



2023
Plan benefit guide

Missouri and Tennessee

Medicare Plus BlueSM PPO

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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Discover the advantages of Medicare Plus Blue PPO

Medicare Plus Blue is a Medicare Advantage Prescription Drug plan from Blue Cross Blue Shield of Michigan. 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. Starting in 2023, Medicare Plus Blue includes Medicare Part D prescription drug coverage. Your Blue Cross member ID card will be used for all your medical and pharmacy benefits.

The Medicare Advantage PPO plan is the primary plan for Medicare-enrolled Trust members. The Trust has offered **Medicare Plus Blue** to members since 2012.

With **Medicare Plus Blue**, you 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. There are also thousands of pharmacies you can access close to your home or when you're on the go. And it's all from Blue Cross – the company you know and trust.

Plus you save money with the **Medicare Plus Blue** plan. You pay **no** separate Medicare Part B deductible, **no** monthly contribution and you have lower out-of-pocket costs.*

Take a look:

	Medicare Plus Blue PPO	Traditional Care Network	Savings ‡
Monthly Contribution	\$0 per month \$0 per year	\$15 per month \$180 per year	\$15 per month \$180 per year
Deductible	\$150 in network	\$325 in network	\$175
Out-of-pocket maximum	\$500 in network	\$650 in network	\$150
Primary care visit copay	\$10 per visit (Part B deductible does not apply)	You pay 20% of covered charges after Medicare Part B deductible is met	\$10 vs. 20% after Medicare Part B deductible is met
Specialist visit copay	\$20 per visit (Part B deductible does not apply)	You pay 20% of covered charges after Medicare Part B deductible is met	\$20 vs. 20% after Medicare Part B deductible is met
Urgent care or retail health clinic copay	\$25 per visit	\$50 per visit	\$25 per visit
Emergency room copay	\$50 per visit	\$125 per visit	\$75 per visit

*You'll still need to pay your Medicare Part B premium.

‡Savings may vary based on when you enroll and how much you use your coverage.



Here's a few of the extras you'll enjoy:



Enhanced coordination with Medicare: One member ID card for all medical and pharmacy benefits.



Pharmacy: Starting in 2023, you'll get your prescription benefits through Blue Cross. That means you'll use your Blue Cross member ID card when you visit the pharmacy. See Page 11 for more information.



Care support programs: To help you manage chronic and complex conditions and help improve your health and wellness.



In-home visits: A licensed doctor or nurse will come to your home to review your health needs, assess the safety of your home, review medications and share the summary of your visit with your doctor.



SilverSneakers® fitness program: Free membership in a network of thousands of participating gyms nationwide. You can also attend one of many virtual classes or request a home fitness kit.



Blue Cross Online VisitsSM: 24-hour access to a licensed doctor who can help answer health questions by web, phone or mobile app.



24-Hour Nurse Line: 24/7 access to nurses who can help answer health questions over the phone.

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

1-877-336-0377

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.



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 Plus Blue plan includes benefits you won't get from Original Medicare including:

- Prescription drug coverage
- 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.



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.

The easiest time to enroll in the Blue Cross Medicare Plus Blue plan is when you become eligible for Medicare and have enrolled in Medicare Part B. Then, once your Medicare coverage starts, your Medicare Plus Blue coverage starts, too.

The sooner you sign up, the sooner you can start enjoying lower costs, one ID card and benefits not offered with traditional Medicare.



2023 Cost share summary



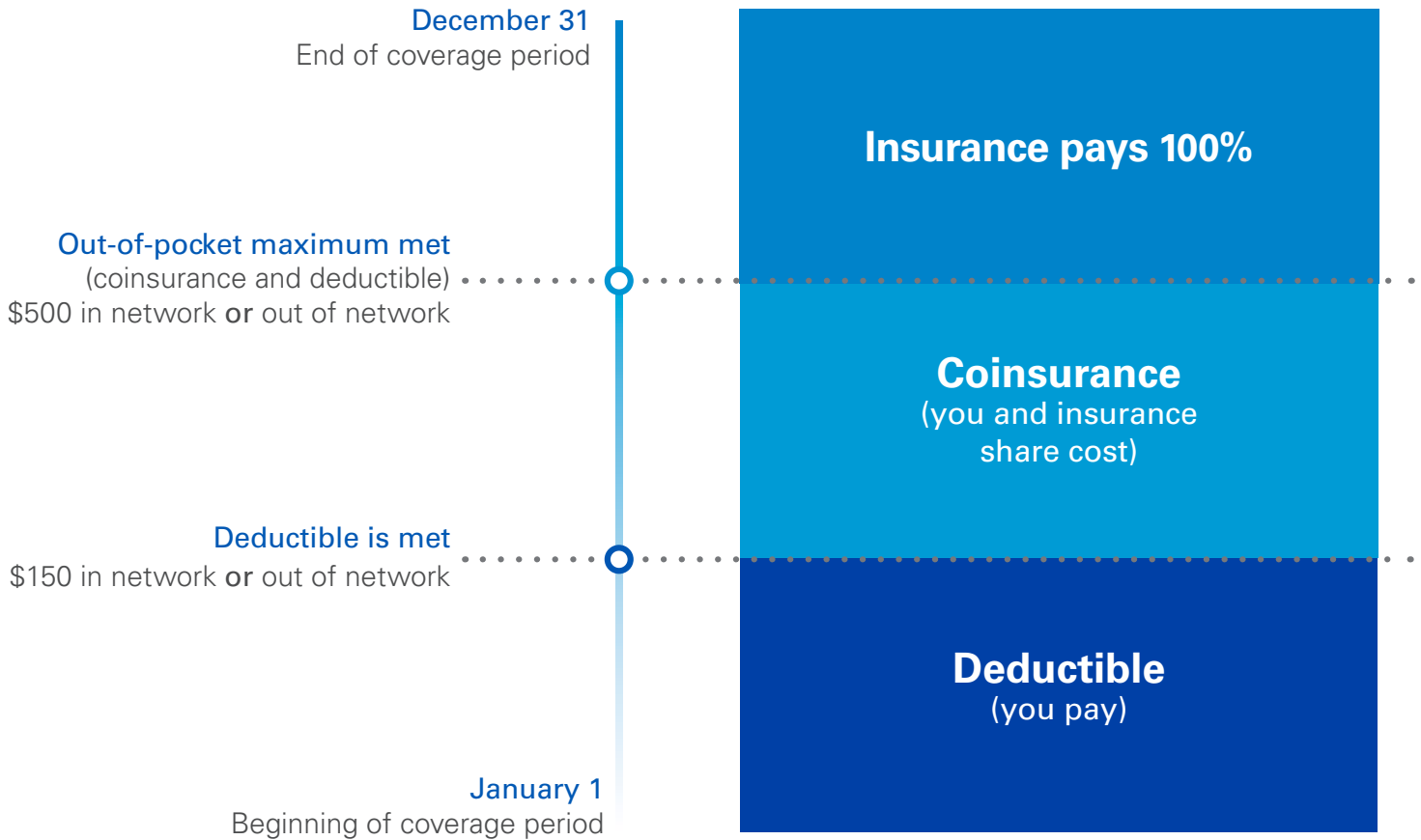
		You pay
		In or out of network
Deductible, coinsurance, copayment and dollar maximums		
Annual deductible per member per year		\$150*
Coinsurance		10% coinsurance after deductible
Out-of-pocket maximum (for deductible and coinsurance amounts for Medicare-covered medical services, per member per year)		\$500
Out-of-pocket maximum for copay-based services		\$1,500

**Deductible is limited to \$150 for specific services that don't require a copay.*

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.



Understanding important terms



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

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





2023 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 (twice per year if prediabetic) and glaucoma • 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%



Physician office services	
Office visits: primary care doctor	\$10 copay
Office visits: specialists <i>No referrals required</i>	\$20 copay
Acupuncture (for chronic low back pain)	\$20 copay limited to 20 visits per year
Chiropractic spinal manipulations	\$20 copay
Blue Cross Online Visits SM www.bcbsmonlinevisits.com	\$10 copay (not applicable out of network)

		You pay
		In or out of network
	Emergency medical care	
	Ambulance services – medically necessary	10% coinsurance
	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	
	Laboratory and pathology tests	Covered at 100%
	Diagnostic procedures and tests, including X-rays	10% coinsurance after deductible
	Hospital care	
	Inpatient hospital care	10% coinsurance after deductible
	Outpatient hospital services	10% coinsurance after deductible
	Alternatives to hospital care	
	Skilled nursing care <i>(in a Medicare-certified skilled nursing facility)</i>	10% coinsurance after deductible
	Hospice care levels 1-4 Prior authorization required	Covered by Original Medicare through Medicare-certified hospice programs
	Hospice care level 5 (room and board) 210 day lifetime maximum	10% coinsurance after deductible
	Home health care	Covered at 100%

2023 Summary of frequently used benefits and cost sharing



	You pay
	In or out of network
Surgical services	
Inpatient and outpatient surgery	10% coinsurance after deductible
Human organ transplants (Medicare covered)	10% coinsurance after deductible

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



Other services	
Allergy injections	Covered at 100% Office visit copay may apply
Outpatient cardiac, physical, respiratory, pulmonary, speech, and occupational therapy	Covered at 100%
Durable medical equipment, prosthetics, orthotic appliances, diabetic monitoring supplies	Covered at 100%
Wigs	Covered at 100% up to \$250 annual maximum
Fitness club membership through SilverSneakers You must use a SilverSneakers location	Covered at 100%

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

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2022 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.

Questions? Call **1-877-336-0377**, 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**

New for 2023: Prescription drug coverage

Your UAW Trust prescription drug benefits will be provided by Blue Cross as part of your **Medicare Plus Blue** plan. The plan provides coverage through a nationwide network of retail pharmacies, as well as a convenient mail-order program.

Medications are assigned to one of three copay categories called tiers. When you fill a prescription, your copay amount will be based on whether the drug is generic, preferred brand or non-preferred drug and how the drug is dispensed – retail pharmacy or mail order. If the cost of the drug is less than your copay, you'll only pay the cost of the drug.

	Retail 30-day supply	Mail order 90-day supply
Tier 1 Generic & covered immunizations	\$5	\$5
Tier 2 Preferred brand	\$40	\$40
Tier 3 Non-preferred drug	\$115	\$115
Out-of-pocket maximum <i>Includes copays for Tier 1 and Tier 2 medications. Tier 3 medications are excluded</i>	\$1,500	

What's the difference between generic and brand name?

Generic drugs are widely available and carefully regulated. They offer the same benefits as their brand-name counterparts at a fraction of the cost. On average, generic drugs cost 80 to 85% less than the brand name product. Unless your doctor indicates a specific brand, your prescription will be filled with a generic equivalent.

Retail pharmacy vs. mail-order delivery?

Filling prescriptions at a pharmacy is perfect for short-term needs, for example when you have a prescription for an antibiotic. Choosing retail is also great when your doctor is still trying to establish the appropriate drug, strength and dosage for your ongoing needs. We have an easy-to-use online *Find a Pharmacy* tool to help you locate a participating pharmacy near you.

The mail-order option is the more convenient and cost-effective way to get ongoing prescription medications, for example maintenance drugs, such as cholesterol medications. You can order up to a 90-day supply of your prescription delivered to your home, and the shipping is free. Mail order offers a great savings opportunity since you'll pay the same low copay as the retail copay for three times the amount of medication.

More information will be sent to current members as we approach the new plan year. As always, Blue Cross is here to help you through this transition.



Frequently asked questions

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

What is Medicare Plus Blue PPO?

Medicare Plus Blue 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 including prescription drug coverage, otherwise known as Medicare Part D. Blue Cross has a contract with Medicare to administer your health care and prescription drug benefits.

Am I eligible?

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

- You're enrolled in Medicare Part A and Part B.
- You're a permanent resident of Missouri or Tennessee. Your permanent address must be in one of the two 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 Plus Blue plan and the Traditional Care Network plan?

TCN supplements your Original Medicare coverage while the Medicare Plus Blue plan packages all your Original Medicare, Part D and extra benefits into one plan.

Our Medicare Advantage plan operates under a contract with Medicare, and includes Medicare Part D, 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 or visit the pharmacy, instead of using a prescription, 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 Plus Blue plan. Your Blue Cross member ID card is the only card you'll need when you get medical care and prescription drugs.

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/UAWTrust

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 prescription drug coverage, a SilverSneakers fitness membership, 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/UAWTrust** to find a provider wherever you are. Be sure to show your new ID card when you visit a doctor's office, pharmacy or hospital. The card contains important information about your coverage and how to file claims.

Does the Medicare Plus Blue plan cover services outside the U.S.?

Yes. Your plan covers urgent and emergency care worldwide.

Can I keep my Medicare Part D coverage from another provider?

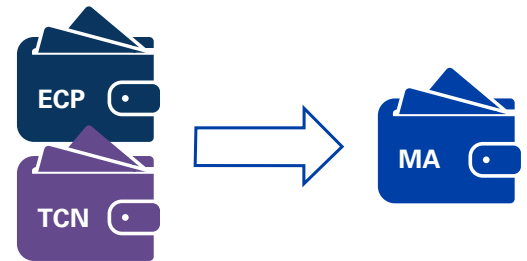
According to the Centers for Medicare & Medicaid Services, you're only able to have one Part D coverage plan. If you'd like to have the Medicare Plus Blue plan, you'll need to disenroll from your other Part D coverage. Then, call Retiree Health Care Connect to remain in the Medicare Plus Blue plan.

Make your choice

Cost share transfer

When you transfer from the Enhanced Care PPO or Traditional Care Network plan to Medicare Plus Blue during the calendar year, you get credit for what you've paid toward your ECP or TCN plan*:

- Deductible up to \$150 per person
- Out-of-pocket maximum up to \$500 per person



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

1 The UAW Trust notifies us of your plan selection.

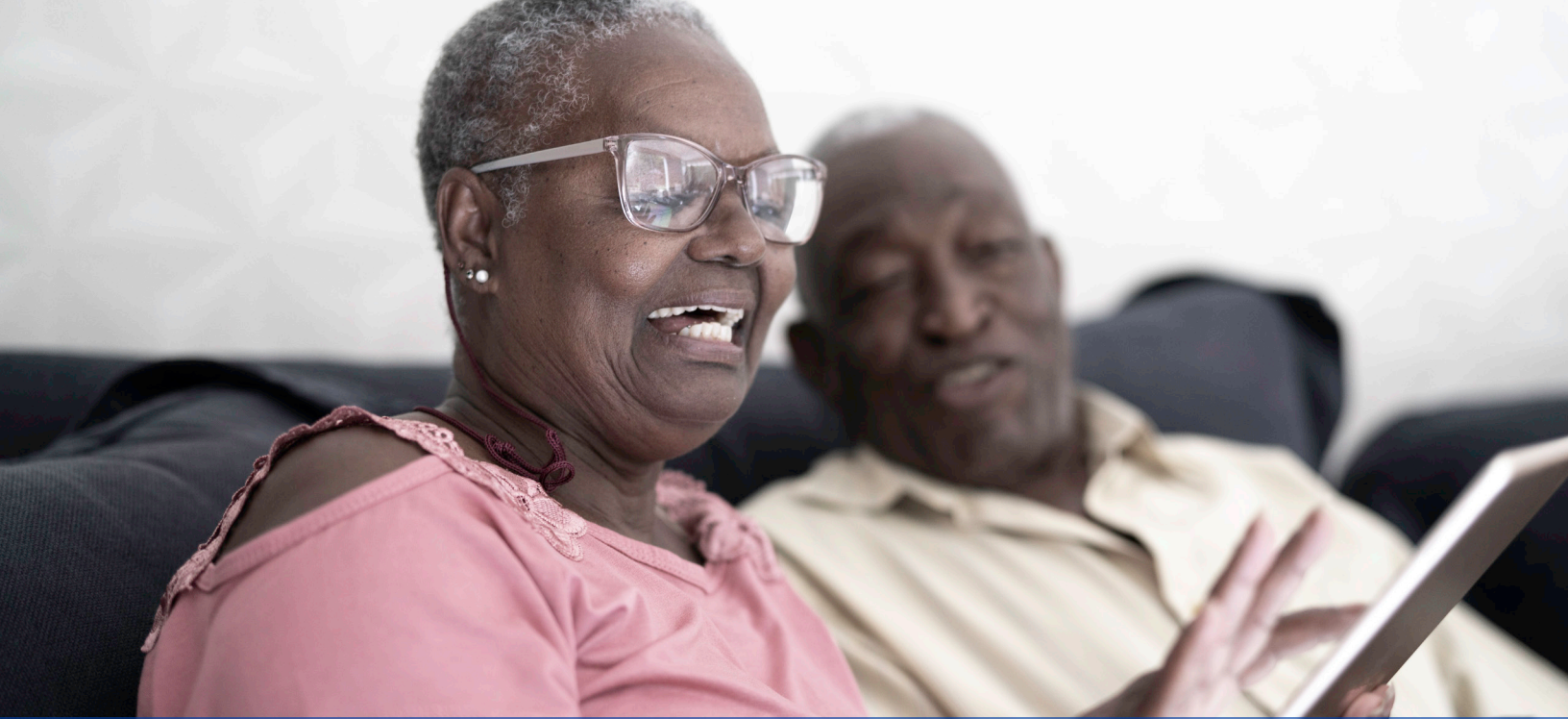
2 Look for your member ID card and welcome packet.

You'll receive your new Blue Cross Blue Shield of Michigan member 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.

3 Begin enjoying the confidence of being covered by Medicare Plus Blue 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.

*This only applies to members transferring from the Enhanced Care PPO plan or Traditional Care Network plan to Medicare Plus Blue PPO.



Access your information, no matter where you are

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 and pharmacies
- Learn about Health and Well-being programs
- View your virtual ID card

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
- View your formulary
- Check current out-of-pocket totals for:
 - Deductible
 - Out-of-pocket maximum

Apple is a trademark of Apple Inc., registered in the U.S. and other countries. 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.

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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616。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 1-888-322-5616。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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616 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 1-888-322-5616. 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 1-888-322-5616 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-322-5616. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-322-5616. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-322-5616 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-322-5616. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-322-5616. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-322-5616. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-322-5616. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-322-5616** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Discrimination is Against the Law

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

Blue Cross Blue Shield of Michigan:

- Provides 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)
- Provides 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 has 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

1-877-336-0377

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

www.bcbsm.com/UAWTrust

Prescription drug questions

1-888-322-5616

8 a.m. to 7 p.m. Eastern time
Monday through Friday.
TTY users call **711**.

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

Client code: **3642**
www.davisvision.com

TruHearing

1-844-394-5420

www.truhearing.com

Current Medicare Plus Blue 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**.

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