



2022
plan benefit guide

Medicare Advantage PPO

FOR PROTECTED MEMBERS IN MISSOURI AND TENNESSEE

UAW RETIREE
Medical Benefits Trust

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



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You're eligible for more from your Medicare coverage



Medicare Plus Blue PPO is a Medicare Advantage plan. This type of plan — otherwise known as Medicare Part C — combines all the benefits of Medicare Part A and Part B plus extra benefits and services not included in Original Medicare. You won't give up your Medicare benefits by joining **Medicare Plus Blue**, because we're contracted with Medicare to administer all your health care benefits.

The Trust has offered Medicare Advantage plans to Trust members since 2012. Nearly 350,000 Trust members are enrolled in a Medicare Advantage PPO plan, and 97 percent of those members report being satisfied with their medical coverage.*

Protected members — those who retired prior to Oct. 1, 1990, or are the surviving spouse of a retiree who retired prior to Oct. 1, 1999 — are eligible for the **Medicare Plus Blue PPO** plan specifically for protected members. When you join **Medicare Plus Blue PPO** for protected members, you'll have access to thousands of network doctors and hospitals, wellness and preventive services throughout the U.S. and access to urgent and emergency care worldwide. And it's all from Blue Cross — the company you know and trust.

With the **Medicare Plus Blue PPO** plan for protected members, you pay **no** monthly contribution and **nothing** for doctor's visits, including specialist visits.

Take some time to review this booklet. You'll find information on the ABCs of Medicare, benefits, cost share, and frequently asked questions.

And if you need further information, our knowledgeable staff is dedicated to answering all your questions. Give us a call

Monthly contribution	\$0
Deductible	
Coinsurance	
Out-of-pocket maximum	
Primary care provider visit copay	
Specialist office visit copay	
Urgent care or retail health clinic copay	\$25
Emergency room copay	\$50

1-833-702-2555

8:30 a.m. to 6 p.m. Eastern time

Monday through Friday

TTY users, call **711**.



The ABCs of Medicare



Original Medicare Part A

Medicare Part A helps cover an inpatient stay at the hospital, skilled nursing facility or rehabilitation facility. Here are just a few of the costs that are covered through Part A:

- A semi-private hospital room
- Drugs, medical supplies, medical equipment, lab tests, X-rays and radiation treatment as an inpatient
- Operating room and recovery room services
- Some blood transfusions in a hospital or skilled nursing facility
- Rehabilitation services, such as physical therapy through home health care



Original Medicare Part B

Medicare Part B goes hand-in-hand with Part A. It covers the cost of doctor visits – including an annual wellness exam — and other medical services. You can count on it for expenses, such as:

- Visits to your doctor and outpatient medical services
- Emergency services
- Clinical laboratory services, such as blood and urine tests
- Preventive care, including flu shots and preventive screenings, such as mammograms, colorectal and prostate cancer screenings

When enrolled in the Medicare Advantage plan, you'll still need to pay your Part B premium.

Becoming eligible for Medicare

In most cases, if you already receive Social Security, you'll be automatically enrolled in Medicare Part A and Part B. You may contact the Social Security Administration to verify your enrollment.

If you need to enroll in Medicare Part A and Part B follow these **three easy** steps:

- 1** **Call** the Social Security Administration at 1-800-772-1213. TTY users call 1-800-325-0778.
- 2** **Apply online** at the official website: ssa.gov/medicareonly/
- 3** **Visit your local Social Security office.**



Part C adds extra benefits

When private insurance companies contract with the federal government to administer Original Medicare benefits this is called a Medicare Advantage plan. Medicare Advantage plans combine all Original Medicare benefits, rights and protections with extra benefits. Our Medicare Advantage PPO plan includes benefits you won't get from Original Medicare including:

- Blue Cross Coordinated Care CoreSM
- In-Home Visits
- 24-Hour Nurse Line
- SilverSneakers[®] Fitness program



Medicare Part D

Medicare Part D is prescription drug coverage.



2022 Cost share summary



	You pay
	In or out of network
Deductible, copayments, coinsurance and dollar maximums	
Annual deductible per member per year	\$0
Coinsurance	0%
Out-of-pocket maximum (for deductible and coinsurance amounts for Medicare-covered medical services, per member per year)	\$0
Out-of-pocket maximum for copay-based services	\$1,500



Deductible — The amount you pay before your plan begins to pay

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

Coinsurance out-of-pocket maximum — The most you will pay in deductible and coinsurance during the year

2022 Summary of frequently used benefits and cost sharing



	You pay	
	In or out of network	
Preventive services		
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening (one per lifetime) • Annual wellness visit • Cardiovascular disease testing (once every five years) • EKG screening • Immunizations (flu, pneumonia vaccines) • Kidney disease education services • Prostate cancer screening • Breast cancer screening (mammography) • Routine Pap smear and pelvic exams • Annual routine physical exam • Screening and counseling for alcohol misuse and obesity • Screening for depression, diabetes and glaucoma (twice per year if prediabetic) • Screening for HIV and sexually transmitted infections for those at risk 	Covered at 100%	
<ul style="list-style-type: none"> • Bone mass measurement (every two years) • Diabetes self management • Nutrition therapy (for end-stage renal disease or diabetes) • Colorectal cancer screening 	Covered at 100%	

Copay — The fixed dollar amount you pay for services like office visits, urgent care and emergency room

Copay out-of-pocket maximum — The most you will pay in copays during the year

Preferred Provider Organization, PPO — Allows services to be performed by in- or out-of-network providers

2022 Summary of frequently used benefits and cost sharing

		You pay
		In or out of network
	Physician office services	
	Office visits, including online visits: primary care doctor	Covered at 100%
	Office visits, including online visits: specialists (<i>No referrals required</i>)	Covered at 100%
	Acupuncture (for chronic lower back pain) – 20 visits per year	Covered at 100%
	Chiropractic manipulations	Covered at 100%
	Blue Cross Online Visits SM www.bcbsmonlinevisits.com	Covered at 100%
	Emergency medical care	
	Ambulance	Covered at 100%
	Urgent care	\$25 copay
	Emergency care – copay waived if admitted <i>Inpatient hospital benefits apply, if admitted</i>	\$50 copay
	Worldwide emergency coverage – outside of the U.S. and its territories	20% coinsurance after deductible up to \$25,000 or 60 consecutive days, whichever is reached first
	Outpatient services	
	Diagnostic procedures and tests, including X-rays	Covered at 100%
	Hospital care	
	Inpatient hospital care	Covered at 100%
	Outpatient hospital services	Covered at 100%

Questions? Call **1-833-702-2555**, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday.
TTY users call **711**. Or visit us online at **www.bcbsm.com/protectedplan**



Alternatives to hospital care

		You pay
		In or out of network
Skilled nursing care (in a Medicare-certified skilled nursing facility)		Covered 100% up to 100 days; renewable after 60-days without inpatient care
Hospice care		Hospice services through a Medicare-certified hospice program are paid by Original Medicare
Hospice support in a skilled nursing or hospice facility (5th Level) 210 day lifetime maximum		Covered at 100%
Home health care		Covered at 100%



Surgical services

Inpatient and outpatient surgery		Covered at 100%
Human organ transplants (Medicare covered)		Covered at 100%



Mental health and substance abuse treatment

Inpatient mental health care		Covered at 100%; 190-day lifetime limit
Inpatient substance abuse care		Covered at 100%
Outpatient mental health care and substance abuse care, in hospital		Covered at 100%
Outpatient mental health care and substance abuse care, in office		Covered at 100%

2022 Summary of frequently used benefits and cost sharing



	You pay
	In or out of network
Other services	
Allergy injections	Covered at 100%
Outpatient cardiac, physical, respiratory, speech, and occupational therapy	Covered at 100%
Durable medical equipment, prosthetics, orthotic appliances, diabetic monitoring supplies	Covered at 100%
Wigs	Covered 100% up to \$250 annual maximum
Fitness club membership through SilverSneakers	Covered at 100%. You must use a SilverSneakers location to use this benefit.



In-Home Visits

We've partnered with Signify Health to offer an In-Home Visit program to our members, at no additional cost. You can have a complete health and wellness assessment, in the privacy of your own home, with a licensed medical doctor or nurse practitioner. You choose the day and time.

The In-Home Visit can be done in one of three ways:

1. In person in your home
2. Through video conference – on your smart phone, tablet or computer
3. Over the telephone

Once the visit is complete, you'll get a written summary; we'll send a copy to your doctor, too.

For more information, or to schedule an In-Home Visit, call Signify Health at **1-844-226-8216**. TTY users call **711**.

www.bcbsm.com/uawtrusthomevisits

Questions? Call **1-833-702-2555**, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users call **711**. Or visit us online at **www.bcbsm.com/protectedplan**



Diabetic supplies

For assistance with diabetic supplies, call Blue Cross Customer Service at **1-888-322-5616**. TTY users call **711**.



Durable medical equipment

For assistance with durable medical equipment, call Blue Cross Customer Service at **1-888-322-5616**. TTY users call **711**.



Prescription drugs

Your UAW Trust prescription drug benefit is provided separately through Express Scripts. For more information on your drug coverage, call Express Scripts at **1-866-662-0274**.

Important information

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue 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.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Cross Blue Shield of Michigan to provide health and fitness services to its Medicare Plus Blue PPO members.



Frequently asked questions

You'll find the answers to all these questions and more at www.bcbsm.com/protectedplan

What is Medicare Plus Blue Group PPO?

Medicare Plus Blue Group PPO is the name of the Blue Cross Medicare Advantage PPO plan. It is an all-in-one Medicare Advantage plan, that combines Medicare Part A and Part B with additional benefits. Blue Cross has a contract with Medicare to administer your health care benefits.

Am I eligible?

You're eligible for the Blue Cross Medicare Advantage PPO plan if you meet the following conditions:

- You're enrolled in Medicare Part A and Part B.
- You're a permanent resident of any of the following states: Alabama, Florida, Indiana, Michigan, Missouri or Tennessee. Your permanent address must be in one of the six states listed, however you're covered for services in all 50 states.

Note: You can only be enrolled in one Medicare Advantage plan at a time.

What happens to my non-Medicare eligible family members?

All non-Medicare eligible family members will remain in their current plan.

What's the difference between the Blue Cross Medicare Advantage PPO plan and the Traditional Care Network plan?

TCN supplements your Original Medicare coverage while the Medicare Advantage PPO plan packages all your Original Medicare and extra benefits into one plan.

Our Medicare Advantage plan operates under a contract with Medicare, and includes a fitness benefit and other extras.

Medicare Advantage plans focus on health, not just health care, and can help you attain and maintain better health through coverage for preventive services, as well as care support and disease management programs.

With the Medicare Advantage plan, you only use your Medicare Plus Blue member ID card when you have medical services, instead of using both a Medicare and a Blue Cross card.

Do I still pay the premium for Medicare Part B?

Yes. You must continue to pay your Medicare Part B premium.

What should I do with my Medicare card?

Keep it in a safe place and do not destroy it.

You won't need the Medicare card for as long as you're enrolled in the Medicare Advantage PPO plan. Your Blue Cross Medicare Plus Blue Group PPO member ID card is the only card you'll need when you get medical care.

Will I have to switch doctors?

No. You may see any doctor you wish, in or out of network. Find your doctors here: www.bcbsm.com/protectedplan

Do I give up my Medicare benefits when I enroll in a Medicare Advantage PPO plan?

No. You get all your Original Medicare benefits plus many that Medicare doesn't offer, such as a SilverSneakers fitness membership and the Blue Cross 24-Hour Nurse Line and care support programs.

Am I locked into a plan?

No, you can switch your plan option at any time by calling Retiree Health Care Connect at **1-866-637-7555**. TTY users call **711**.

How does my coverage work when I travel in the U.S.?

Your benefits travel with you. You have access to providers anywhere in the United States. Call Customer Service at the number on the back of your member ID card or visit www.bcbsm.com/protectedplan to find a provider wherever you are. Be sure to show your new ID card when you visit a doctor's office or hospital. The card contains important information about your coverage and how to file claims.

Does the Medicare Advantage PPO plan cover services outside the U.S.?

Yes. Your plan covers urgent and emergency care worldwide.



Make your choice

Call Retiree Health Care Connect to confirm your plan option.

1-866-637-7555

8:30 a.m. to 4:30 p.m. Eastern time

Monday through Friday.

TTY users call **711**.

Here's what happens next:

The UAW Trust notifies us of your plan selection.

Look for your member ID card and welcome packet.

You'll receive your new Blue Cross Blue Shield of Michigan member ID card and a welcome kit one to two weeks before your coverage date. The welcome kit will help you get the most out of your plan. It includes *Evidence of Coverage*, a booklet that describes your benefits and how to use the plan, plus other materials you'll need to get started.

Begin enjoying the confidence of being covered by Medicare Plus Blue Group PPO along with our enhanced benefits.

Begin using your new Blue Cross member ID card on the date your coverage starts. Your SilverSneakers card will arrive separately four to six weeks after your coverage starts. Until it arrives, you may use your Blue Cross member ID card at the SilverSneakers location of your choice.



Access your information, no matter where you are

Online member account

Your Blue Cross member account gives you access to personalized benefit information.

- Log on to the website, **www.bcbsm.com/UAWTrust**
- Click on *LOGIN* tab (upper right-hand corner)
- Click *Register Now*

With your member account, you can:

- View your claims
- View and print your EOBs
- Check current out-of-pocket totals for:
 - Deductible
 - Out-of-pocket maximum

Blue Cross mobile app

Take your **Blue Cross** plan information with you on our mobile app.

Go to the Apple® App Store or Google Play™, and search for BCBSM

- Download the app
- Tap the *app icon*
- Tap *Register*

With the Blue Cross mobile app you can:

- Check deductible and out-of-pocket balances
- View Explanation of benefits and claims
- Search for doctors
- Learn about Health and Well-being programs
- View your virtual ID card

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-241-2583. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-241-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-241-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-241-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-241-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-241-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-241-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-241-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-241-2583번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Discrimination is Against the Law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Contact information

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**.

Pre-enrollment questions

1-833-702-2555

8:30 a.m. to 6 p.m. Eastern time,
Monday through Friday.
TTY users call **711**.

www.bcbsm.com/protectedplan

Prescription drug questions

Express Scripts

1-866-662-0274

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

TTY users call **711**.

www.express-scripts.com

SilverSneakers

1-866-584-7352

TTY users call **711**.

www.silversneakers.com

Delta Dental

1-800-524-0149

www.deltadentalmi.com

Davis Vision

1-888-234-5164

www.davisvision.com

TruHearing

1-844-394-5420

www.truhearing.com

Current MA PPO members

Questions?

Please call Customer Service at **1-888-322-5616**, 8 a.m. to 7 p.m.
Eastern time, Monday through Friday. TTY users call **711**.

Medicare PLUS BlueSM Group PPO



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



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