



**2023**  
Plan benefit guide

# Medicare Plus Blue<sup>SM</sup> PPO

FOR PROTECTED MEMBERS

UAW RETIREE  
Medical Benefits Trust

*Medicare Plus Blue<sup>SM</sup> 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 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. In 2023, **Medicare Plus Blue** will include 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.

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** plan specifically for protected members. 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.



**Medicare Plus Blue PPO** plan protected members pay no separate Medicare Part B deductible, no monthly contribution and nothing for doctor’s visits, including specialist visits.\*

**Take a look:**

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

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

**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 Visits<sup>SM</sup>:** 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.

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

**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/](https://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 Plus Blue plan includes benefits you won't get from Original Medicare including:

- Prescription drug coverage
- Blue Cross Coordinated Care Core<sup>SM</sup>
- In-Home Visits
- 24-Hour Nurse Line
- SilverSneakers<sup>®</sup> Fitness program



## Medicare Part D

Medicare Part D is prescription drug coverage.



## 2023 Cost share summary



	You pay	
	In network	Out of network
<b>Deductible, copayments, coinsurance and dollar maximums</b>		
Annual deductible per member per year	\$0	\$490
Coinsurance	0%	30% coinsurance after deductible
Out-of-pocket maximum (for deductible and coinsurance amounts for Medicare-covered medical services, per member per year)	\$0	\$1,395
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

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



# 2023 Summary of frequently used benefits and cost sharing



	You pay	
	In network	Out of network
<b>Preventive services</b>		
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening (one per lifetime)</li> <li>• Annual wellness visit</li> <li>• Cardiovascular disease testing (once every five years)</li> <li>• EKG screening</li> <li>• Immunizations (flu, pneumonia vaccines)</li> <li>• Kidney disease education services</li> <li>• Prostate cancer screening</li> <li>• Breast cancer screening (mammography)</li> <li>• Routine Pap smear and pelvic exams</li> <li>• Annual routine physical exam</li> <li>• Screening and counseling for alcohol misuse and obesity</li> <li>• Screening for depression, diabetes and glaucoma (twice per year if prediabetic)</li> <li>• Screening for HIV and sexually transmitted infections for those at risk</li> </ul>	Covered at 100%	
<ul style="list-style-type: none"> <li>• Bone mass measurement (every two years)</li> <li>• Diabetes self management</li> <li>• Nutrition therapy (for end-stage renal disease or diabetes)</li> <li>• Colorectal cancer screening</li> </ul>	Covered at 100%	Covered at 70%

**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

**In network** — A provider who is contracted to be a part of the Medicare Plus Blue PPO network

**Out of network** — A provider who is not contracted to be a part of the Medicare Plus Blue PPO network

## 2023 Summary of frequently used benefits and cost sharing



	You pay	
	In network	Out of network
<b>Physician office services</b>		
Office visits, including online visits: primary care doctor	Covered at 100%	50% coinsurance after deductible
Office visits, including online visits: specialists ( <i>No referrals required</i> )	Covered at 100%	50% coinsurance after deductible
Acupuncture (for chronic low back pain) – 20 visits per year	Covered at 100%	
Chiropractic spinal manipulations	Covered at 100%	50% coinsurance after deductible
Blue Cross Online Visits <sup>SM</sup> <b><a href="http://www.bcbsmonlinevisits.com">www.bcbsmonlinevisits.com</a></b>	Covered at 100%	Not applicable



<b>Emergency medical care</b>		
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	



<b>Outpatient services</b>		
Diagnostic procedures and tests, including X-rays	Covered at 100%	30% coinsurance after deductible



<b>Hospital care</b>		
Inpatient hospital care	Covered at 100%	30% coinsurance after deductible
Outpatient hospital services	Covered at 100%	30% coinsurance after deductible





	You pay	
	In network	Out of network
<b>Alternatives to hospital care</b>		
Skilled nursing care (in a Medicare-certified skilled nursing facility)	Covered at 100%	30% 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	Covered at 100%	
Home health care	Covered at 100%	



<b>Surgical services</b>		
Inpatient and outpatient surgery	Covered at 100%	30% coinsurance after deductible
Human organ transplants (Medicare covered)	Covered at 100%	30% coinsurance after deductible



<b>Behavioral health and substance abuse treatment</b>		
Inpatient behavioral health care	Covered at 100%; 190-day lifetime limit	30% coinsurance after deductible; 190-day lifetime limit
Inpatient substance abuse care	Covered at 100%	30% coinsurance after deductible
Outpatient behavioral health care and substance abuse care, in hospital	Covered at 100%	30% coinsurance after deductible
Outpatient behavioral health care and substance abuse care, in office	Covered at 100%	50% coinsurance after deductible

**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](http://www.bcbsm.com/protectedplan)**

## 2023 Summary of frequently used benefits and cost sharing



	You pay	
	In network	Out of network
<b>Other services</b>		
Allergy injections	Covered at 100%	30% coinsurance after deductible
Outpatient cardiac, physical, respiratory, speech, and occupational therapy	Covered at 100%	30% coinsurance after deductible
Durable medical equipment, prosthetics, orthotic appliances, diabetic monitoring supplies	Covered at 100%	
Wigs <i>Up to \$250 annual maximum</i>	Covered at 100%	
Fitness club membership through SilverSneakers	Covered at 100%. You must use a SilverSneakers location to use this benefit.	

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

**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](http://www.bcbsm.com/protectedplan)

*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. © 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.*



# 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 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.

## 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.

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



## Frequently asked questions

You'll find the answers to all these questions and more at [www.bcbsm.com/protectedplan](http://www.bcbsm.com/protectedplan)

### 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 benefits.

### Am I eligible?

You're eligible for the Blue Cross Medicare Plus Blue 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 or Michigan. Your permanent address must be in one of the four 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 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. You'll save the most when you stay in network. Find your doctors here:

**[www.bcbsm.com/protectedplan](http://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 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/protectedplan](http://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, 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

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 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](http://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

### 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

*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 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>.

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# 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](http://www.bcbsm.com/protectedplan)

## 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](http://www.silversneakers.com)

## Delta Dental

**1-800-524-0149**

[www.deltadentalmi.com](http://www.deltadentalmi.com)

## Davis Vision

**1-888-234-5164**

Client code: **3642**

[www.davisvision.com](http://www.davisvision.com)

## TruHearing

**1-844-394-5420**

[www.truhearing.com](http://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**.

## Medicare PLUS Blue<sup>SM</sup> Group PPO



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of Michigan

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Blue Cross and Blue Shield Association.



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