



2023 plan information

FOR UAW TRUST
NON-MEDICARE MEMBERS

Blue Care Network

UAW RETIREE
Medical Benefits Trust

Benefits: See what comes standard

With Blue Care Network, you receive the high-quality medical benefits you expect from Michigan's leading health maintenance organization, including:

- ✓ **Low copays** for the services you need, such as primary care provider and specialist visits, and emergency and urgent care
- ✓ **A network** of more than 6,400 primary care providers, over 27,000 specialists and most of the state's leading hospitals
- ✓ **Comprehensive preventive care**, including flu shots and other vaccines, routine physicals, mammograms, colonoscopies, lab work, allergy shots and more
- ✓ **Hearing exam and hearing aid** covered in full every 36 months



Extras included: Programs, services and discounts

- ✓ **Online member account** that you activate to find and select your primary care provider, check your claims and coverage and see if your referrals and authorizations are approved. Your family members with Blue Care Network coverage can also activate their own personalized accounts.

And you can use MIBlue Virtual AssistantSM, an interactive, automated chat feature within your account, to help you find answers fast to questions about your plan.

To activate your account, see Page 9.



- ✓ **24-Hour Nurse Line** — A registered nurse is available anytime to answer your questions about treating your symptoms or where to go for care.
- ✓ **Blue Cross Online VisitsSM** — When your primary care provider isn't available, see a doctor, nurse practitioner or behavioral health provider anywhere in the U.S. using your smartphone, tablet or computer. Sign up at bcbsmonlinevisits.com.
- ✓ **Coverage when you travel** — Emergency and urgent care services are covered around the world with Blue Cross Blue Shield Global Core.

- ✓ **Tobacco Coaching program** — Blue Cross Health & Well-BeingSM, powered by WebMD[®], offers tobacco coaching by phone for help quitting all types of tobacco products, including electronic cigarettes and other vaping devices.
- ✓ **Member discounts with Blue365[®]** — Get exclusive savings on fitness gear, cooking classes, gym memberships and more. Log in to your Blue Cross member account for details on available discounts.
- ✓ **Multi-language interpreter services** — Translation is available in more than 140 languages.

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

Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your benefits and are not covered under contracts with Medicare or any other applicable federal health care program. For complete terms and conditions, see <http://www.blue365deals.com/terms-use>.

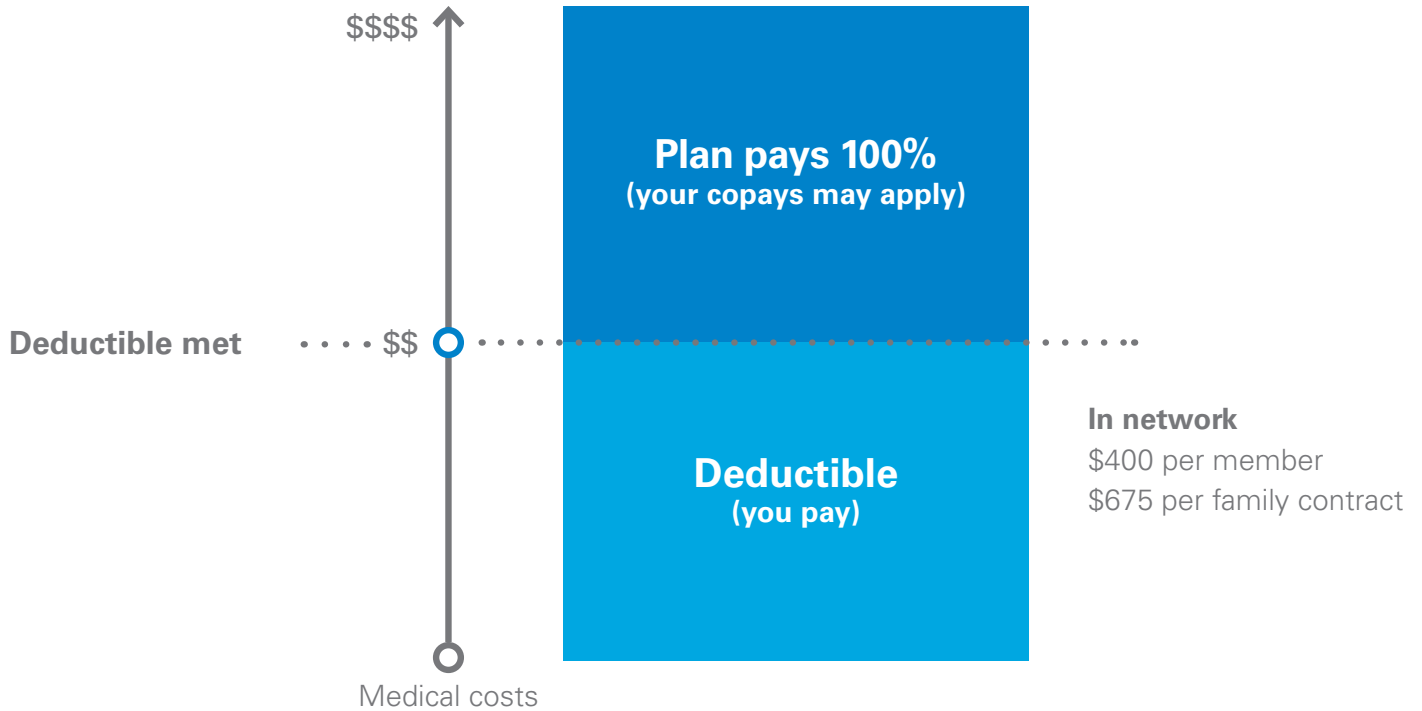


2023 Benefits at a glance



	You pay	
	In network	Out of network
Deductible and copays		
Annual deductible per member per year Note: Deductible doesn't apply to protected class. Protected class members are responsible for copays only.	\$400 per member \$675 per family contract	Cost of services are your responsibility
Copays	<p>Fixed dollar copay \$25 primary doctor office visit \$35 specialist office visit \$50 urgent care visit \$125 emergency room visit</p> <p>Ford protected \$0 copay for emergency room</p> <p>GM and Chrysler protected \$100 copay for emergency room</p> <p>Percent copay: None</p>	Cost of services are your responsibility
Copay dollar maximums	<p>Fixed dollar copay: None Percent dollar copay: None</p>	Cost of services are your responsibility

Understanding important terms



Deductible — A set dollar amount that you have to pay annually before your plan begins to pay. This doesn't apply to services that require a copay.

Copay — A set dollar amount you pay for a health service, usually when you receive it (office visits, emergency room, urgent care).

In-network provider — A provider contracted with Blue Care Network. To avoid having to pay for costs of all services, you must see an in-network provider.

Out-of-network provider — A provider who doesn't have a contract with Blue Care Network. If you see an out-of-network provider, you're responsible for the cost of all services.

Questions? Call **1-800-222-5992**, 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/UAWTrust.

2023 Benefits at a glance

Everyone on your contract must have a primary care provider before using their available health care benefits. To choose or change your primary care provider, call us at **1-800-222-5992**.

And, let us know who you select before your first visit with your new doctor.



	You pay
	In network
Preventive services	
Immunization — pediatric and adult	Covered in full; office visit copay may apply
Mammogram	Covered in full
Colorectal cancer screening	Covered in full; office visit copay may apply
Pap smear	Covered in full; office visit copay may apply
Prostate-specific antigen screening — laboratory services only	Covered in full; office visit copay may apply



Physician office services	
Routine office visit	\$25 copay per visit
Consulting specialist care (when referred)	\$35 copay per visit \$25 copay per visit/protected class
Periodic physical exam	\$25 copay per visit
Routine pediatric care	\$25 copay per visit
Annual gynecological exam	\$25 copay per visit



Diagnostic and therapeutic procedures	
Laboratory tests	Covered in full; office visit copay may apply
Diagnostic X-rays	Covered in full after deductible; office visit copay may apply
Radiation therapy	Covered in full after deductible; office visit copay may apply

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Maternity services provided by a physician

		You pay
		In network
Prenatal and postnatal care		\$25 copay per visit
Delivery in hospital and well-baby care in hospital		Covered in full for professional services after deductible



Hospital care (inpatient/outpatient)

Number of days of care		Unlimited
In-hospital physician care, general nursing care, surgery (including all related surgical services, anesthesia, lab, X-rays and drugs)		Covered in full after deductible
Outpatient facility services		Covered in full after deductible



Emergency medical care*

Hospital emergency room (copay waived if admitted)		\$125 copay per visit
Urgent care facility		\$50 copay per visit
Ambulance services		Covered in full after deductible — ground and air service



Mental health care

Mental health outpatient visits		Outpatient/intensive outpatient mental health visits are covered in full for the first 20 visits per calendar year. For more than 20 visits in a calendar year: \$10 copay for visits 30 minutes or less; \$15 copay for visits greater than 30 minutes. Prior authorization not required for routine psychotherapy visits.
Inpatient psychiatric hospital services		Covered in full up to 45 days per calendar year; renewable after 60 days of release from a treatment facility



Alcoholism and substance abuse services

Outpatient visits for crisis intervention and short-term therapy		Up to 35 visits per year, covered in full
Intermediate care (intermediate days combined with inpatient mental health)		Covered in full up to 45 days per calendar year; renewable after 60 days of release from a treatment facility
Detoxification		Covered in full

*Chrysler and GM protected class members: \$100 copay for emergency room
 Ford protected class members: \$0 copay for emergency room and urgent care

2023 Benefits at a glance



Skilled nursing care

	You pay
	In network
Skilled nursing facility care	Covered in full after deductible; subject to medical criteria (prior authorization may be required)
Nursing services in the home (when medically necessary)	Covered in full after deductible
Home health care (when medically necessary)	Covered in full after deductible
Hospice care	Covered in full after deductible



Other services

Prosthetics, orthotics and corrective appliances (when medically necessary)	Covered in full
Vasectomies, tubal ligations	Covered in full after deductible; office visit copay may apply
Infertility treatment	Not covered — exclusions include in-vitro fertilization, artificial insemination and infertility drugs
Durable medical equipment (when medically necessary)	Covered in full
Allergy testing, evaluation and serum	Covered in full after deductible
Allergy injections	Covered in full; office visit copay may apply per member per visit
Physical therapy: 60 treatments per condition per year	Covered in full after deductible — limited to 60 visits per medical episode, per plan year
Hearing exam and hearing aid	Covered in full every 36 months (two hearing aids are covered in full if member is 19 or younger)

Questions? Call **1-800-222-5992**, 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/UAWTrust.



Access your information, no matter where you are

Online member account

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

To activate your account, follow these steps:

1. Log on to the website, **www.bcbsm.com/UAWTrust**.
2. Select the *LOGIN* tab (upper right-hand corner).
3. Select *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. To activate your account from your mobile device, follow these steps:

1. Go to the Apple® App Store or Google Play™, and search for “BCBSM”.
2. Download the app.
3. Tap the app icon.
4. Tap *Register*.

With the Blue Cross mobile app you can:

- Check deductible and out-of-pocket balances
- View Explanation of Benefit statements and claims
- Search for doctors
- Learn about Health and Wellness programs
- View your virtual ID card

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

Google Play is a trademark of Google Inc.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583، إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583，TTY: 711。

ਕਿ ਜੇ ਕੋਈ ਆਪਣੇ ਜਾਂ ਕਿਸੇ ਹੋਰ ਦੀ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੋਵੇ ਤਾਂ ਉਹਨਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕੀਤੀ ਜਾਵੇਗੀ। ਇਹ ਸੇਵਾ ਮੁਫਤ ਹੈ। ਆਪਣੇ ਟਿਕਟ ਦੇ ਪਿੱਠੇ ਵੱਲ ਗਾਹਕ ਸੇਵਾ ਨੰਬਰ 877-469-2583 ਟੀ ਟੀ 711 ਦੀ ਸਹਾਇਤਾ ਲਈ ਆਪਣੀ ਟਿਕਟ ਦੀ ਵਰਤੋਂ ਕਰੋ।

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with 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 provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. 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 & 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, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Contact information

To enroll

Call Retiree Health Care Connect

1-866-637-7555

8:30 a.m. to 4:30 p.m. EST

Monday through Friday

TTY users call **711**.

Behavioral health and substance use disorder care

1-800-482-5982

8 a.m. to 5 p.m. EST

Monday through Friday

TTY users call **711**.

Emergencies: 24-hours a day
seven days a week

Questions?

1-800-222-5992

8 a.m. to 5:30 p.m. EST

Monday through Friday

TTY users call **711**.

www.bcbsm.com/UAWTrust

Delta Dental

1-800-524-0149

www.deltadentalmi.com

Davis Vision

1-888-234-5164

Client code 3642

www.davisvision.com

Blue Care Network's website is **bcbsm.com**. BCN doesn't control the websites for other organizations and isn't responsible for their content.



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of the Blue Cross and Blue Shield Association



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