

# Medicare Plus Blue<sup>SM</sup> 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.*

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#### 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.

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Form CMS 10260-ANOC/EOC  
(Approved 05/2021)

OMB Approval 0938-1051 (Expires: February 29, 2022)

**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](http://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 call 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](http://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.
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**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](http://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)
<b>Deductible</b>	Your deductible liability is limited to \$245	Your deductible liability is limited to \$200
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p><b>From in-network providers:</b> \$630</p> <p>This amount includes any portion of your coinsurance and deductible that is applied to in-network services</p> <p><b>From in-network and out-of-network providers combined:</b> \$630</p> <p>This amount includes any portion of your coinsurance and deductible that is applied to your combined in- and out-of-network services</p> <p><b>In-network and Out-of-network copay maximum</b> \$1,500</p> <p>This amount includes all flat dollar copays for covered services</p>	<p><b>From in-network providers:</b> \$530</p> <p>This amount includes any portion of your coinsurance and deductible that is applied to in-network services</p> <p><b>From in-network and out-of-network providers combined:</b> \$530</p> <p>This amount includes any portion of your coinsurance and deductible that is applied to your combined in- and out-of-network services</p> <p><b>In-network and Out-of-network copay maximum</b> \$1,500</p> <p>This amount includes all flat dollar copays for covered services</p>

Cost	2021 (this year)	2022 (next year)
<p><b>Doctor Office Visits</b></p>	<p><b>In-network and Out-of-network:</b></p> <p>Primary care visits: \$20  Specialist visits: \$25  Online visits: \$20  Retail health clinic: \$25  Rural health clinic: \$20</p>	<p><b>In-network and Out-of-network:</b></p> <p>Primary care visits: \$10  Specialist visits: \$20  Online visits (PCP): \$10  Online visits (specialist): \$20  Retail health clinic: \$25  Rural health clinic: \$10</p>
<p><b>Inpatient Hospital Stays</b></p> <p>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.</p>	<p><b>In-network and Out-of-network:</b></p> <p>Covered at 100% for Medicare-approved clinical and pathology lab services and inpatient substance abuse services</p> <p>You pay 10% coinsurance for facility evaluation and management services, and all other inpatient services after you meet your annual deductible</p>	<p><b>In-network and Out-of-network:</b></p> <p>Covered at 100% for Medicare-approved clinical and pathology lab services and inpatient substance abuse services</p> <p>You pay 10% coinsurance for facility evaluation and management services, and all other inpatient services after you meet your annual deductible</p>

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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)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as deductibles) from in-network providers count toward your in-network maximum out-of-pocket amount.</p>	\$630	<p>\$530</p> <p>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.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>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.</p>	\$630	<p>\$530</p> <p>Once you have paid \$530 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.</p>

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## Section 1.3 – Changes to the Provider Network

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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](http://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.
- If you receive care from a non-network provider that accepts Original Medicare and is willing to bill Blue Cross Blue Shield of Michigan, your care will be treated as if it were provided in network.

## 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)
<b>Acupuncture for low back pain</b>	<b>In-network and Out-of-network:</b>  Up to 12 visits in 90 days	<b>In-network and Out-of-network:</b>  Up to 20 visits in a calendar year
<b>Allergy injections</b>	<b>In-network and Out-of-network:</b>  From primary care provider: \$20  From specialty care provider: \$25	<b>In-network and Out-of-network:</b>  From primary care provider: \$10  From specialty care provider: \$20



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

Cost	2021 (this year)	2022 (next year)
<b>Medicare Part B prescription drugs</b>	<b>In-network and Out-of-network (when administered by a physician):</b>  From primary care provider: \$20  From specialty care provider: \$25	<b>In-network and Out-of-network (when administered by a physician):</b>  From primary care provider: \$10  From specialty care provider: \$20
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<b>In-network and Out-of-network:</b>  From primary care provider: \$20  From specialty care provider: \$25	<b>In-network and Out-of-network:</b>  From primary care provider: \$10  From specialty care provider: \$20
<b>Outpatient mental health care</b>	<b>In-network and Out-of-network:</b>  <u>Visits 1-20</u>  Covered at 100% of the approved amount, not subject to deductible  <u>Visits 21+</u>  <ul style="list-style-type: none"> <li>• In facility: \$25</li> <li>• Primary care provider, in office: \$20</li> <li>• Specialty care provider, in office: \$25</li> </ul>	<b>In-network and Out-of-network:</b>  Covered at 100% of the approved amount. Not subject to the deductible.

Cost	2021 (this year)	2022 (next year)
<p><b>Outpatient physical, occupational and speech therapy</b></p>	<p><b>In-network and Out-of-network:</b></p> <p>10% coinsurance of the approved amount, after you meet your annual deductible</p>	<p><b>In-network and Out-of-network:</b></p> <p>Covered at 100% of the approved amount. Not subject to the deductible</p>
<p><b>Outpatient rehabilitation services</b></p>	<p><b>In-network and Out-of-network:</b></p> <p>10% coinsurance of the approved amount, after you meet your annual deductible</p>	<p><b>In-network and Out-of-network:</b></p> <p>Covered at 100% of the approved amount. Not subject to the deductible</p>
<p><b>Outpatient substance use disorder services</b></p>	<p><b>In-network and Out-of-network:</b></p> <p><u>Visits 1-20</u></p> <p>Covered at 100% of the approved amount, not subject to deductible</p> <p><u>Visits 21+</u></p> <ul style="list-style-type: none"> <li>• In facility: \$25</li> <li>• Primary care provider, in office: \$20</li> <li>• Specialty care provider, in office: \$25</li> </ul>	<p><b>In-network and Out-of-network:</b></p> <p>Covered at 100% of the approved amount. Not subject to the deductible</p>
<p><b>Podiatry</b></p>	<p><b>In-network and Out-of-network:</b></p> <p>Office visits: \$25</p>	<p><b>In-network and Out-of-network:</b></p> <p>Office visits: \$20</p>

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

Cost	2021 (this year)	2022 (next year)
<b>Wigs</b>	<p><b>In-network and Out-of-network:</b></p> <p>Up to a \$300 lifetime maximum</p> <p>10% coinsurance of the approved amount</p>	<p><b>In-network and Out-of-network:</b></p> <p>Up to a \$250 annual maximum</p> <p>Covered at 100% of the approved amount</p>

## 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](http://www.medicare.gov/plan-compare) **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

**Note:** [www.medicare.gov](http://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:

**Missouri Members:**

<b>Primaris</b>	
<b>CALL</b>	Toll free 1-800-390-3330
<b>TTY</b>	711. Calls to this number are free.  Available from 8:00 a.m. to 7:00 p.m. Monday through Friday, Eastern time.
<b>WRITE</b>	Primaris 4215 Philips Farm Road Suite 101-A Columbia, MO 65201
<b>WEBSITE</b>	<a href="http://www.missouricclaim.org">www.missouricclaim.org</a>

**Tennessee Members:**

<b>Tennessee Commission on Aging and Disability</b>	
<b>CALL</b>	1-877-801-0044
<b>TTY</b>	711. Calls to this number are free.  Available from 8:00 a.m. to 7:00 p.m. Monday through Friday, Eastern time.
<b>WRITE</b>	Tennessee Commission on Aging and Disability 502 Deaderick St, 9 <sup>th</sup> Floor Nashville, TN 37243-0860
<b>WEBSITE</b>	<a href="http://www.tn.gov/aging/resources/medicare-counseling-sites.html">www.tn.gov/aging/resources/medicare-counseling-sites.html</a>

**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](http://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](http://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](http://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](http://www.medicare.gov/plan-compare))

**Note:** [www.medicare.gov](http://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](http://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.