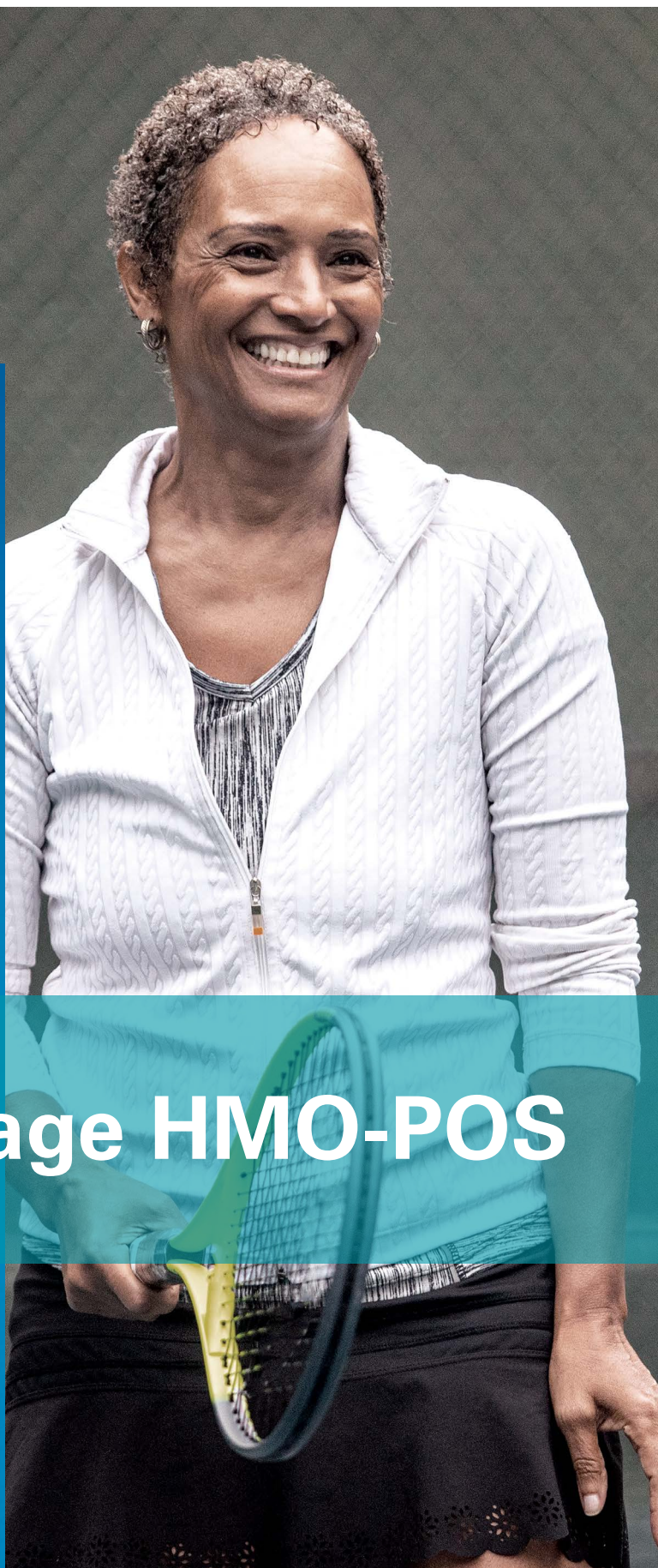




2023 resource guide

BCN Advantage HMO-POS

UAW RETIREE
Medical Benefits Trust



You're a member of an HMO-POS plan

We cover everything that Original Medicare does, plus more, all in one plan. Health maintenance organizations provide personalized care coordinated by a primary care provider, whom you select from our network of providers.

Your primary care provider is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your primary care provider that you need specialty care.

Our plan gives you access to a network of thousands of doctors and specialists. These providers accept our payment and the share of the costs that you pay as payment in full.

Preventive care is the foundation of our coverage because it's easier to stay healthy than it is to get healthy. Of course, we also help manage sudden and ongoing medical conditions to help you feel your best.

Personal concierge service

Health care can be complicated. BCN Advantage's Concierge program provides personalized service to help you make the most of your coverage. Your concierge coordinator can:

- Explain your plan details
- Answer benefit questions
- Help you find a provider
- Discuss preventive services
- Provide timely reminders
- Connect you to community resources
- Reach out to your doctor's office to set up appointments or clear up questions

You'll hear from your personal concierge coordinator on a regular basis, usually once a month or so. He or she plans each phone call based on your questions and personal concerns.


















We value you as a customer and strive to do our best to serve you. You might be wondering what you should do to make the most out of your coverage this year. Here's an easy guide so you can start taking advantage of the benefits of BCN Advantage.

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What you can expect

Part of our commitment is to help you make the best possible use of your plan. We'll keep you informed throughout the year about your plan and your health.

For all members	
Doctor visit 	Make an appointment for your annual wellness visit or annual physical exam with your provider so you can begin taking advantage of your preventive benefits. See page 14.
Download our mobile app 	Access your electronic BCN Advantage member ID card and coverage, claim and cost information anytime, wherever you go. See page 16.
Guide to your costs 	We send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.
Medicare Advantage health assessment 	Complete a brief health survey, and we'll give you a personalized health status report you can share with your doctor. It's secure, completely confidential and your responses don't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you in the best of health.
Explanation of Benefits  or 	When you use your coverage, we'll send you a detailed statement. You'll receive an <i>explanation of benefits</i> the month after the claim is processed. Page 12 has more information about your <i>explanation of benefits</i> .
Member news 	We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in <i>Medicare Blue and You</i> , our member magazine.
Special information  or 	There may be events during the year that we want you to be aware of, so we'll send you notices. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.
Surveys 	<p>You may receive surveys asking for your opinion of this plan, our network providers and the care you receive. This is an important feedback channel that helps us respond to your needs.</p> <p>We're always exploring new, innovative ways to provide you with better coverage and service.</p> <p>Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.</p>

For new members only	
Member ID card 	We send you a new BCN Advantage member ID card. You can put your red, white and blue Medicare card in a safe place and use your BCN Advantage member ID card instead. Show your doctor and other providers this card every time you need care. Or, use the Blue Cross mobile app to show your electronic ID card. See page 16.
Welcome call 	When you are a new member, we call to make sure you received your welcome kit and member ID card, answer any questions about your coverage and tell you about programs we offer to help you stay healthy.
Need to find a doctor? 	If you don't have one, pick a primary care doctor. Page 7 explains how to find a doctor online. You can also look in your copy of our Provider Directory or call Customer Service at the number on the back cover of this booklet and on your BCN Advantage member ID card.
Blue Cross online member account 	<p>From coverage details and claims information to ideas for healthier living, there's loads of valuable content. Be sure to register for your secure Blue Cross member account:</p> <ul style="list-style-type: none">• Using the Blue Cross mobile app• At www.bcbsm.com/uawtrust• By texting REGISTER to 222764 <i>Message and data rates may apply.</i> <p>Learn more on pages 16 and 17.</p>
New members get a special preventive visit 	If you are new to Medicare, you can make an appointment for your Welcome to Medicare preventive visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as initial preventive physical examination, the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if necessary.

That's the Benefit of BlueSM

Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.



Easy ways to get your flu and pneumonia vaccines

Participating network pharmacies can bill BCN Advantage for flu and pneumonia vaccines under your medical plan at no cost to you.

You can also get these vaccines at your provider's office, but you may have some cost for an office visit.

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine in October before the flu season begins because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It's focused on healthy lifestyle changes for qualified members and covered under your plan at no additional cost. Participants with 5% to 7% weight loss report increased energy and better sleep.



Do you qualify? Take a one-minute online quiz at www.solera4me.com.

Emotional and mental well-being

Your health is not just determined by your physical fitness, but by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you have support through life's trials, manage stress and have positive social interactions. We offer behavioral health care benefits to help you transition through difficult times. This benefit also helps those struggling with substance abuse. When you call, we'll discuss your needs and arrange for services.



1-800-431-1059, TTY users call **711**
24-hours a day, seven days a week

Serious illness

When something serious happens, count on our dedicated nurse care managers to help you find the right care. They'll also provide the information and resources you need. We offer care management services based on your medical claims or when your doctor refers you for assistance. In some cases, we partner with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care management nurses work with your doctor to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

A personal care management nurse will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, we can also help with the transition to your home or another facility to ensure you get the care you need.



1-800-775-BLUE (2583), TTY users call **711**
8 a.m. to 6 p.m. Monday through Friday

Chronic conditions

Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You'll work with your nurse to create a care plan and set goals to improve your health.

Blue Cross Coordinated Care CoreSM

We understand the journey to better health is personal. Blue Cross Coordinated Care Core provides you with a dedicated care team to connect you with the right care at the right time, whether it's providing support for behavioral health issues, managing a chronic condition or helping to schedule wellness appointments. It's easy to stay on track with your care plan with the Blue Cross Coordinated Care Core mobile app powered by Wellframe®. If you participate in the program, you can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat. The program is completely confidential and available at no cost.



1-800-775-BLUE (2583), TTY users call **711**
8 a.m. to 6 p.m. Monday through Friday

Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network members by providing health and wellness services.

Quit tobacco for good

Increase your chances for successfully quitting in the next 30 days with support and resources through a phone-based health coach program from WebMD®. You're eligible if you're ready to set a quit date within 30 days and you've used tobacco within seven days of your initial call. WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.



www.bcbsm.com/medicare/help/faqs/other/quit-smoking.html



1-855-326-5102, TTY users call **711**
9 a.m. to 11:30 p.m. Monday through Thursday; 9 a.m. to 8 p.m. Friday; 9:30 a.m. to 6 p.m. Saturday; and 1 p.m. to 11:30 p.m. Sunday

Know where to go for care

You have smart choices for when and where to get health care. Know your options so you can get the treatment you need, right when you need it. Costs vary for each care option, so it's important to think about what kind of care best fits your needs:



24-Hour Nurse Line

There is no cost when you call **1-855-624-5214**. TTY users call **711**. A good option anytime you have questions about an illness or injury.



Primary care physician

A \$25 copay for annual and routine care visits. Call your primary care physician first when you're not feeling well. He or she knows you best and understands your health history.



Blue Cross Online VisitsSM

A \$25 copay per doctor visit and \$0 copay per visit for behavioral health therapy. Connect online with a doctor or therapist using a smartphone, tablet or computer. Visit www.bcbsmonlinevisits.com or call **1-844-606-1608**. TTY users call **711**.



Retail health clinics

A \$25 copay per visit. Get quick, in-person evaluation and treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.

Ford Protected members have \$0 copay



Urgent care

A \$25 copay per visit for non-life-threatening illnesses or issues when you can't get to your doctor. Get non-emergency, in-person care conveniently, after hours or on weekends.

Ford Protected members have \$0 copay



Emergency room

A \$50 copay per visit for serious or life-threatening illnesses or injuries that require an emergency room visit.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your doctor or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Colds and flu
- Earache
- Skin rash
- Painful urination
- Sore throat and cough
- Low-grade fever
- Eye irritation or redness
- Minor burns, cuts and scrapes
- Sprains and strains

Ford Protected members have \$0 copay



Take an active role in your care

Your plan completely covers more than 20 preventive services including flu and pneumonia vaccines, mammograms, and colorectal cancer screenings. Ask your doctor which preventive services are right for you. If you are new to Medicare, schedule a Welcome to Medicare exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your annual wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

Get more out of your doctor visits by:

- Writing down questions as well as symptoms you want to discuss with your doctor
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Blue Cross Virtual Well-BeingSM

Let Blue Cross Virtual Well-Being give you the guidance and support you need on your personal well-being journey. Virtual well-being:

- Features short, high-energy, live webinars every Thursday at noon Eastern time.
- Focuses on a different well-being topic each week.
- Topics include mindfulness, resilience, social connectedness, emotional health, financial well-being, physical health, gratitude, meditation and more.
- Offers informational materials you can download to save and share.

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at www.bluecrossvirtualwellbeing.com.



Make sure you are up to date on your screenings

Ask your doctor if you need to schedule any of these regular services.

Preventive screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on test	Every 2 years	Annually

Vaccines			
Flu shot	Pneumonia vaccine	Hepatitis B	Other vaccines
Annually	The number of shots per lifetime will depend on vaccine used and time between doses	If you're at risk	To treat injury or exposure to a disease

Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

In-Home Visits with Signify Health®

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

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

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

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

For more information, or to schedule an In-Home Visit, call Signify Health at **1-844-226-8216**. TTY users call **711**. You can also visit <https://www.bcbsm.com/uawtrust/resources/home-visits/>.

*Signify Health is an independent corporation retained by Blue Cross Blue Shield of Michigan and Blue Care Network to provide health and well-being services to select **Medicare Advantage and BCN Advantage members**.*

Talk to your doctor

	Don't hide it	Good to know	Ask your doctor	Going in-depth
Physical activity	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you start, increase or maintain your level of exercise?	What types of exercise are right for you?
Cardiovascular screenings	Get your blood pressure checked during each health care visit.	Talk to your doctor about your weight, waist circumference and your body mass index.	Discuss any cholesterol screenings you may need.	Discuss smoking, physical activity and your diet.
Risk of falling	If you've fallen, make sure to call your doctor. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane or walker or physical therapy?	Discuss any balance or walking problems.

Find a doctor online

To see if your doctors are in our network, visit us online at www.bcbsm.com/uawtrust/plans/medicare/bcna-hmo/.

1. Click on *Find a doctor*.
2. Follow prompts on page to search for an in-network doctor, hospital and clinic by name or specialty.

Blue Cross Online Visits: Convenient online care for body and mind

It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A doctor for minor illnesses such as a cold, flu or sore throat when your primary care physician isn't available
- A behavioral health professional or psychiatrist to help work through different challenges, such as anxiety or grief

Fast and convenient

 Visit www.bcbsmonlinevisits.com.

 Call **1-844-606-1608**, 24 hours a day, seven days a week. TTY users call **711**.

 Download the Blue Cross Online Visits app.

Remember to coordinate all care through your primary care provider. You are not limited to the providers available through Blue Cross Online Visits. You can also receive primary care physician services and behavioral health services online or over the phone directly from a network provider that offers telehealth services.

Blue Cross Online Visits is powered by American Well®, an independent company that provides online visits for Blue Cross Blue Shield of Michigan and Blue Care Network members.

Reach your health goals

The Blue Cross Health & Well-BeingSM website, powered by WebMD®, can help you start making the healthy lifestyle changes you'd like to see.

We offer six Digital Health Assistant programs available at no additional cost to you. They focus on a variety of health goals, including eating better, conquering stress, feeling happier and enjoying exercise. All tips come straight from WebMD's expert health coaches.

Set your goal, choose your level (easy, moderate or challenging) then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at www.bcbsm.com/uawtrust, or open the BCBSM mobile app, then click on *Health & Wellness*. From there, click on *My Health Assistant* under the *Healthy Living* tab.

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



A closer look at prior authorizations

Before getting certain treatments, your doctor will request prior authorization from our plan on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

- **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you've had.
- **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at www.bcbsm.com/uawtrust.

Here's how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We will cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan will not cover the treatment. We'll explain the reason for the denial to the provider, and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, he or she is usually responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.

Your *explanation of benefits* has important information

What is an EOB?

The EOB is your source of truth for how much you owe health care providers. However, an EOB is not a bill. EOBs help you track your medical costs.

What am I supposed to do with an EOB?

Compare it to your medical bills. If a bill from your provider doesn't look like the correct amount based on your EOB and benefits, please call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any BCN Advantage payments and you never received an EOB, ask your provider to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them on EOBs after your provider sends the service information to us.

Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic EOBs using your secure Blue Cross online member account at www.bcbsm.com/uawtrust/plans/medicare/bcna-hmo/. (Pages 16 and 17 have more information and easy ways to register.)

What can you find on an EOB?

The EOB shows what you've paid or need to pay your provider, if anything. For example:

Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$502.00	\$50.00

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them. Your annual deductible is \$400 for a member and \$675 for a family.* **Your annual out-of-pocket limit is \$1,000 per member, per calendar year. For example, this is how your first EOB of the year might read:**

DEDUCTIBLE:

For the most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

As of February 1, 2022 you have paid \$400.00 of your \$400.00 yearly in-network plan deductible.

YEARLY LIMIT: This limit gives you financial protection

This limit tells the most you will have to pay in "out-of-pocket" costs for medical and hospital services covered by the plan.

This yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does not put a limit of how much care you can get.

Your out-of-pocket spending for most services will count toward your yearly out-of-pocket maximum.

This means:

- Once you have reached your limit in out-of-pocket costs, **you stop paying out-of-pocket for most services.**
- You keep getting your covered medical and hospital services as usual, **and the plan will pay the full approved amount for the rest of the year.** Your out-of-pocket spending for services not covered by the plan will not count toward your yearly out-of-pocket maximum.

As of February 1, 2022 **you have had \$544.79 in out-of-pocket costs** that count toward your \$1,000.00 out-of-pocket maximum for covered in-network services.

**Note: Deductible doesn't apply to Protected members. Protected members are responsible for copays only.*

Help us prevent fraud

Checking to make sure you actually received services as shown on the statement helps us prevent error and fraud. If you have questions about a claim or EOB, call the Fraud Hotline at **1-800-482-3787** Monday through Friday from 8 a.m. to 7 p.m. Eastern time. TTY users, call **711**.



Frequently asked questions

What is the difference between an annual wellness visit and an annual physical?

At an **annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a Welcome to Medicare preventive visit or annual wellness visit within the past year. It's covered once every 12 months after your first 12 months of Part B coverage (you must wait 11 full months between each annual wellness visit).

At an **annual physical exam**, a primary care physician or other provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an annual wellness visit. Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive visits has separate parameters defined by Medicare. There is no copayment or deductible for these preventive services. However, if your doctor provides services outside the scope of the set Medicare parameters, a copayment or deductible may apply.

Why am I being billed for my colonoscopy? I thought it was a free preventive screening?

A preventive colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There is no copay for preventive screenings. When a sign or symptom is discovered during a preventive exam, all further testing and exams are considered diagnostic procedures and diagnostic cost sharing will apply.

A diagnostic exam is performed to diagnose and, consequently, start treatment if you're unhealthy (there is a sign, symptom or disease present). Diagnostic exams are prescribed when there are health concerns, such as certain symptoms or medical history. Diagnostic exams incur cost sharing.

Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

Per Medicare guidelines:



- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

Will I be paying inpatient or outpatient cost sharing?

If you're having a service in a hospital, you should ask your provider beforehand to see if the service is inpatient or outpatient, as this will affect your cost sharing. Unless the provider writes an order to admit you as an inpatient to the hospital and your plan authorizes admission, the service will be outpatient and you will pay the cost-sharing amounts for outpatient services. Even if you stay in the hospital overnight, the service might still be considered outpatient. If you're not sure if the service is considered outpatient, ask the hospital staff.

Tap into your health care plan — anytime, anywhere

The Blue Cross mobile app helps you understand your health care plan and how it works. From deductible and claims to out-of-pocket costs, you'll have the information you need to manage your plan and get the most from your coverage, wherever you go.

-  Find care in your network and check doctor and hospital quality.
-  Show your BCN Advantage member ID card to your doctor's office staff so they have the information they need to look up your coverage.

Register for a Blue Cross Blue Shield of Michigan member account:

- Using the app
- At www.bcbsm.com/uawtrust
- By texting **REGISTER** to **222764**. *Message and data rates may apply*


Blue Cross app questions:
www.bcbsm.com/app
1-888-417-3479
TTY **711**
8 a.m. to 8 p.m.
Eastern time
Monday through Friday

Free SilverSneakers® fitness program

SilverSneakers Fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of facilities across the country.

Find a participating fitness center:

 www.silversneakers.com

 **1-866-584-7352**, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call **711**.

Download the BCBSM and SilverSneakers GO apps today.



SilverSneakers app questions:

www.SilverSneakers.com/GO

1-866-584-7352
TTY users call **711**.

Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. SilverSneakers GO is a trademark of Tivity Health, Inc. ©2022.

Apple and the Apple logo are trademarks 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.

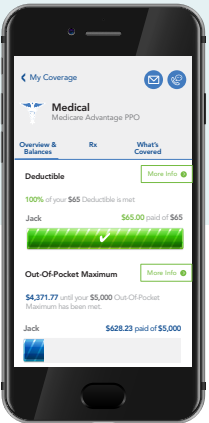
Google Play and the Google Play logo are trademarks of Google LLC.

Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to health care costs. That's where your Blue Cross online member account can help. When you log in, you'll see how much you'll pay at the doctor. You can also check that past charges are accurate, and more.

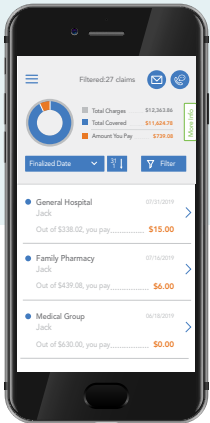
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



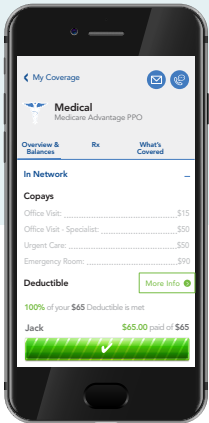
Review your claims and Explanation of Benefits

Claims and EOBs show you how much a provider charged for services and what portion we've paid. They also tell you what services you've already paid for and if your payment amount is correct.



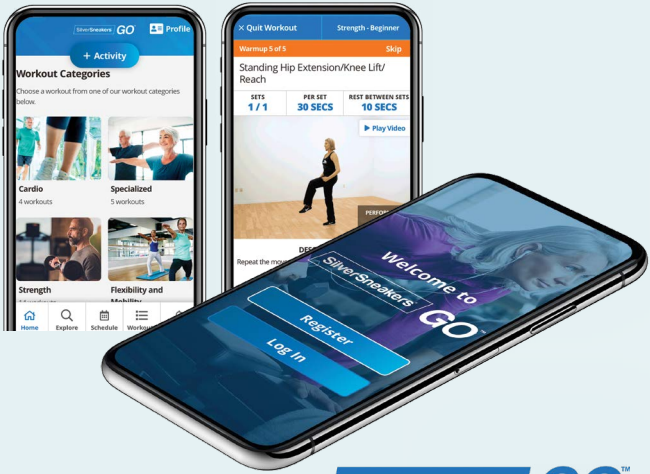
Know your copays before you visit a provider

Easily access copayment information for commonly used services, including office visits and urgent care.



Getting active is easier with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



Contact information

UAW Retiree Medical Benefits Trust Service Center

1-800-222-5992 TTY users call **711**

8 a.m. to 8 p.m. Eastern time, Monday through Friday

www.bcbsm.com/uawtrust/plans/medicare/bcna-hmo/

Mail Code C225, P.O. Box 5043, Southfield, MI 48086-5043

Retiree Health Care Connect

1-866-637-7555

TTY users, call **711**

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

Monday through Friday

Delta Dental

1-800-524-0149

TTY users, call **711**

www.deltadentalmi.com

Behavioral health and substance abuse care

1-800-431-1059

TTY users, call **711**

24-hours a day, seven days a week

Diabetic supplies

J & B Medical

1-888-896-6233

TTY users, call **711**

8 a.m. to 6 p.m. Monday through Friday

Durable medical equipment, prosthetics and orthotics

Northwood

1-800-667-8496

TTY users, call **711**

8:30 a.m. to 5 p.m. Monday through Friday

Davis Vision

1-888-234-5164

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