Medicare Plus Blue[SM] Group PPO *offered by Blue Cross Blue Shield of Michigan*

UAW Retiree Medical Benefits Trust

Annual Notice of Changes for 2022

You are currently enrolled as a member of Medicare Plus Blue Group PPO. Next year, there will be some changes to the plan's costs and benefits*. This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Section 1.4 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our *Provider Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services you use regularly?
- How much will you spend on your deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at **www.medicare.gov/plan-compare** website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan, you will be enrolled in Medicare Plus Blue Group PPO.
- To change to a **different plan** that may better meet your needs, you can switch plans at any time. See Section 3 for more information.

4. ENROLL: To hear UAW Trust Medicare plan options or to change plans, contact **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time (TTY users 711.)

Additional Resources

- This information is available for free in alternate formats, including large print and audio CD. Please call Customer Service at 1-888-322-5616, TTY users call 711. We are available Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern time. Calls to this number are free.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

About Medicare Plus Blue Group PPO

- Medicare Plus Blue is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "our plan," it means Medicare Plus Blue Group PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO 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.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at **www.bcbsm.com/uawtrust.** You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Deductible	**In-network**: Your deductible liability is limited to $245 when you use in-network providers **In-network/Out-of-network Combined**: $490	**In-network**: Your deductible liability is limited to $200 when you use in-network providers **In-network/Out-of-network Combined**: $490

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	**From in-network providers**: $630 This amount includes any portion of your coinsurance and deductible that is applied to in-network services **From in-network and out-of-network providers combined**: $1,395 This amount includes any portion of your coinsurance and deductible that is applied to your combined in- and out-of-network services **In-network and Out-of-network** copay maximum $1,500 This amount includes all flat dollar copays for covered services.	**From in-network providers**: $530 This amount includes any portion of your coinsurance and deductible that is applied to in-network services **From in-network and out-of-network providers combined**: $1,395 This amount includes any portion of your coinsurance and deductible that is applied to your combined in- and out-of-network services **In-network and Out-of-network** copay maximum $1,500 This amount includes all flat dollar copays for covered services.

Cost	2021 (this year)	2022 (next year)
Doctor Office Visits	**In-network:** Primary care visits: $20 Specialist visits: $25 Online visits: $20 Retail health clinic: $25 Rural health clinic: $20 **Out-of-network:** Office visits: 50% Office surgical services: 50% Retail health clinic: $25 Rural health clinic: 50%	**In-network:** Primary care visits: $10 Specialist visits: $20 Online visits (PCP): $10 Online visits (specialist): $20 Retail health clinic: $25 Rural health clinic: $10 **Out-of-network:** Office visits: 50% Office surgical services: 50% Retail health clinic: $25 Rural health clinic: 50%
Inpatient Hospital Stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Covered at 100% for Medicare-approved clinical and pathology lab services **In-network:** You pay 10% coinsurance for facility evaluation and management services, and all other inpatient services **Out-of-network:** You pay 30% coinsurance for facility evaluation and management services, and all other inpatient services after you meet your annual deductible	Covered at 100% for Medicare-approved clinical and pathology lab services **In-network:** You pay 10% coinsurance for facility evaluation and management services, and all other inpatient services **Out-of-network:** You pay 30% coinsurance for facility evaluation and management services, and all other inpatient services after you meet your annual deductible

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

There will continue to be no monthly contribution for 2022 to the UAW Retiree Medical Benefits Trust.

(You must also continue to pay your Medicare Part B premium.)

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as deductibles) from in-network providers count toward your in-network maximum out-of-pocket amount.	$630	$530 Once you have paid $530 out-of-pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	$1,395	$1,395 Once you have paid $1,395 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year.

An updated *Provider Directory* is located on our website:

1. Visit us online at **www.bcbsm.com/UAWTrust**
2. Scroll down to *How can we help?*
3. Click *Find a doctor*
4. Click *Choose a location*
5. Follow the prompts on the page
6. Find a doctor

You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the *2022 Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.

If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see your *2022 Evidence of Coverage*, which you will receive in a separate mailing.

There has been an update to your opioid treatment program services benefit, but you will still pay the same amount for these services.

Opioid treatment program services changes

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- *U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.*
- *Dispensing and administration of MAT medications (if applicable)*
- *Substance use counseling*
- *Individual and group therapy*
- *Toxicology testing*
- ***Intake activities – new for 2022***
- ***Periodic assessments – new for 2022***

Cost	2021 (this year)	2022 (next year)
Acupuncture for low back pain	**In-network and Out-of-network:** Up to 12 visits in 90 days	**In-network and Out-of-network:** Up to 20 visits in a calendar year
Allergy injections	**In-network:** From primary care provider: $20 From specialty care provider: $25	**In-network:** From primary care provider: $10 From specialty care provider: $20

Cost	2021 (this year)	2022 (next year)
Cardiac rehabilitation services	**In-network:** 10% coinsurance after you meet your annual deductible May require prior authorization	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible Prior authorization not required
Chiropractic services	May require prior authorization	Prior authorization not required
Diabetic eye exams	**In-network:** $25 copay	**In-network:** Covered at 100% of the approved amount
Diabetic shoes	**In-network and Out-of-network:** 1 pair (including inserts) per calendar year	**In-network and Out-of-network:** 2 pairs (including inserts) per calendar year
Gradient compression stockings	**In-network and Out-of-network:** Limit of 6 pairs per year Prior authorization not required	**In-network and Out-of-network:** No limit on pairs per year May require prior authorization

Cost	2021 (this year)	2022 (next year)
Medicare Part B prescription drugs	**In-network (when administered by a physician):** From primary care provider: $20 From specialty care provider: $25	**In-network (when administered by a physician):** From primary care provider: $10 From specialty care provider: $20
Outpatient diagnostic tests and therapeutic services and supplies	**In-network (Office visits):** From primary care provider: $20 From specialty care provider: $25	**In-network (Office visits):** From primary care provider: $10 From specialty care provider: $20
Outpatient mental health care	**In-network:** Visits 1-20 Covered at 100% of the approved amount, not subject to deductible Visits 21+ • In facility: $25 • Primary care provider, in office: $20 • Specialty care provider, in office: $25	**In-network:** Covered at 100% of the approved amount

Cost	2021 (this year)	2022 (next year)
Outpatient physical, occupational and speech therapy	**In-network:** 10% coinsurance of the approved amount, after you meet your annual deductible	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible.
Outpatient rehabilitation services	**In-network:** 10% coinsurance of the approved amount, after you meet your annual deductible	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible.
Outpatient substance use disorder services	**In-network:** Visits 1-20 Covered at 100% of the approved amount, not subject to deductible Visits 21+ • In facility: $25 • Primary care provider, in office: $20 • Specialty care provider, in office: $25	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible
Podiatry	**In-network:** Office visits: $25	**In-network:** Office visits: $20

Cost	2021 (this year)	2022 (next year)
Pulmonary rehabilitation services	**In-network:** 10% coinsurance after you meet your annual deductible May require prior authorization	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible Prior authorization not required
Skilled nursing facility care	**In-network:** Days 1-100 10% coinsurance of the approved amount after you meet your annual deductible	**In-network:** Days 1-50 Covered at 100% of the approved amount. Not subject to the deductible Days 51-100 $20 copay per day
Supervised exercise therapy (SET)	**In-network:** 10% coinsurance after you meet your annual deductible	**In-network:** Covered at 100% of the approved amount. Not subject to the deductible
Vision care	**In-network and Out-of-network:** Routine eye exams: $25	**In-network and Out-of-network:** Routine eye exams: $20
Wigs	**In-network and Out-of-network:** Up to a $300 lifetime maximum 10% coinsurance of the approved amount	**In-network and Out-of-network:** Up to a $250 annual maximum Covered at 100% of the approved amount

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Medicare Plus Blue Group PPO

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically be enrolled in Medicare Plus Blue Group PPO.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can choose Original Medicare and select the Traditional Care Network plan as your secondary plan. For more information about your options, call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.

  To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

  You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to **www.medicare.gov/plan-compare.** **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

  Note: **www.medicare.gov** does not include UAW Trust Medicare plan options.

Step 2: Change your coverage

- To make a change, call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.
- Once you change your plan with Retiree Health Care Connect, you will be disenrolled automatically from Medicare Plus Blue Group PPO.

SECTION 3 Changing Plans

If you want to change to a different Medicare Advantage plan, or you don't like your plan choice for 2022, you can change your Medicare coverage **at any time**. For more information, see Chapter 8 of the *Evidence of Coverage*, or call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.

Note: Your Medicare Plus Blue Group PPO deductible, coinsurance, etc. will not transfer to a new plan if a change is made during the year.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call:

Alabama Members:

Alabama Department of Senior Services	
CALL	Toll-free 1-800-243-5463 Available from 8:00 a.m. to 5:00 p.m. Central time, Monday through Friday.
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 7:00 p.m. Monday through Friday, Eastern time.
WRITE	Alabama Department of Senior Services 201 Monroe Street Suite 350 Montgomery, AL 36104
WEBSITE	**www.alabamaageline.gov**

Florida Members:

Florida Department of Elder Affairs – SHINE Program	
CALL	Toll-free 1-800-963-5337 Available from 8:00 a.m. to 5:00 p.m. Eastern time, Monday through Friday
TTY	1-800-955-8770 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Department of Elder Affairs – SHINE 4040 Esplanade Way – Ste 270 Tallahassee, FL 32399-7000
FAX	1-850-414-2150
WEBSITE	**www.FloridaShine.org**
EMAIL	**information@elderaffairs.org**

Indiana Members:

SHIP	
CALL	Toll-free 1-800-452-4800
TTY	1-866-846-0139 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	SHIP 311 W. Washington Street – Ste. 300 Indianapolis, IN 46204-2787
WEBSITE	**www.medicare.in.gov**

Michigan Members:

Michigan Medicare/Medicaid Assistance Program	
CALL	Toll-free 1-800-803-7174
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 7:00 p.m. Monday through Friday, Eastern time.
WRITE	MMAP, Inc. 6105 W. St. Joe Highway Suite 204 Lansing, MI 48917
WEBSITE	**www.mmapinc.org**

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).

SECTION 6 Questions?

Section 6.1 – Getting Help from Medicare Plus Blue Group PPO

Questions? We're here to help. Please call Customer Service at 1-888-322-5616 TTY users call 711. We are available for phone calls Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern time. Calls to this number are free.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Medicare Plus Blue Group PPO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services.

To see your online *Evidence of Coverage*:
1. Go to **www.bcbsm.com/uawtrust**
2. Click *Help*.
3. Scroll down to *Forms and Documents*.
4. Select your *Evidence of Coverage*.

You can also call us and request a hardcopy of your *Evidence of Coverage* from Customer Service at the phone number above.

Visit our Website

You can also visit our website at **www.bcbsm.com/uawtrust** As a reminder, our website has the most up-to-date information about our provider network through our provider search tool.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **www.medicare.gov/plan-compare**)

Note: **www.medicare.gov** does not include UAW Trust Medicare plan options.

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.