



2023 Benefit Information

UAW RETIREE
Medical Benefits Trust

Medicare Plus BlueSM PPO
UAW Trust Protected Members





Understanding Medicare

Medicare Part A

What's included

- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

PART
A

Monthly premium

There is no charge for people who have at least 40 work credits.

Medicare Part B

What's included

- Doctor visits
- Behavioral health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

PART
B

Monthly premium

- You must pay your Part B premium
- Your monthly premium will be determined at the time of your enrollment

Medicare Part D



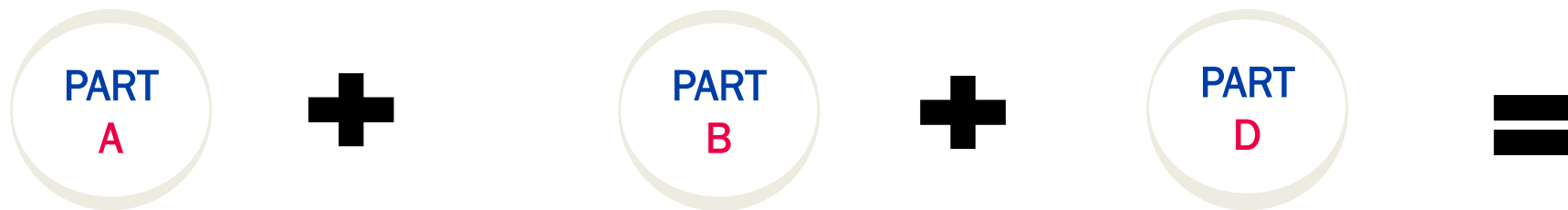
PART D

This is prescription drug coverage.
Part D plans are run by private insurance companies that follow rules set by Medicare.

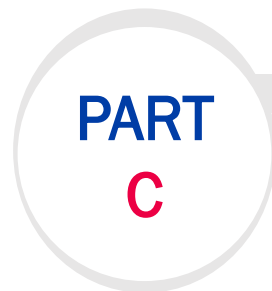
Starting in 2023, your Part D coverage will be included with your **Medicare Plus Blue PPO** plan. That means all your medical and pharmacy benefits will be together in one plan.

Medicare Part C

When a private insurance company contracts 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. They also include extra benefits, like prescription drug coverage, fitness programs and care management programs.



Medicare Advantage



Original Medicare benefits, rights and protections *plus* Part D and extra benefits like the SilverSneakers® fitness program and Health & Well-Being programs

Becoming eligible for Medicare

In most cases, if you already receive Social Security, you'll be automatically enrolled in Original 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 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

Medicare Plus Blue PPO

Medicare Advantage PPO plans are the premier plan for Medicare-eligible Trust members. The Medicare Advantage PPO plan from Blue Cross is called **Medicare Plus Blue**.

With **Medicare Plus Blue**, you get:

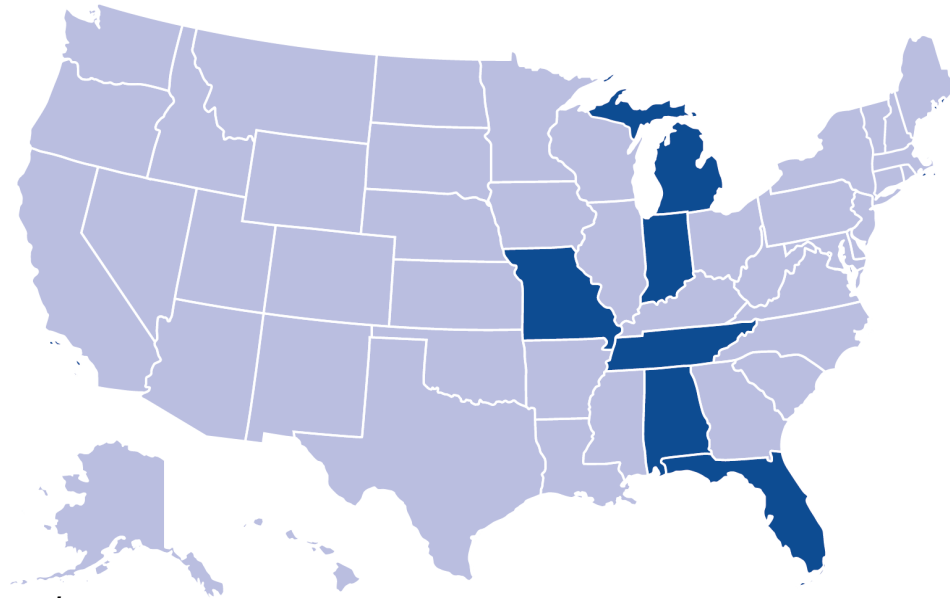
- Access to the extensive network of doctors, hospitals and pharmacies across the U.S.
- Low deductible and out-of-pocket maximums as well as flat dollar office copays
- Free membership in SilverSneakers fitness program
- Care support programs
- Prescription drug coverage

Eligibility

You're eligible for **Medicare Plus Blue** for protected members if the following conditions are met:

- You're enrolled in Medicare Part A and Part B*
- You retired prior to Oct. 1, 1990, or are the surviving spouse of a retiree who retired prior to Oct. 1, 1999
- Your permanent address is in any of the six states where the plan is offered through the Trust

Although your permanent address must be in one of the 6 **blue states**, you're covered for services in all 50 states.



**You must continue to pay your monthly Part B premium.
You can only be enrolled in one Medicare Advantage plan at a time.*

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

Care when you travel



You have access to doctors and hospitals across the U.S. and your benefits travel with you. Call the Customer Service number on the back of your **Blue Cross** member ID card to find a provider wherever you are.

You're covered for emergency and urgent care worldwide. When traveling outside of the United States, in some cases, you'll have to pay for your emergency and urgent care and submit a claim.

- Keep your paid receipts
- Call Customer Service at the number on the back of your **Blue Cross** member ID card for assistance
- Visit our website, www.bcbsglobalcore.com for more information



Prescription drug coverage

New prescription drug coverage

Starting in 2023, the **Medicare Plus Blue** plan will include prescription drug coverage.

Already a **Medicare Plus Blue** member? You'll automatically receive the new prescription drug coverage starting January 1, 2023.

The plan provides coverage through a nationwide network of retail pharmacies, as well as a convenient mail-order program. Your mail-order prescriptions will be handled by our mail-order vendor.

In December, you'll receive your Member Welcome Kit with more details. As always, Blue Cross is here to help you through this transition.

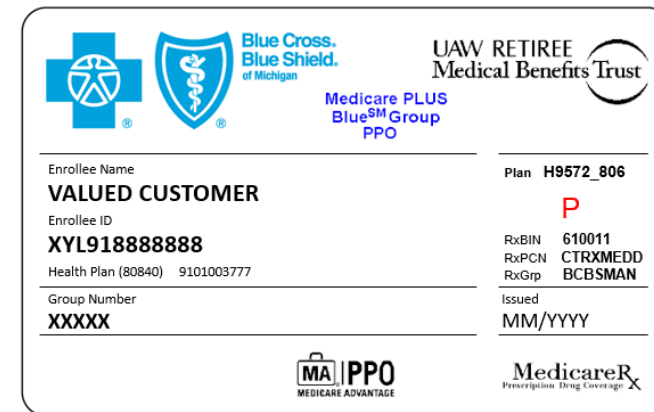
New member ID card

You'll receive a welcome packet one to two weeks before the start date of your coverage.

If you're already a Medicare Plus Blue member, you'll receive your new Blue Cross member ID card in the mail prior to January 1, 2023. Look for Medicare Rx in the lower right corner.



Current card



New card



Now it's time to:

- Tell your pharmacy and doctor that your plan has changed
- Enjoy the advantages of your new plan

How to find a retail pharmacy

Call

1-833-702-2555

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

Monday through Friday

TTY users call **711**

Click

Available later this fall, go to
www.bcbsm.com/protectedplan
to find a 2023 network pharmacy.

Pharmacy network*

The 2023 network features:

- More than 67,000 pharmacies including long-term care, 90-day supply and home delivery options
- A retail pharmacy network with over 93% of major chains and grocery store pharmacies across the nation

The network includes, but isn't limited to:

Albertsons Pharmacy

Kroger

Sam's Club Pharmacy

Costco Pharmacy

Longs Drug Store

Sav More Drug

CVS/Caremark

Meijer Pharmacy

Vons Pharmacy

Giant Eagle Pharmacy

Publix Super Markets

Walgreens Pharmacy

Henry Ford Pharmacy

Rite Aid Pharmacy

Walmart Pharmacy

Hometown Pharmacy

Safeway Pharmacy

Winn Dixie Pharmacy

Kaiser

**Source: Optum Rx*

Other pharmacies are available in our network

Getting started with home delivery

If you already use mail order, most prescriptions will automatically transfer to our new home delivery service on January 1, 2023. However, you'll need to set up delivery and payment information.

Before January 1

Prepare for the transition to our home delivery:

- Have a one-month supply of your current maintenance medications available
- Controlled substances, expired prescriptions and prescriptions without refills can't be transferred. If this applies to any of your medications, ask your doctor to submit a new electronic prescription to our home delivery pharmacy starting January 1, 2023

On or after January 1

Set up your account:

- Go to www.bcbsm.com/uawtrust and log in to your secured member account or log in to our mobile app. Click *My Coverage*, then *Prescription*, and finally *Mail Order*. You'll need to provide a payment method
- If you prefer, call [1-855-856-0537](tel:1-855-856-0537) to sign up by phone
- Have your doctor submit your prescriptions electronically to our home delivery pharmacy

Coverage decisions for Part D drugs

Some drugs have extra rules and restrictions as described in the 2023 Formulary Member Guidebook:

- **Prior Authorization:** Getting approval in advance to obtain certain drugs
- **Step Therapy:** A process that requires you to try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed
- **Quantity limits:** For some drugs, there are restrictions on the amount of the drug you can have

Members with existing authorizations:

If your prior authorization is for a drug used to treat a chronic condition, such as high blood pressure or high cholesterol, and it hasn't expired, it will be transferred and extended through 12/31/2023.

Members with a new medication:

If you need a new medication that requires a coverage decision starting on January 1, 2023, you may be eligible for up to a 31-day transition fill to give you time to request a coverage decision.

Requesting coverage decisions

Requests for coverage decisions can be made by any of the following methods:

- **Phone:** Call customer service at the number on the back of your Blue Cross member ID card
- **Online:** Submit an electronic request on www.bcbsm.com/uawtrust
- **Mail:** Blue Cross Blue Shield of Michigan
P.O. Box 807, Mail Code TC-1308
Southfield, MI. 48037

The **2023 Formulary Member Guidebook** will be available on **October 1, 2022**. Current Medicare Plus Blue members can obtain a copy on our website www.bcbsm.com/uawtrust or by calling customer service at the number on the back of your Blue Cross member ID card.

Prescription drug costs

	Retail 30-day supply/90-day supply	Mail order 90-day supply
Tier 1 <i>Generic</i>	\$5/\$15	\$5
Tier 2 <i>Preferred brand name</i>	\$40/\$120	\$40
Tier 3 <i>Non-preferred drug</i>	\$115/\$345	\$115
Annual out-of-pocket maximum <i>For prescription coverage. Includes copays for Tier 1 and Tier 2 medications. Tier 3 medications are excluded</i>	\$1,500	

Pharmacy Explanation of Benefits

Just like with your medical Explanation of Benefits, you'll get one for your prescription drug coverage. This is NOT a bill. It's a summary of the total cost of the prescription drugs you received.

Your Explanation of Benefits will show:

- What your pharmacy billed us
- The amount we paid the pharmacy
- The amount you owe
- How much you've paid toward your yearly out-of-pocket maximum



<Insert Date>

Your member numbers are:

Member ID: <Insert Member ID>

Group Number: <Insert Group Number>

1 0000000000 CID PEB-MEOB
000000000000//6056//4602//
//000001//
H957219337811L1



<Insert Member Name>

<Insert Member Address>

Your Monthly Prescription Drug Summary

For <Insert Month> <Insert Year>

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month

SECTION 2. Which "drug payment stage" are you in?

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

SECTION 4. Updates to the plan's Drug List that affect drugs you take

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights



Medical benefits

How to find a participating doctor

Call

1-833-702-2555

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

Click

Go to our website
www.bcbsm.com/protectedplan
and click *Find a Doctor*

Ask

Call your doctor's office and ask,
"Do you participate with the
Blue Cross Medicare Plus Blue PPO plan?"

Key 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'll 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'll 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 isn't contracted to be a part of the Medicare Plus Blue PPO network

*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.*

Deductible, coinsurance and dollar maximums

	In network	Out of network
Annual deductible per member per year	\$0	\$490
Coinsurance	0%	30%
Out-of-pocket maximum <i>Includes deductible and coinsurance amounts for Medicare-covered medical services, per member per year</i>	\$0	\$1,395

Deductible + Coinsurance = Out-of-pocket maximum

The following services are subject to deductible and coinsurance:

- Inpatient hospital services
- Outpatient services
- Radiology services
- Surgical services

Hospital care and outpatient services

	In network	Out of network
Inpatient or outpatient hospital	Covered 100%	Covered 30% coinsurance after deductible
Diagnostic procedures and tests <i>Includes X-rays, radiation and chemotherapy in hospital</i>	Covered 100%	Covered 30% coinsurance after deductible
Outpatient cardiac, physical, respiratory, pulmonary, speech and occupational therapy	Covered 100%	30% coinsurance after deductible

Alternatives to hospital care

	In network	Out of network
Skilled nursing facility care <i>In a Medicare-certified facility</i>	Covered 100%	30% coinsurance after deductible
Home health care	Covered 100%	
Hospice care levels 1-4 <i>Prior authorization required</i>	Covered by Original Medicare through Medicare-certified hospice programs	
5 th level hospice care	Covered 100% Lifetime maximum of 210 days	

Physician office services

	In network	Out of network
Primary care office visits <i>Includes diagnostic procedures and tests, online visits, X-rays, radiation and chemotherapy</i>	Covered 100%	50% coinsurance after deductible
Specialist office visits <i>(No referral required)</i> <i>Includes diagnostic procedures and tests, online visits, X-rays, radiation and chemotherapy</i>	Covered 100%	50% coinsurance after deductible
Blue Cross Online VisitsSM www.bcbsmonlinevisits.com	Covered 100%	Not applicable
Acupuncture <i>For chronic lower back pain – 20 visits per year</i>	Covered 100%	
Chiropractic spinal manipulations	Covered 100%	50% coinsurance after deductible
Out-of-pocket maximum <i>For copay-based services</i>	\$1,500	

Emergency medical care

	In network	Out of network
Urgent care	\$25 copay	
Emergency care	\$50 copay (copay waived if admitted)	
Ambulance	Covered 100%	

Preventive services

	In network	Out of network
Welcome to Medicare exam Routine physical Routine Pap smear and pelvic exams Breast cancer screening (mammography) Prostate cancer screening Cardiovascular, diabetes and HIV screening Immunizations (flu, pneumonia vaccines)	Covered 100%	
Bone mass measurement Colorectal cancer	Covered 100%	Covered 70%

Behavioral health and substance abuse treatment

	In network	Out of network
Inpatient behavioral health care <i>190-day lifetime limit</i>	Covered 100%	Covered 30% coinsurance after deductible
Inpatient substance abuse care	Covered 100%	Covered 30% coinsurance after deductible
Outpatient behavioral health and substance abuse care, in hospital	Covered 100%	Covered 30% coinsurance after deductible
Outpatient behavioral health and substance abuse care, in office	Covered 100%	Covered 50% coinsurance after deductible
Virtual behavioral health visits	Covered 100%	Covered 50% coinsurance after deductible

Other services

	In network	Out of network
Laboratory and pathology tests	Covered	100%
Durable medical equipment	Covered	100%
Prosthetics and orthotics	Covered	100%
Diabetic supplies	Covered	100%
Diabetic shoes <i>2 pairs a year</i>	Covered	100%
Wigs <i>Up to \$250 per year</i>	Covered	100%

For questions about durable medical equipment or diabetic supplies, call:

Blue Cross Customer Service

1-888-322-5616

8 a.m. to 7 p.m. Eastern time

Monday through Friday

TTY users call **711**

Medical Explanation of Benefits

After you have services and **Blue Cross** receives a claim, you'll get an Explanation of Benefits. This is NOT a bill. It's a summary of the total cost of the medical services you received.

Your Explanation of Benefits will show:


- What your health care provider billed us
- The amount we paid the provider
- The amount you owe
- How much you've paid toward your deductible and yearly out-of-pocket maximum

1

MONTHLY REPORT

**Medical and Hospital Claims
Processed in August 2022**

Statement Date: September 00, 2022
For Member Name
Member ID: XXXXX4567


A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.
<http://www.bcbsm.com>

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. [We send a separate report on Part D prescription drugs.]

Blue Cross Blue Shield of Michigan Customer Service

If you have questions, call us: 1-888-322-5616

We are here from 8 a.m. to 7 p.m., Monday through Friday with weekend hours during October 1 through February 14.

TTY/TDD only: 711



Cost comparison

Cost comparison for Chrysler and GM retirees

	Medicare Plus Blue PPO	Traditional Care Network
Monthly contribution	\$0	\$10
Deductible	\$0	\$325
Coinsurance	0%	10%
Out-of-pocket maximum <i>Deductible and coinsurance</i>	\$0	\$650
Primary care office visit copay	\$0	20% <i>after Medicare Part B deductible</i>
Specialist office visit copay	\$0	20% <i>after Medicare Part B deductible</i>
Urgent care/retail health clinic copay	\$25	\$50
Emergency room	\$50	\$125
Copay out-of-pocket maximum	\$1,500	No maximum

Cost comparison for Ford retirees

	Medicare Plus Blue PPO	Traditional Care Network
Monthly contribution	\$0	\$0
Deductible	\$0	\$0
Coinsurance	0%	\$0
Out-of-pocket maximum <i>Deductible and coinsurance</i>	\$0	\$0
Primary care office visit copay	\$0	20% <i>after Medicare Part B deductible</i>
Specialist office visit copay	\$0	20% <i>after Medicare Part B deductible</i>
Urgent care/retail health clinic copay	\$25	\$0
Emergency room	\$50	\$0
Copay out-of-pocket maximum	\$1,500	No maximum



Health and well-being programs

Free SilverSneakers fitness program membership

Included in coverage for **Medicare Plus Blue** members:

- Free membership in a network of health clubs and exercise classes
- Thousands of participating U.S. locations
- Virtual classes and workshops
- On-demand video workouts
- Exercise at your own pace with people in your age group



SilverSneakers and the SilverSneakers shoe logotype are registered trademarks 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.

24-Hour Nurse Line

A registered nurse is available to you 24 hours a day, seven days a week if you have health questions, want information to help you make a medical decision or need support with managing a chronic condition.

SAFE One-on-one conversations with a registered nurse; caring; confidential

QUICK Expert health advice by phone; no web searches; no waiting

EASY Connect from home or on the go; no appointments; no cost; no hassle

CALL **1-800-775-2583**

In-Home Visits

Signify Health offers a complete In-Home Visit health and wellness assessment, at no additional cost, with a licensed medical provider at your convenience. You'll receive a \$50 gift card for completing a visit.

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

Contact Signify Health for questions or to schedule an appointment.

Signify Health

1-844-226-8216

8 a.m. to 8 p.m., Eastern time

Monday through Friday

TTY users call **711**

www.bcbsm.com/uawtrusthomevisits

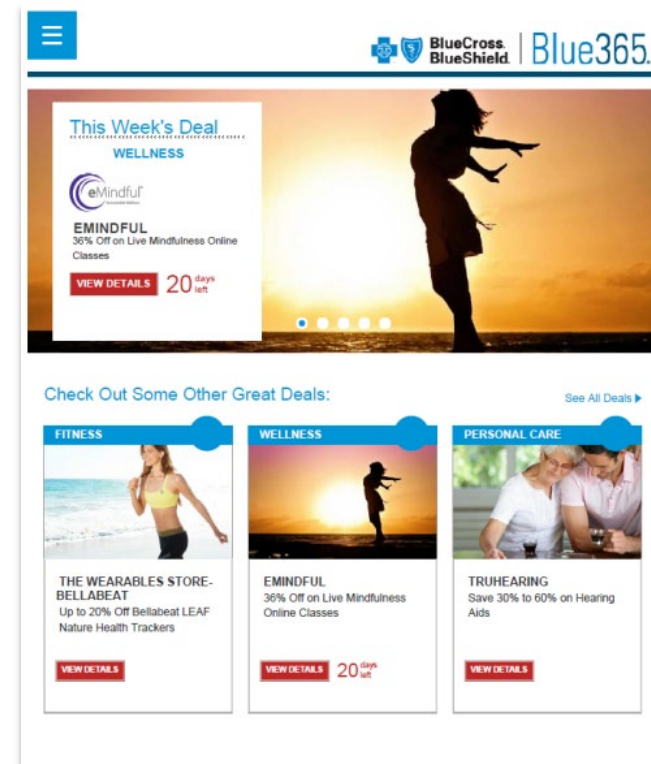


Signify Health is an independent corporation retained by Blue Cross Blue Shield of Michigan to provide health and well-being services to its Medicare Plus Blue PPO members.

Blue 365®

Blue 365 offers exclusive health and wellness deals, and resources for keeping you healthy and happy, every day of the year.

As a member of **Medicare Plus Blue**, you have access to nationwide discounts. To access them, visit www.bcbsm.com/uawtrust and log in to your member account.





Becoming a member

Becoming Medicare eligible

The easiest time to enroll in the **Medicare Plus Blue** plan is when you become Medicare eligible. This way, your Medicare Advantage PPO coverage starts the same time as your Medicare effective date.

If you don't enroll in the **Medicare Plus Blue** plan prior to your Medicare effective date, you'll be automatically enrolled in the TCN Medicare plan. Under TCN, you'll be subjected to the Part B deductible and 20% co-insurance for office visits.

The sooner you sign up for **Medicare Plus Blue**, the sooner you can start enjoying lower costs, flat dollar co-pays, one ID card and benefits not offered with TCN.

When your coverage starts

Your plan starts the first day of the second month after you call.

Enroll during	Coverage takes effect
January	March 1
February	April 1
March	May 1
April	June 1
May	July 1
June	August 1

Enroll during	Coverage takes effect
July	September 1
August	October 1
September*	November 1
October*	December 1
November	January 1
December	February 1

*Eligible members who call Retiree Health Care Connect to enroll in September or October will be enrolled January 1 unless otherwise requested.

Call to enroll

If you want coverage to start on January 1, 2023, you'll need to enroll before November 30, 2022.

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**

If you're already enrolled in **Medicare Plus Blue**, you don't need to do anything.
You'll automatically be moved into the new prescription drug coverage starting January 1, 2023.



Stay connected

Your member online account

If you already have a Blue Cross Blue Shield of Michigan online account, it'll be automatically updated with your new health plan information. If you don't have an online account, setting one up is easy.



Log on to the website, www.bcbsm.com/uawtrust

- Click on ***LOGIN*** tab (upper right-hand corner)
- Click ***Register Now***

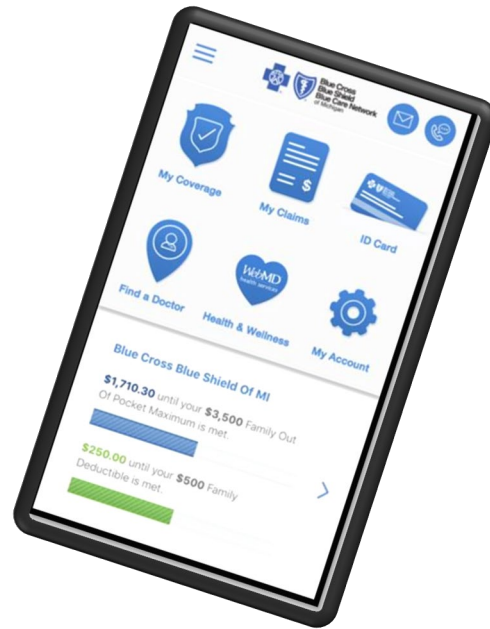
After you create your member account, you can:

- View your claims
- View your formulary
- View and print your Explanation of Benefits
- Check current out-of-pocket totals for:
 - Deductible
 - Out-of-pocket maximum
- View videos, presentations and brochures
- Get information on upcoming events

Mobile app

Get the BCBSM mobile app

- Go to the Apple® App Store or Google Play™, and search for BCBSM
- Download the app
- Tap the app icon
- Tap Register



- Check deductible and out-of-pocket balances,
- View Explanation of Benefits and claims
- Search for doctors and pharmacies
- Learn about Blue Cross Coordinated Care CoreSM, our care management program
- View your virtual ID card

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Non-discrimination statement

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.

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。

Contact information

Pre-enrollment questions

1-833-702-2555

8:30 a.m. to 6 p.m. ET

Monday through Friday

TTY users call **711**

www.bcbsm.com/UAWTrust

Current members questions

1-888-322-5616

8 a.m. to 7 p.m. Eastern time

Monday through Friday

TTY users call **711**

www.bcbsm.com/UAWTrust

SilverSneakers

1-866-584-7352

TTY users call **711**

www.silversneakers.com

To enroll, call

Retiree Health Care Connect

1-866-637-7555

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

Monday through Friday

TTY users call **711**

Delta Dental

1-800-524-0149

TTY users call **711**

www.deltadentalmi.com

Davis Vision

1-800-999-5431

Client code: **3642**

TTY users call **711**

www.davisvision.com

TruHearing

1-844-394-5420

TTY users call **711**

www.truhearing.com