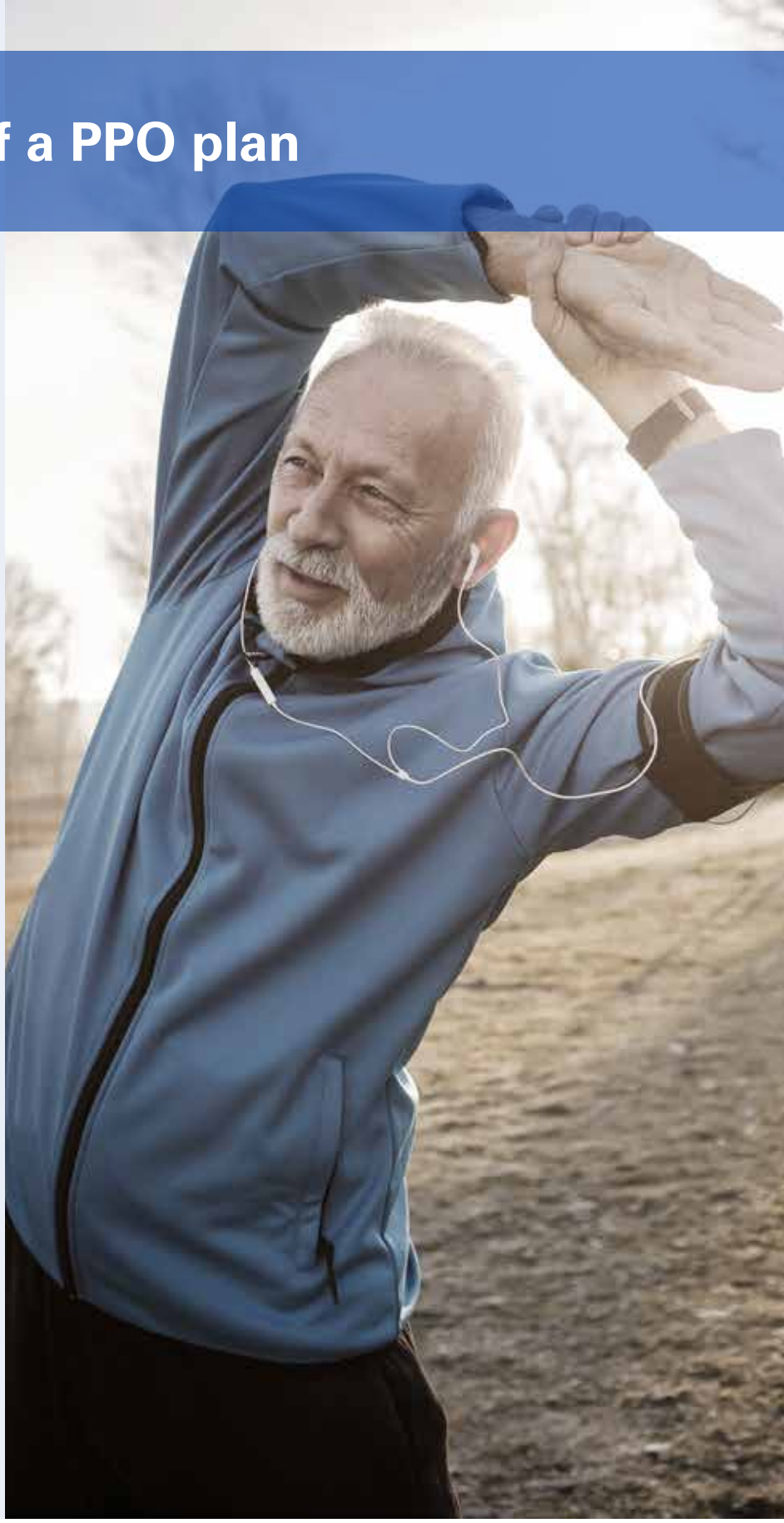
2020
resource guide

Medicare Advantage PPO

UAW RETIREE
Medical Benefits Trust

Medicare Plus Blue℠ is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.

You're a member of a PPO plan



Our preferred provider organization covers everything that Original Medicare does, plus more, all in one plan.

You have access to thousands of primary care doctors and specialists as well as hundreds of hospitals. These health care providers accept our payment, and the share of the costs that you pay, as payment in full. So, you save money when you use a Medicare Plus Blue PPO network doctor. You can go to any provider who accepts Original Medicare and your Medicare Plus Blue PPO member ID card, but you pay more to use doctors, hospitals and other providers outside of the network.

Health care works best when you have a steady relationship with a trusted primary care provider for ongoing care. Your primary doctor helps coordinate all your care, which helps ensure they stay informed of your current health status. As a PPO plan member, you don't need a referral to see a specialist.

Our website is **www.bcbsm.com/uawtrust**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO Group members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage *for more information, including the cost sharing that applies to out-of-network services.*

Whether you're new to Blue Cross or an existing member, you've made a smart choice by enrolling in this plan. We value you as a customer and strive to do our best to serve you. You might be wondering what you should do to make the most out of your coverage this year. Here's an easy guide so you can start taking advantage of the benefits of Blue Cross.

What you can expect 2

The Benefit of Blue 4

Know where to go for care 6

Take an active role in your care 7

Blue Cross Online Visits 10

Your *Explanation of Benefits* has important information 12

Frequently asked questions 14

Free SilverSneakers® fitness program 16

What you can expect

Part of our commitment to you is to help you make the best possible use of your plan. You'll hear from us throughout the year as we keep you informed about your plan and your health.

For all members	
Doctor visit	Make an appointment for your Annual Wellness Visit and Annual Physical Exam with your provider so you can begin taking advantage of your preventive benefits. (See Page 14.)
Download our mobile app	Access your electronic Blue Cross member ID card and coverage, claim and cost information anytime, wherever you go. (See Page 16.)
Guide to your costs	We send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.
Medicare Advantage health assessment	Complete a brief health survey, and we'll give you a personalized health status report you can share with your doctor. It's secure, completely confidential and your responses don't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you in the best of health.
Explanation of Benefits **or**	When you use your coverage, we'll send you a detailed statement. You'll receive an *Explanation of Benefits* the month after the claim is processed. Page 12 has more information about your *Explanation of Benefits*.
Member news	We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in MyBlue℠ Medicare, our member magazine.
Special information **or**	There may be events during the year that we want you to be aware of, so we'll send you notices. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.
Surveys	You may receive surveys asking for your opinion of our plan, our network providers and the care you receive. This is an important feedback channel that helps us respond to your needs. We're always exploring new, innovative ways to provide you with better coverage and service. Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.

For new members only	
Member ID card	We send you a new Blue Cross member ID card. You can put your red, white and blue Medicare card away in a safe place and use your Blue Cross member ID card instead. Show your doctor and other providers this card every time you need care. You can use the BCBSM mobile app to show your electronic ID card. (See Page 16.)
Welcome call	When you are a new member, we call you to make sure you received your welcome kit and member ID card, help answer any questions about your coverage and tell you about programs we offer to help you stay healthy.
Gotta doc?	If you don't have one, pick a primary care doctor. Page 7 explains how to find a doctor online. You can also look in your copy of our Provider Directory or call Customer Service at the number on the back cover of this booklet (this number is also on your Blue Cross member ID card).
Blue Cross online member account	From coverage details and claims information to ideas for healthier living, there's loads of valuable content. Be sure to register for your secure Blue Cross member account: • Using the BCBSM mobile app • At **www.bcbsm.com/register** • By texting **REGISTER** to **222764** *Message and data rates may apply.* Learn more on Pages 16 and 17.
Newbies get a special preventive visit	If you are new to Medicare, you can make an appointment for your Welcome to Medicare Preventive Visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as Initial Preventive Physical Examination, the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if needed.

The Benefit of Blue

Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.

Getting flu and pneumonia vaccines just got easier

Participating network pharmacies can now bill Blue Cross for flu and pneumonia vaccines under your medical plan at no cost to you. Many chain and independent pharmacies are in our network. To find a participating pharmacy:

Go to **www.bcbsm.com/pharmaciesmedicare** and select *Find a Pharmacy*. Enter your ZIP Code or City, State and hit *Locate Pharmacy*.

Use the BCBSM mobile app: Go to *Express Scripts*, open the main menu and select *Find a Pharmacy*.

You can also get these vaccines at your provider's office, but you may have some cost for an office visit. If you choose to get the vaccines from a local health department or community center, you have to pay up front and send Blue Cross your receipt with a completed claim form to get reimbursed.

You can find the claim form online at **www.bcbsm.com/vaccines-medicare**.

Or call our Customer Service team at the number on the back cover of this booklet. After the greeting and entering your information, say "reimbursement form" to get to the correct prompt.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine in October before the flu season begins because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It's focused on healthy lifestyle changes for qualified members and covered under your plan at no additional cost. Participants report 5 to 7 percent weight loss, increased energy and better sleep.

Do you qualify? Take a 1-minute online quiz at **www.solera4me.com**.

Emotional and mental wellness

Your health is not just determined by your physical fitness, but by your overall wellness. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you have support through life's trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with substance abuse.

When you call, we'll discuss your needs and arrange for services.

1-800-775-BLUE (2583), TTY users call **711**, 8 a.m. to 6 p.m. Monday through Friday

Serious illness

When something serious happens, count on our dedicated nurse care managers to help you find the right care for you. They'll also provide the information and resources you need. We offer care management services based upon your medical claims or when your doctor refers you for assistance. In some cases, we partner with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care management nurses work with your doctor to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

A personal care management nurse will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, we can also help with the transition to your home or another facility to ensure you get the care you need.

1-800-775-BLUE (2583), TTY users call **711**, 8 a.m. to 6 p.m. Monday through Friday

Chronic conditions

Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You'll work with your nurse to create a care plan and set goals to improve your health.

Care management support

Some health decisions aren't easy. Our Blue Cross Coordinated Care care management programs can assist you whether you're coping with a life-changing illness, unsure about your medications or need help as you leave the hospital. Our specialists can connect you to Blue Cross Coordinated Care care management programs.

1-800-775-BLUE (2583), TTY users call **711**, 8 a.m. to 6 p.m. Monday through Friday

Review all our health and wellness programs online at **www.bcbsm.com/medicare**.

— Click on the *LOGIN tab* and log in to your secure Blue Cross online member account.

— Click on the *Health & Wellness* tab.

Quit tobacco for good

Increase your chances for successfully quitting in the next 30 days with support and resources through a phone-based health coach program from WebMD®. You're eligible if you're ready to set a quit date within 30 days and you've used tobacco within seven days of your initial call. WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.

www.bcbsm.com/medicare/help/faqs/other/quit-smoking.html

1-855-326-5102, TTY users call **711**. Monday through Thursday from 9 a.m. to 11:30 p.m.; Friday from 9 a.m. to 8 p.m.; Saturday from 9:30 a.m. to 6 p.m. and Sunday from 1 p.m. to 11:30 p.m.

Considering surgery

If you're thinking about having surgery, it's important to have the knowledge you need to make an informed decision. That's why we're providing you access to Welvie, an online support program with six steps that guide you from diagnosis to recovery. Learn more at **www.welvie.com**.*

**Welvie is an independent company retained by Blue Cross Blue Shield of Michigan to provide a surgery decision-support program for select Blue Cross Medicare Advantage members.*

Know where to go for care

You have smart choices for when and where to get health care. Know your options so you can get the treatment you need, right when you need it. Costs vary for each care option, so it's important to think about what kind of care you really need:

24-Hour Nurse Line

There is no additional cost when you call **1-800-775-BLUE (2583)**. TTY users call **711**. A good option when you have questions about an illness or injury anytime day or night.

Primary care provider

A $20 copay for office visits. Call your primary care provider first when you're not feeling well. He or she knows you best and understands your health history.

Blue Cross Online Visits℠

A $20 copay per doctor visit and $0 copay per visit for the first 20 behavioral health therapy visits and a $20 copay per visit after the 20th visit. Connect online with a doctor or therapist using a smartphone, tablet, or computer. Visit **www.bcbsmonlinevisits.com** or call **1-844-606-1608**. TTY users call **711**.

Retail health clinics

A $25 copay per visit. Get quick, in-person evaluation and treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.

Urgent care

A $25 copay per visit for non-life-threatening illnesses or issues when you can't get to your doctor. Get non-emergency, in-person care conveniently, after hours or on weekends.

Emergency room

A $50 copay per visit for serious or life-threatening illnesses or injuries.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your doctor or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Colds and flu
- Earache
- Skin rash
- Painful urination
- Sore throat and cough
- Low-grade fever
- Eye irritation or redness
- Minor burns, cuts and scrapes
- Sprains and strains

Take an active role in your care

Your plan offers more than 20 preventive services covered at 100 percent, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor which preventive services are right for you. If you are new to Medicare, schedule a Welcome to Medicare Exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your Annual Wellness Visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

Get more out of your doctor visits by:

- Writing down questions you want to ask as well as symptoms you want your doctor to be aware of
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Blue Cross® Virtual Well-Being

Let Blue Cross Virtual Well-Being give you the guidance and support you need on your personal well-being journey. Virtual well-being:

- Features short, high-energy, live webinars every Thursday at noon Eastern time.
- Focuses on a different well-being topic each week.
- Topics include mindfulness, resilience, social connectedness, emotional health, financial wellness, physical health, gratitude, meditation and more.
- Offers informational materials you can download to save and share.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at **www.bluecrossvirtualwellbeing.com**.

Talk to your doctor

	Don't hide it	Good to know	Ask your doctor	Going in-depth
Physical activity	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you start, increase or maintain your level of exercise?	What types of exercise are right for you?
Bladder control	Discuss if you accidentally leak urine.	It's a common problem.	What are your treatment options?	If receiving treatment, discuss the effectiveness.
Risk of falling	If you've fallen, make sure to call your doctor. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane or walker or physical therapy?	Discuss any balance or walking problems.

Find a doctor online

To see if your doctors are in our network, visit us online at **www.bcbsm.com/UAWTrust**.

1. Select your state
2. Click on *View Medicare plans*
3. Under *Plan Overview*, click on *View plan information*
4. In the second box on the right, click on *Find a doctor*
5. Follow prompts on page

If you have trouble locating your provider, if your doctor's name doesn't appear, or if you have any questions, please call **1-877-336-0377** for help. TTY users call **711**.

You can also call your provider's office and speak to the billing department. You can ask, **"Do you participate with the Medicare Advantage PPO plan offered by Blue Cross Blue Shield?"**

Are you up to date on your screenings?

Ask your doctor if you need to schedule any of these regular services.

Preventive screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
annually	1 to 10 years depending on test	every 2 years	annually

Vaccines			
Flu shot	Pneumonia vaccine	Hepatitis B	Other vaccines
every year	the number of shots per lifetime will depend on vaccine used and time between doses	if you are at risk	to treat injury or exposure to a disease

Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	annually	annually	as applicable

In-home assessments: Identifying what you need to be healthy

Improving your health starts long before you need medical care. That's why we're launching convenient in-home health assessment programs.

A local community health advisor or medical clinician will contact you to schedule an appointment to discuss your health care concerns and new opportunities for better health in the comfort of your own home. This is a chance to help us learn what matters most to you about your health and how we can help you connect you to resources that help you improve your health.

We look forward to helping you identify and meet your health needs.

Blue Cross Online Visits: Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care provider isn't available
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief

Fast and convenient

Visit **www.bcbsmonlinevisits.com**.

Call **1-844-606-1608**, 24 hours a day, seven days a week. TTY users call **711**.

Download the BCBSM Online Visits app.

Remember to coordinate all care through your primary care provider. You are not limited to the providers available through Blue Cross Online Visits℠. You can also receive primary care physician services and behavioral health services online or over the phone directly from a network provider that offers telehealth services.

Blue Cross Online Visits is powered by American Well®, an independent company that provides online visits for Blue Cross Blue Shield of Michigan and Blue Care Network members.

Reach your health goals

The Blue Cross® Health & Wellness website, powered by WebMD®, can help you start making the healthy lifestyle changes you'd like to see.

We offer six Digital Health Assistant programs available at no additional cost to you focusing on a variety of health goals, including eating better, conquering stress, feeling happier, enjoying exercise and more. All tips come straight from WebMD's expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at **www.bcbsm.com/medicare**, or open the BCBSM mobile app, then click on *Health & Wellness*. From there, click on *My Health Assistant* under the *Healthy Living* tab.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.

A closer look at prior authorizations

Before getting certain treatments, your doctor will request prior authorization from our plan on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

- **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you've had.
- **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at **www.bcbsm.com/medicare-evidence-of-coverage**.

Here's how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis.** We will cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan will not cover the treatment. We'll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, they are usually held responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.

Your *Explanation of Benefits* has important information

What is an EOB?

The EOB is your source of truth for how much you owe health care providers. However, an EOB is not a bill. EOBs help you track your medical costs.

What am I supposed to do with an EOB?

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your EOB and benefits, please call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any Blue Cross payments and you never received an EOB, then call your provider to ask them to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills that you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them on EOBs after your provider sends the service information to us.

Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic EOBs using your secure Blue Cross online member account at **www.bcbsm.com/uawtrust**. (Pages 16 and 17 have more information and easy ways to register.)

Will my EOB show my premiums?

No. EOBs only show variable costs. Premiums are a fixed monthly cost and don't count toward your out-of-pocket maximum.

What can you find on an EOB?

The EOB shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
$810.00	$552.00	$496.80	$55.20

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them.

Your annual deductible is $245 for in-network services and $490 for in and out-of-network services combined.

Your annual out-of-pocket limit is $630 for in-network services and $1,395 for in- and out-of-network services combined.

Your annual out-of-pocket limit for copay-based services is $1,500.

If we deny payment for all or part of a claim, the EOB explains why.

Things to know about your denied claim:

- Denial code 09, Provider ID does not exist
- Denial code 07, Professional ID does not exist
- **NOTE: We have denied all or part of this claim.** However, you are not responsible for paying the billed amount.

Report fraud

1-888-650-8136.
TTY users call **711**.

8:30 a.m. to 4:30 p.m.
Monday through Friday

Coinsurance: how to calculate your cost share

A coinsurance is a fixed percentage of the costs you pay for health care services. The rest of the cost is paid by your health care plan once you've met your deductible.

Because it is a percentage, coinsurance math is like the math you use for calculating a tip at a restaurant. If you have a 10% coinsurance, your health plan covers 90% and you pay 10% of each medical bill until you reach your out-of-pocket maximum.

For example:

- A $50 restaurant bill with a 10% tip would equal a $5 tip.
- A $500 medical procedure with a 10% coinsurance equals $50 in out-of-pocket cost.

The key difference is at the restaurant, you're responsible for the cost of the meal plus the tip. For medical procedures, once you've met your annual deductible, you're only responsible for the coinsurance or copay until you reach your out-of-pocket maximum.

Total cost (amount the plan has approved)	Coinsurance (percent)	Blue Cross pays	Your share of cost
$100	10%	$90	$10
$500	10%	$450	$50
$1,000	10%	$900	$100

Frequently asked questions

What is the difference between an Annual Wellness Visit and an Annual Physical?

At an **Annual Wellness Visit** you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare Preventive Visit or Annual Wellness visit within the past year. It's covered once every 12 months after your first 12 months of Part B coverage (you must wait 11 full months between each Annual Wellness Visit).

At an **Annual Physical Exam** a primary care physician or other provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an Annual Wellness Visit. Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive visits has separate parameters defined by Medicare. There is no coinsurance, copayment or deductible for these preventive services. However, if your doctor provides services outside of the scope of the set Medicare parameters, a coinsurance, copayment or deductible may apply.

Why am I being billed for my colonoscopy? I thought it was a free preventive screening?

A preventive colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no copay for preventive screenings. When a sign or symptom is discovered during a preventive exam, all further testing and exams are considered diagnostic procedures and diagnostic cost sharing will apply.

A diagnostic exam is performed to diagnose and, consequently, start treatment if you're unhealthy (there is a sign, symptom or disease present). Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. Diagnostic exams incur cost sharing.

Why am I being charged an emergency room copay, I thought the copay was waived if I spent the night in the hospital?

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

Will I be paying inpatient or outpatient cost sharing?

If you're having a service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this will affect your cost sharing. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, you should ask the hospital staff.

Tap into your health care plan — anytime, anywhere

The BCBSM mobile app helps you understand your health care plan and how it works. From deductible to claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, wherever you go.

Find care in your network and check doctor and hospital quality.

Show your Blue Cross member ID card to your doctor's office staff so they have the information they need to look up your coverage.

Register for a Blue Cross member account:

- Using the app
- At **www.bcbsm.com/register**
- By texting **REGISTER** to **222764**. *Message and data rates may apply.*

BCBSM app questions:
www.bcbsm.com/app
1-888-417-3479
8 a.m. to 8 p.m.
Monday through Friday
TTY **711**

Free SilverSneakers fitness program

SilverSneakers Fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to more than 16,000 facilities across the country.

Find a participating fitness center:

www.silversneakers.com

1-866-584-7352, 8 a.m. to 8 p.m. Monday through Friday. TTY users call **711**.

Download the BCBSM and SilverSneakers GO apps today.

Download on the App Store

GET IT ON Google Play

SilverSneakers® app questions:
www.SilverSneakers.com/GO
1-866-584-7352
TTY users call **711.**

Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. SilverSneakers GO is a trademark of Tivity Health, Inc. ©2019.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

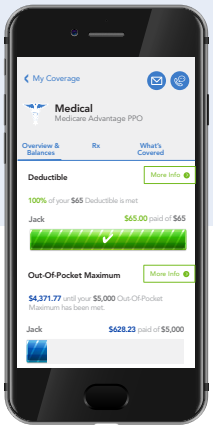
Google Play and the Google Play logo are trademarks of Google LLC.

Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to health care costs. That's where your Blue Cross online member account can help. When you log in, you'll see how much you'll pay at the doctor. You can also check that past charges are accurate, and more.

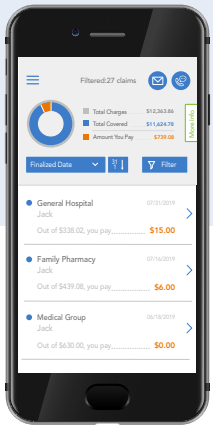
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



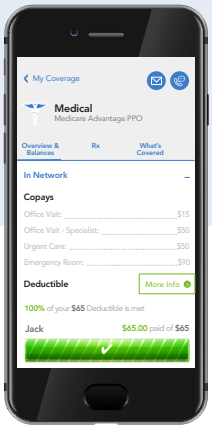
Review your claims and Explanation of Benefits

Claims and EOBs show you how much a provider charged for services, and what portion we've paid. They also tell you what services you've already paid for, and if your payment amount is correct.



Know your copays before you visit a provider

Easily access copayment information for commonly used services, including office visits and urgent care.



Getting active is easier with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between 4- or 12-week programs including strength, walking, and meditation.
- Modify exercises to make them easier or harder with just one click
- Find everything you need in one place: your member ID, SilverSneakers locations and more

SilverSneakers GO™

Contact information

UAW Retiree Medical Benefits Trust Service Center

1-888-322-5616. TTY users call **711**.

8 a.m. to 7 p.m. Eastern time, Monday through Friday.

www.bcbsm.com/UAWTrust

600 E. Lafayette, Detroit, MI 48226

Retiree Health Care Connect

1-866-637-7555

8:30 a.m. to 4:30 p.m. Eastern time, Monday through Friday. TTY users call **711**.

Durable medical equipment, prosthetics and orthotics

1 888-322-5616

TTY users call **711.**

Diabetic supplies
J & B Medical Supply Co.

1-888-896-6233

8 a.m. to 6 p.m. Monday through Friday

TTY users call **711**.

TruHearing

1-844-394-5420

TTY users call **711.**

Prescription drug
Express Scripts

1-866-662-0274

Open 24 hours a day, seven days a week (except Thanksgiving and Christmas).

TTY users call **711**.

Davis Vision

1-888-234-5164

TTY users call **711.**

www.davisvision.com

Delta Dental

1-800-524-0149

TTY users call **711.**

www.deltadentalmi.com

Medicare PLUS Blue℠ Group PPO

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

UAW RETIREE Medical Benefits Trust

Blue Cross Blue Shield of Michigan is proudly represented by the UAW