2021 benefits at a glance

NON-MEDICARE UAW CHRYSLER AND GM TRUST MEMBERS

Enhanced Care PPO

UAW RETIREE Medical Benefits Trust
If you are currently enrolled with Blue Cross Blue Shield of Michigan or considering enrolling with us, we are excited to provide you with this informational booklet with details about our plans for 2021.

We offer:

- **Enhanced Care PPO (referred to as ECP)** health plan for non-Medicare members.
- **Traditional Care Network (TCN)** health plan for Medicare members.
- **Medicare Advantage PPO (MA PPO)** health plan for members enrolled in Medicare Part A and Part B who reside in Alabama, Florida, Indiana, Michigan, Missouri or Tennessee.
- **Blue Care Network** health plan for non-Medicare members in Michigan who want an HMO option.
- **Blue Care Network Advantage** health plan for members in Michigan who are enrolled in Medicare Part A and Part B and want an HMO option.
With the Enhanced Care PPO product (referred to as ECP), you have access to the largest network of doctors, hospitals, and other health care providers from which to choose within our preferred provider organization.

Our large network gives you and your family access to thousands of doctors and hospitals. More than likely, any doctor or hospital you choose will be in the network.

You will find that your deductibles, co-insurance, copayments and other out-of-pocket expenses will be less when you use a network provider. If you go outside of the network, you will pay more for services, and in some cases, services may not be covered by the plan.

It’s easy to check to see if your provider is in the network by calling 1-866-507-2850 or by following the steps on page 4 of this book.

If you have any questions about your coverage, bills you might have received, or your explanation of benefits, call 1-866-507-2850. You can always find that number on the back of your Blue Cross ID card. Customer service representatives will be happy to answer any questions you may have. Customer service representatives are available between the hours of 8 a.m. – 8 p.m. EST, Monday – Friday.

You can also get the Blue Cross mobile app to have your health care plan at your fingertips. You can check your coverage, claims and balances; show and share your ID card; find care and compare costs, or check hospital and doctor quality. Just search BCBSM at the App Store or Google Play.

Our goal is always to keep you informed and healthy. Thank you for considering Blue Cross Blue Shield of Michigan and the Enhanced Care PPO plan.
As a member of the UAW Retiree Medical Benefits Trust, you have access to several Blue Cross plans that meet your needs and those of your family. With every Blue Cross card, you receive additional support. Some of the programs we offer to members include:

**Health Guide** provides help in navigating the health care system. Health guides can be reached via phone, email or online. Contact a health guide to:

- Answer your questions on benefits, claims and billing.
- Help you select in-network doctors and specialists, and schedule appointments.
- Connect you to nurses or clinical staff to address immediate health needs.
- Give you recommendations about preventive care and help you get it done.
- Alert you when clinical programs have been trying to reach you.
- Educate you about gaps in your health care.

**The Blue Cross® Health & Wellness** website, powered by WebMD®, provides helpful online information and tools 24 hours a day. Getting started is easy. Just sign in to [bcbsm.com/uawtrust](http://bcbsm.com/uawtrust), select your state, then click on the Health & Wellness tab to:

- Complete a health assessment to help us learn more about you and your needs.
- Participate in Digital Health Assistant programs to help you reduce your health risks.
- Create a personal Health Record where you can store, maintain, track and manage your health information.
- Sync your fitness trackers, medical devices and mobile apps with the website.
- Learn about conditions, symptoms, medications and other health topics.

*WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness resources to its members.*
**Tobacco Cessation Coaching powered by WebMD®,** which provides certified health coaches who can help you become tobacco-free by offering counseling and support. Call our Health Education Center and speak to one of our health care coaches at **1-855-326-5102** when you are ready to make a commitment to quit within 30 days.

**Care Support programs** that help you manage chronic conditions or complex medical conditions. They provide support, community resources, education and coordination of care. These programs close gaps in your medical care. Specialized programs include:

- **24/7 Nurse Line** assists you in making the most informed decisions about your health. Nurses are available to answer your health questions and review your symptoms to determine the appropriate level of care.

- **Cecelia Health** provides personalized support to help you maintain and manage your diabetes for a better quality of life. Your personalized coach can help with many topics including:
  - Medication tips and guidance
  - Blood sugar monitoring
  - Preventive care
  - Healthy eating, exercise and more

Contact Health Guide at **1-866-507-2850** for more information on these programs.

- **2nd.MD** provides consultations, through video chat or phone call, with leading medical specialists, including 120 sub-specialists from top health care institutions such as Johns Hopkins, Mayo Clinic and UCLA Medical Center. Ask participating doctors about complex or uncertain diagnoses, your medications, or possible surgery. Contact 2nd.MD at **1-866-842-1141** or visit [www.2nd.md/trust](http://www.2nd.md/trust) for additional information.

- **Welvie** offers a six-step program for patients considering elective surgery. You’ll have access to an interactive educational guide to help decide if surgery is your best option, as well as how to prepare for and recover from procedures for the back, knees, hips and eyes. Go to [www.welvie.com](http://www.welvie.com) and select Register to get started. You can also call Welvie customer service at **1-877-434-6168**.

- **New Directions** works to improve your health through balanced treatment of the body and mind. New Directions provides prior authorizations for impatient mental health and substance use treatment. Contact New Directions at **1-877-228-3912**, or visit [www.ndbh.com](http://www.ndbh.com).
How to find a network provider

If you don’t already have a primary care doctor, visit bcbsm.com/uawtrust to get started. Once there, follow these steps:

1. Select your state.

2. Select view non-Medicare plans.


4. Select Find a Doctor.

5. If desired, enter your location (City & State, or Zip Code).

6. Enter the doctor or hospital name.

7. You can narrow your search by choosing from the list on the left, such as Accepting new patients, Primary Care Providers, or specialty.

Selecting a primary care doctor for you and your family is an important decision. Your doctor is your partner in maintaining your good health and providing care for most of your basic health care needs, including:

- Regular checkups
- Health screenings and immunizations
- Treatment for illness or injury
- Treatment for chronic conditions like asthma and diabetes

Your primary care doctor can also coordinate specialty care, lab tests and hospitalizations. Primary care doctors are family or general practice doctors, internists and geriatricians.

Maintaining a relationship with your primary care doctor is important because he or she may be able to see trends or symptoms you may not notice. Your doctor also knows your family history and risks. With routine tests, your doctor may be able to catch health concerns early.
Your primary care physician checklist

Use this checklist to help take you through the process of finding, making an appointment and interacting with your primary care physician.

1. **Find a doctor:**
   - Visit [bcbsm.com/uawtrust](http://bcbsm.com/uawtrust), and see the steps on the previous page to find a network provider.
   - If you would prefer to have us help you find a network provider, call **1-866-507-2850** and speak to a representative.

2. **Before you call your primary care physician:**
   - Write down questions and concerns. If you need pointers on the types of questions you should ask, call **1-866-507-2850** and we can help.
   - Gather a list of current medication and immunization records.
   - Have your Blue Cross ID card and photo ID or driver’s license handy.

3. **When calling, tell them:**
   - Your name and Blue Cross ID information.
   - Reason you’re seeing the doctor.
   - Days and times that work for you.
   - *Ask:* For any forms that can be sent before your visit.
   - What else you need to bring.

4. **For your appointment:**
   - *Bring:* Blue Cross ID card and photo ID.
   - Any papers or forms sent ahead of time.
   - Health information (medical records), including you and your family’s health history.
   - List of prescriptions and over-the-counter medicines.
   - Herbal remedies and vitamins you are taking.
   - Prescription refills you need.
   - Someone to help you talk to your doctor, if needed.

5. **After your appointment:**
   - Follow your doctor’s advice.
   - Schedule any follow-up appointments.
   - Not comfortable with your doctor? Find a new one, if you need to.
2021 Cost share summary

## Monthly contributions and out-of-pocket expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
</table>
| Monthly contribution – The monthly amount you must pay in order to have coverage for yourself and your dependents | Individual: $17  
Family: $34  
Protected: $17 (individual or family) | Individual: $400  
Family: $675  
Individual: $1,000  
Family: $1,700 |
| Deductible – per calendar year                                              | Individual: $400  
Family: $675 | Individual: $800  
Family: $1,475 |
| Coinsurance                                                                | 10%         | 30%            |
| Out-of-pocket maximum – per calendar year                                  | Individual: $800  
Family: $1,475 | Individual: $3,000  
Family: $5,550 |
| Combination of deductible and coinsurance                                   |             |                |
Understanding important terms

**Deductible** — the amount you must pay toward covered medical services within a calendar year before the Plan begins to pay. This does not apply to services that require a copay.

**Coinsurance** — percentage you pay for covered services after you have met your deductible.

**Out-of-pocket maximum** — the total amount you will pay in a calendar year. It is a combination of the deductible and coinsurance. Once paid, most covered services are paid at 100% for the rest of the calendar year.

**Copayment (copay)** — a fixed amount you pay to receive a medical service, usually at the time of service (office visits, emergency room, urgent care). Note that the copayment does not go toward paying the deductible, coinsurance or out-of-pocket maximum. Copays are separate and continue even after your out-of-pocket maximums are met.

**In network** — the provider has agreed to participate in the BCBS PPO program and accepts the allowed amount as payment in full. Other than the applicable cost share, you won’t be billed for the balance.

**Out of network** — the provider does not have an agreement with the BCBS PPO program, but accepts the allowed amount as payment in full. Other than cost share, the provider can’t bill you for the balance. You may have to pay higher cost share, because the provider is out of network.

**Non-participating** — the provider does not have an agreement with BCBS and does not have to accept the allowed amount as payment in full. You are responsible for cost share plus any difference between the allowed amount and the provider’s charge (the balance).
## Preventive services

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Wellness Exam</td>
<td>Covered – $25 copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Pap Smear Screening — one per calendar year</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Pap Smear Screening — one per calendar year</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Early Detection Screening Tests</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Barium Enema X-ray — one every 5 years age</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Colonoscopy — one every 10 years age</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Sigmoidoscopy — one every five years age</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fecal Occult Blood Test — one per calendar year</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Cholesterol screening</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hepatitis C (HCV) Screening</td>
<td>Covered – 100%</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Well Baby — Six visits up to age 2</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Immunizations — age and frequency limitations</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Immunizations — age and frequency limitations</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Immunizations — age and frequency limitations</td>
<td>Covered – 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Physician office services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
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<td></td>
</tr>
<tr>
<td>Primary Care Office Visits</td>
<td>Covered – $25 copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>Covered – $35 copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Advance Care Office Visits</td>
<td>Covered – $25 copayment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Office Consultation &amp; Outpatient Consultation — not subject to deductibles or out-of-pocket maximums</td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Retail Health Centers</td>
<td>Covered – $50 copayment</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency medical care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>Covered – $125 copayment waived if admitted</td>
</tr>
<tr>
<td>Physician Qualified Medical Emergency &amp; First Aid Services</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Urgent Care Centers</td>
<td>Covered – $50 copayment</td>
</tr>
<tr>
<td>Ground Ambulance Medically necessary transport</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
</tbody>
</table>
### Emergency medical care continued

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Air/Water Ambulance</strong></td>
<td>Covered – 100% up to the allowed amount</td>
<td>Covered – 100% up to the allowed amount</td>
</tr>
<tr>
<td>Covers one-way transport from the scene of an emergency incident to the nearest available facility qualified to treat the patient, or transporting a patient one-way or round-trip from home to the nearest available facility qualified to treat the patient. Medical emergency/accidental injury patients are provided one-way transportation from home to the facility. Home bound patients are provided round trip transportation from home to the facility and back when medically necessary and when other means of transportation could not be used without endangering the patient’s health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Emergency/Accidental Injury: Follow-Up Care</strong></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Diagnostic services

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA)</strong></td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Use of MRI/MRA for diagnostic examination for all body parts when ordered by a physician and performed on approved equipment. Must be performed at approved facilities. Preauthorization may be required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Outpatient Diagnostic Tests, X-rays, Laboratory &amp; Pathology, PET, CAT Scans and Nuclear Medicine</strong></td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Preauthorization may be required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiation Therapy</strong> — for the diagnosis of condition, disease or injury. Preauthorization may be required.</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
</tbody>
</table>


### Maternity services provided by a physician

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Natal and Post-Natal Care</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Delivery and Nursery Care</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Abortions — must be medically necessary.</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
</tbody>
</table>

For medically induced abortion by oral ingestion of medication when medically necessary.

**Certified Nurse Midwife**

For a given uncomplicated pregnancy, reimbursement for such care would be to the physician or certified nurse midwife, but not both. Obstetrical services by certified nurse midwives are limited to basic antepartum care, normal vaginal deliveries, and postpartum care. Certified nurse midwives are reimbursed only for deliveries occurring in the inpatient setting or in a birthing center that is hospital affiliated, state licensed and accredited and approved by the carrier.

The certified nurse midwife must be legally qualified and registered, certified nurse and/or licensed, as applicable, to perform these health care services.

### Hospital care

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Private Room, General Nursing Services, Meals and Special Diets*</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered — subject to deductible and coinsurance</td>
</tr>
<tr>
<td>(Predetermination required)</td>
<td>Maximum 365 days for each continuous period of hospital confinement or for successive periods of confinement separated by less than 60 days.</td>
<td></td>
</tr>
<tr>
<td>Inpatient Medical Care</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Covered – subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
</tbody>
</table>

Coverage is provided for treatment of malignant disease and Hodgkin’s disease, except when the treatment is considered experimental or investigational. Preauthorization may be required.

*Non-emergency services rendered at a non-participating facility are not covered.*
<table>
<thead>
<tr>
<th><strong>Alternatives to hospital care</strong></th>
<th><strong>You pay</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Ambulatory Surgical Centers***  
(Facility must satisfy Program requirements and be an approved facility) | Covered — subject to deductible and coinsurance | Covered — subject to deductible and coinsurance |
| **Skilled Nursing Facility***  
(Must be an approved BCBS Skilled Nursing Facility) | Covered — subject to deductible and coinsurance  
Limited to 100 days per benefit period. Renewable after 60 days of continuous non-confinement. | Covered — subject to deductible and coinsurance |
| **Hospice Care***  
(Provider approval required) | Covered — subject to deductible and coinsurance  
Limited to 2 days of hospice care for each remaining inpatient hospital day. Lifetime maximum of 210 days. | Covered — subject to deductible and coinsurance |
| **Home Health Care***  
(Facility approval required) | Covered — subject to deductible and coinsurance  
Limited to 3 home health care visits for each remaining day of the inpatient hospital benefit period as long as the patient is medically eligible. Each visit by member of the home health care team, and each home health aide visit is considered the equivalent of 1 home visit. | Covered — subject to deductible and coinsurance |

*Services rendered at a non-participating facility are not covered.*
### Outpatient surgical services

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery — includes materials, supplies, preoperative and postoperative care, and suture removal</td>
<td>Covered — subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Voluntary Sterilization</td>
<td>Covered — subject to deductible and coinsurance</td>
<td>Covered – subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Excludes sterilization reversal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Human organ transplants

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Organ Transplants</td>
<td>Preauthorization by Human Organ Transplant Program is required. All members must be enrolled in Case Management. Must be performed in a Blue Distinction Center.</td>
<td>Covered — subject to deductible and coinsurance</td>
</tr>
</tbody>
</table>

### Mental health care and substance abuse treatment

Inpatient services must be pre-authorized by New Directions.

<table>
<thead>
<tr>
<th></th>
<th>Inpatient: Up to 45 days treatment each for psychiatric and substance abuse covered — 100% up to the allowed amount.</th>
<th>Outpatient: Mental Health: Up to 35 visits covered per benefit period — Visits 1-20: 100% up to the allowed amount, Visits 21-35: up to 75% of the allowed amount.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatient: Mental Health: Up to 35 visits covered per benefit period — Visits 1-20: 100% up to the allowed amount, Visits 21-35: up to 75% of the allowed amount.</td>
<td>Substance Use Disorder: Up to 35 visits per benefit period covered at 100% up to the allowed amount.</td>
</tr>
<tr>
<td></td>
<td>Substance Use Disorder: Up to 35 visits per benefit period covered at 100% up to the allowed amount.</td>
<td></td>
</tr>
</tbody>
</table>

*Services rendered at a non-participating facility are not covered.*
### Other services

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Testing</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Allergy Therapy/Serum</td>
<td>Covered — subject to deductible and coinsurance</td>
<td>Covered — subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Covered — subject to deductible and coinsurance</td>
<td>Covered — subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Emergency first aid and diagnostic X-ray of the spine only. Excludes adjustment manipulation and office visit.</td>
<td>Coverage details provided in the table.</td>
<td>Coverage details provided in the table.</td>
</tr>
<tr>
<td>Outpatient Physical, Speech and Occupational Therapy (medical necessity required)</td>
<td>Coverage details provided in the table.</td>
<td>Coverage details provided in the table.</td>
</tr>
<tr>
<td>Durable Medical Equipment*</td>
<td>Covered — 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Prosthetic and Orthotic Appliances</td>
<td>Covered — 100%</td>
<td>Covered — 100%</td>
</tr>
<tr>
<td>Hair Pieces and Wigs — Wigs and appropriate related supplies (stand and tape) are covered for any age for an individual who is suffering hair loss from the effects of chemotherapy, radiation therapy or other treatments for cancer. For the initial purchase of wig and related supplies, the maximum benefit is $250. Thereafter, the maximum annual benefit is $125.</td>
<td>Covered — 100%</td>
<td>Prosthetic &amp; Orthotic appliances are not covered with the exception of wigs</td>
</tr>
<tr>
<td>Prosthetic and Orthotic: Jaw Motion Rehabilitation (Jaw motion rehabilitation system and related items)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*Durable Medical Equipment — Subject to deductible and coinsurance when processed as part of inpatient services. Supplies furnished by non-participating providers are not a benefit.*
### Other services continued

<table>
<thead>
<tr>
<th>Service</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic supplies — test strips and lancets</td>
<td>Covered — 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Must be provided by a medical supplier.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Education</td>
<td>Covered — 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Covers comprehensive American Diabetes Association-approved education classes for newly-diagnosed or uncontrolled diabetics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>Up to 36 sessions</td>
<td>Not covered</td>
</tr>
<tr>
<td>Only Phases I and II are covered</td>
<td>(3 sessions per week for 12 weeks) covered at 100%</td>
<td></td>
</tr>
<tr>
<td>Must begin within 3 months of a cardiac event and be completed within 6 months.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vision care medical coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine exam</td>
<td>Under the medical coverage, one routine vision exam covered with a $25 copayment, once every 24 months.</td>
</tr>
<tr>
<td>Routine exams, frames, lenses and additional services —</td>
<td>Contact Davis Vision at 1-888-234-5164.</td>
</tr>
</tbody>
</table>

### Prescription drugs

**Coverage administered by Express Scripts, 1-866-662-0274**

<table>
<thead>
<tr>
<th>Type</th>
<th>Tier 1: Generic $5*</th>
<th>Tier 2: Preferred Brand $45*</th>
<th>Tier 3: Non-preferred Brand $115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>-Tier 1: Generic $5*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(One-Month Supply)</td>
<td>Tier 2: Preferred Brand $45*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order</td>
<td>Tier 1: Generic $5*</td>
<td>Tier 2: Preferred Brand $45*</td>
<td>Tier 3: Non-preferred Brand $115</td>
</tr>
<tr>
<td>(90-Day Supply)</td>
<td>Tier 2: Preferred Brand $45*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Annual Prescription Copay Out-of-Pocket Maximum:* $1,500 per person (applies to Tier 1 and Tier 2 medications only)

### Prescription Drug Categories

- **Tier 1**: Generic Medications (Equivalents or Alternatives)
- **Tier 2**: Brand Medications (Single Source, Preferred Brand, and Sensitive Drug Classes)
- **Tier 3**: Brand Medications (Multi-Source or Non-Preferred Brand)
If you do not have an “Amount you pay” after your services are rendered, you will NOT receive an EOB. If however you do owe an amount, you will receive an explanation of benefits (EOB). The EOB will show you:

- What services you had and what the provider billed
- What your Plan paid and any Blue Cross discounts that were applied
- The amount you may owe through deductibles, coinsurance or copayments
- Any non-covered services that were not payable through your benefit plan

Reviewing your EOB statements is a good way to keep track of your medical care and expenses.

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**EOB Statement Details**

1. Identifies who this EOB statement is for.
2. Summarizes claims by doctor, hospital, or other health care provider as follows:
   - The amount submitted to Blue Cross on the claim.
   - What you saved by being a Blue Cross member.
   - What Blue Cross paid.
   - Amounts any other insurance(s) paid.
   - What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
   - Shows the balances to date for deductibles and out-of-pocket maximums for your current benefit period.
3. Important information about your coverage, tips to lower health care costs, and ways to improve overall health.
4. Customer Service information if you have questions about something on your statement.

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**EXPLANATION OF BENEFIT PAYMENTS**

**THIS IS NOT A BILL**

**Statement Date:** 05/10/14

**Patient Name:**
- **Patient Born In:** JULY 1990
- **Enrollee Name:** PAUL MEMBER
- **Enrollee ID:** ****1234
- **Group Name:** COMPANY NAME
- **Group Number:** 0012345-1234
- **Coverage:** MEDICAL

**Claim Summary**

<table>
<thead>
<tr>
<th>Hospital, Doctor or Other Health Care Provider</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E equals Amount You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR A</td>
<td>$56.00</td>
<td>$41.26</td>
<td>$22.77</td>
<td>$0.00</td>
<td>$2.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$56.00</td>
<td>$41.26</td>
<td>$22.77</td>
<td>$0.00</td>
<td>$2.47</td>
</tr>
</tbody>
</table>

* Blue Cross negotiates discounts with hospitals, doctors and other health care providers to help save you money.

**Summary of Deductibles and Out-of-pocket Maximums**

These totals are based on our information to date and may not reflect all outstanding claims.

- **BENEFIT PERIOD:** Jan. 01, 2014 through Dec. 31, 2014
- **In-network deductible applied to date:** $560.00
- **In-network out-of-pocket maximum applied to date:** $524.13

**Helpful Information**

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

Make your life easier! Get all your benefit statements online. It's simple. It's safe. It's secure. Your EOB statements are available to you any time, any day, whenever you choose. Register now at BCBSMI.com/login

The statement shown is general and for illustrative purposes only. Your actual statement may look slightly different depending on your benefit plan.
Detailed information about each claim we processed.

The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.

Information your provider puts on the claim to identify the medical service you received.

The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.

**Important terms/definitions**

- **Hospital care Call/nursing telephone support**
- **Hospital and other services**
- **Alternatives to hospital care**
- **Plan benefits**
- **Ready to join**
- **Who can join**
- **Beyond original Medicare**
- **Other services**
- **Mental health and substance abuse treatment**
- **Leaving the hospital**
- **Questions**
- **DME**
- **SilverSneakers**
- **Preventive care**
- **Prescription drugs**
- **Deductible, coinsurance and dollar maximums**
- **Reasons to join**
- **Physicians/Providers**
- **Internet/bcbsm.com/online/live coaching**
- **MyBlue Medicare Magazine**
- **Physician office services**
- **Outpatient diagnostic services**
- **Surgical services hearing**
- **Everyday savings**
- **Tobacco cessation**
- **Emergency services**
- **Coping with heart failure or COPD**
- **Facing a complex medical condition**
- **Where am I covered**
- **Pneumonia**
- **Research monitors**
- **Missouri Shot**
- **Customer service**
- **Member**
- **Maternity care**
- **Organ transplant**
- **Eye care**
- **Food and nutrition**
- **Health and fitness**
- **Home and garden**
- **Recreation**
- **Travel**

**Online EOBs**

Log in at [bcbsm.com/uawtrust](http://bcbsm.com/uawtrust) if you want to view recent claims, deductibles, coinsurance balances, and other information. It’s easy:

1. Go to [bcbsm.com/uawtrust](http://bcbsm.com/uawtrust) and follow steps to create a login account.
2. After logging in, select Claims in the blue bar near the top.
3. Click on Explanation of Benefits statements.

**Help us prevent fraud**

Checking to make sure you actually received services as shown on the EOB helps us prevent error and fraud. Call 1-866-507-2850 if you have questions about a claim or EOB.
To confirm you are paying the right amount, compare the EOB and the provider bill side-by-side. Match the service dates and the amounts. If they match, pay the provider that amount and file the EOB for your records.
After your claims are submitted to BCBS by your providers, you will receive an Explanation of Benefits. In addition, you will most likely receive a billing statement from your provider, showing any outstanding balances you may owe.

If the amounts do not match, or if you have questions, call 1-866-507-2850, as shown on the back of your BCBS identification card. A BCBS representative will be happy to review the EOB statement and answer your questions.

If you are not satisfied with the response or outcome from customer service, you may file an appeal with BCBS by sending the bills in question, the information on the front of your BCBS ID card (name, contract and group number), your phone number, and a statement that explains your concern, to the address in step 4 below.

Auto National Appeal Unit  
600 Lafayette East – Mail Code #CS 3A  
Detroit, Michigan 48226-2998

If the issue remains unresolved, you may file an appeal with the UAW Trust. Please see your Summary Plan for details.
Health Guide
For health care or benefit questions, claim assistance, or help finding a participating provider
8 a.m. to 8 p.m. Eastern time, Monday - Friday
1-866-507-2850

Blue Cross Blue Shield of Michigan
Hospital, Surgical/Medical Services
8 a.m. - 8 p.m. Eastern time
Monday – Friday
1-877-832-2829

Mailing Address (for claim inquiries):
UAW Auto Retiree Service Center
P.O. Box 311088
Detroit, Michigan 48231

Retiree Health Care Connect
The UAW Trust eligibility and call center
Eligibility, membership, address changes, and ID card requests
1-866-637-7555

Tobacco Cessation
Coaching and resources to help you quit, powered by WebMD®
1-855-326-5102

Blue Cross Blue Shield Global Core
For International claim and provider services
1-800-810-2583 or call collect at 1-804-673-1177
www.bcbsglobalcore.com

Blue Card Access — National Provider Network
Information on participating network providers at home and while traveling
1-800-810-2583

Express Scripts
Mail Order and Retail (Drug Stores)
Prescription drug questions
1-866-662-0274

New Directions — Help Line
Precertification — Mental Health and Substance Use Disorder
1-877-228-3912

TruHearing
1-844-394-5420

Delta Dental
1-800-524-0149

Davis Vision
1-888-234-5164

Veterans Health Administration
va.gov/health
1-877-222-8387

UAW Retiree Medical Benefits Trust
uawtrust.org

Centers for Medicare and Medicaid Services
Medicare.gov
1-800-633-4227

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