# 2023 benefits at a glance

UAW CHRYSLER AND GM TRUST
MEDICARE MEMBERS

# Traditional Care Network

UAW RETIREE Medical Benefits Trust

You have many options when it comes to selecting health care. Thank you for choosing Blue Cross Blue Shield of Michigan.

Traditional Care Network (referred to as TCN) is a Medicare Supplement plan. That means Original Medicare is your primary coverage and TCN is secondary. With the TCN plan, you have access to the expansive Blue Cross network of doctors, hospitals, and other health care providers within our preferred provider organization.

You will find that your deductibles, co-insurance, copayments and out-of-pocket expenses will be less when you use a network provider. If you go outside of the network, you will pay more for services, and in some cases, services may not be covered by the plan.

It's easy to check to see if your provider is in the network by calling customer service at **1-877-832-2829** or by logging on to our website, **www.bcbsm.com/uawtrust**.

**If you have any questions** about your coverage, bills you might have received, or your explanation of benefits, we're always happy to answer them. Please contact Customer Service at:

**1-877-832-2829**
8 a.m. to 8 p.m. Eastern time, Monday through Friday.
TTY users call **711**.

You can also find the number on the back of your Blue Cross member ID card.

Protected eligibility applies to all retirees who retired before October 1, 1990, and all surviving spouses of retirees who retired before October 1, 1999.

To have information about your health care plan at your fingertips, get the Blue Cross mobile app. You can check your coverage, claims and balances; show and share your ID card; find care and view costs (such as deductible, coinsurance or copay), or check hospital and doctor quality. Go to the Apple® App Store or Google Play™, and search for BCBSM.

Thank you for being a member of Blue Cross Blue Shield of Michigan and for choosing the Traditional Care Network product.

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# Contents

# Well-being and care support

**The Blue Cross® Health & Well-being** website, powered by WebMD®,* provides helpful online information and tools 24 hours a day. Getting started is easy. Just sign in to **bcbsm.com/uawtrust**, and select the *Resources* tab. Once there, you can:

- Contact the 24-hour nurse line for confidential help with questions about your health.
- Complete a health assessment to help us learn more about you and your needs.
- Learn about tobacco cessation coaching, behavioral health benefits and chronic condition management.
- Access exclusive member discounts and savings from Blue 365®.

*WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness resources to its members.

There is always value when you are enrolled with Blue Cross. With every Blue Cross card, you receive additional support. Some of the programs we offer to members include:

**Tobacco cessation coaching powered by WebMD®**, which provides certified health coaches who can help you become tobacco-free by offering counseling and support. Call the WebMD Health Education Center and speak to one of our health care coaches at **1-855-326-5102** when you are ready to make a commitment to quit.

# How to find a network provider

To find an in-network provider, visit **bcbsm.com/uawtrust** to get started. Once there, follow these steps:

1. Scroll down to *How can we help?*
2. Click on *Find a doctor*.
3. Click on *Choose a location* and follow the prompts.

You can choose a doctor by name or specialty or choose a hospital or clinic by name or type.

Selecting a primary care doctor for you and your family is an important decision. Primary care doctors are family or general practice doctors, internists and geriatricians. Your doctor is your partner in maintaining your good health and providing care for most of your basic health care needs, including:

- Regular checkups
- Health screenings and immunizations
- Treatment for illness or injury
- Treatment for chronic conditions like asthma and diabetes
- Coordination of specialty care, lab tests and hospitalizations

Maintaining a relationship with your primary care doctor is important because he or she may be able to see trends or symptoms you may not notice. Your doctor also knows your family history and risks. With routine tests, your doctor may be able to catch health concerns early.

## Your primary care physician checklist

Use this checklist to help take you through the process of finding, making an appointment and interacting with your primary care physician.

### 1 Find a doctor:

- ☐ Visit **bcbsm.com/uawtrust,** and see the steps on the previous page to find a network provider.
- ☐ If you would prefer to have us help you find a network provider, call **1-877-832-2829** and speak to a representative.

### 2 Before you call your primary care physician:

- ☐ Write down questions and concerns. If you need pointers on the types of questions you should ask, call **1-877-832-2829** and we can help.
- ☐ Gather a list of current medication and immunization records.
- ☐ Have your Blue Cross ID card, Medicare card and photo ID or driver's license handy.

### 3 When calling, tell them:

- ☐ Your name and Blue Cross ID information.
- ☐ Reason you're seeing the doctor.
- ☐ Days and times that work for you.

***Ask:***

- ☐ For any forms that can be sent before your visit.
- ☐ What else you need to bring.

### 4 For your appointment:

***Bring:***

- ☐ Blue Cross ID card, photo ID and your Medicare card.
- ☐ Any papers or forms sent ahead of time.
- ☐ Health information (medical records), including you and your family's health history.
- ☐ List of prescriptions and over-the-counter medicines.
- ☐ Herbal remedies and vitamins you are taking.
- ☐ Prescription refills you need.
- ☐ Someone to help you talk to your doctor, if needed.

### 5 After your appointment:

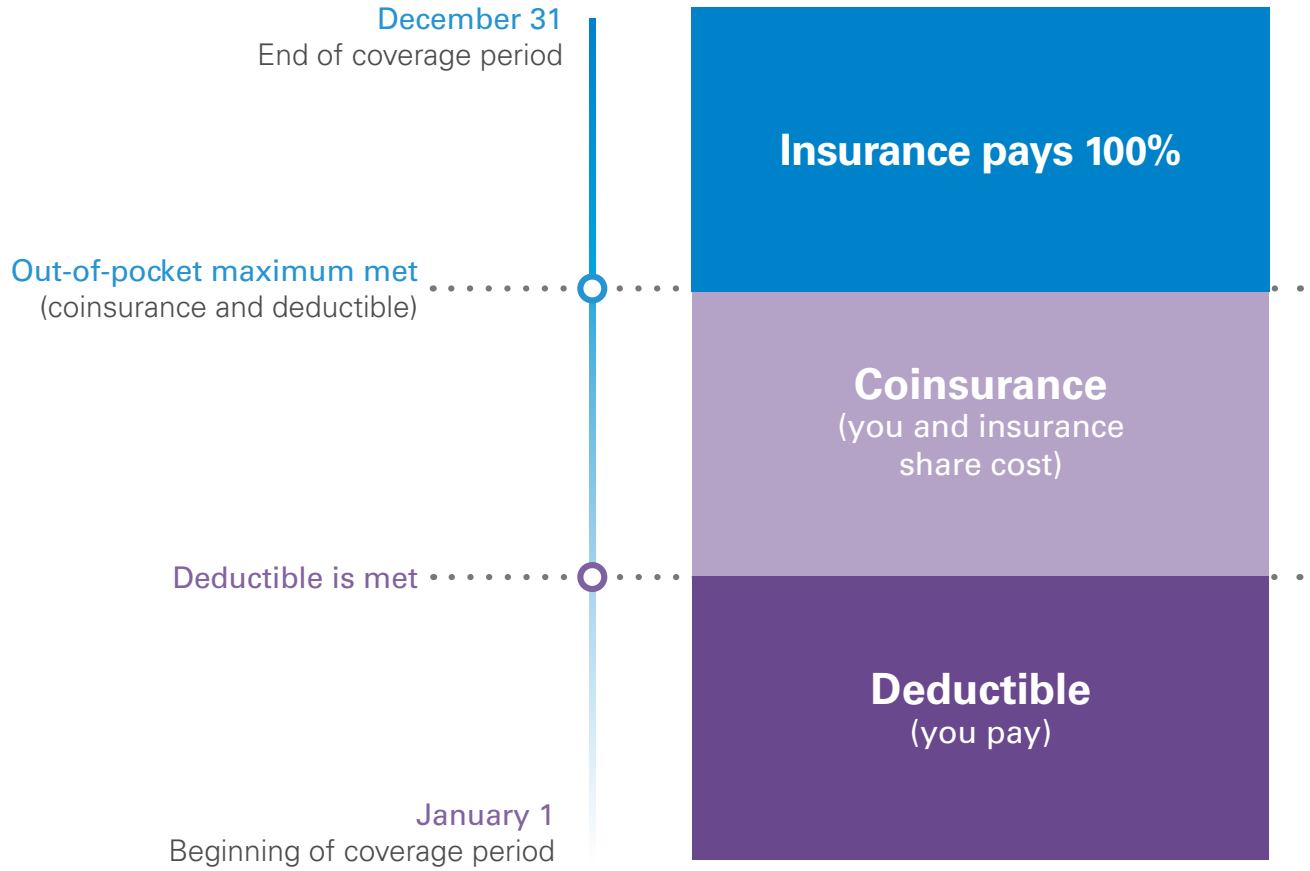
- ☐ Follow your doctor's advice.
- ☐ Schedule any follow-up appointments.
- ☐ Not comfortable with your doctor? Find a new one, if you need to.

# 2023 Cost share summary

| | You pay | |
|---|---|---|
| | **In network*** | **Out of network** |
| **Monthly contributions and out-of-pocket expenses** | | |
| Monthly contribution – The monthly amount you must pay in order to have coverage for yourself and your dependents | Individual: $15<br>Family: $30<br>Protected: $10 (individual or family) | |
| Deductible – per calendar year | Individual: $325<br>Family: $600 | Individual: $1,000<br>Family: $1,700 |
| Coinsurance | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Out-of-pocket maximum – per calendar year<br>Combination of deductible and coinsurance | Individual: $650<br>Family: $1,325 | Individual: $3,000<br>Family: $5,550 |

*Provider must participate with Medicare.

# Understanding important terms




**Deductible** — the amount you must pay toward covered medical services within a calendar year before the Plan begins to pay. This does not apply to services that require a copay.

**Coinsurance** — percentage you pay for covered services after you have met your deductible.

**Out-of–pocket maximum** — the total amount you will pay in a calendar year. It is a combination of the deductible and coinsurance. Once paid, most covered services are paid at 100% for the rest of the calendar year.

**Copayment (copay)** — a fixed amount you pay to receive a medical service, usually at the time of service (office visits, emergency room, urgent care). Note that the copayment does not go toward paying the deductible, coinsurance or out-of-pocket maximum. Copays are separate and continue even after your out-of-pocket maximums are met.

**In network** — the provider has agreed to participate in the Blue Cross program and accepts the allowed amount as payment in full. Other than the applicable cost share, you won't be billed for the balance.

**Out of network** — the provider does not have an agreement with the Blue Cross program, but accepts the allowed amount as payment in full. Other than cost share for covered services, the provider can't bill you for the balance. You may have to pay higher cost share, because the provider is out of network.

**Non-participating** — the provider does not have an agreement with Blue Cross and does not have to accept the allowed amount as payment in full. Services rendered at a non-participating facility are not covered. That means you are responsible for the provider's charge.

# **2023** Benefits at a glance with cost sharing summary

| | You pay | |
|---|---|---|
| | **In network** | **Out of network** |
| **Preventive services** | | |
| Annual wellness exam | Covered through Medicare | |
| Cholesterol screening — one per calendar year starting at age 20; includes: Total Serum, LDL, HDL, Triglycerides, Lipid Panel | Covered – 100% | Not covered |
| Pap smear screening — one per calendar year | Covered – 100% | 30% coinsurance after deductible |
| Mammography screening<br>Routine and high-risk mammogram screening in accordance with established guidelines – one routine exam per calendar year beginning at age 40.<br>Under age 40, one per calendar year, if high-risk factors are present. | Covered – 100% | 30% coinsurance after deductible |
| Prostate Specific Antigen (PSA) screening<br>Screening test for asymptomatic males age 40 and older when performed in accordance with established guidelines — one per calendar year. | Covered – 100% | 30% coinsurance after deductible |
| Early detection screening tests<br>Early detection screening for colon, rectal and lung cancers when performed in accordance with established guidelines.<br>Barium enema x-ray – one every 5 years age 50 and over (or at any age if risk factors are present); or<br>Colonoscopy – one every 10 years age 45 and over (or at any age if risk factors are present); or<br>Sigmoidoscopy – one every five years age 45 and over (or at any age if risk factors are present)<br>Fecal occult blood test – one per calendar year beginning at age 45<br>Fecal Immunochemical Test (FIT) – once per calendar year beginning at age 45<br>Lung cancer screening – once per calendar year for enrollees age 50 and older who have a 20 pack per year smoking history and currently smoke or have quit within the past 15 years | Covered – 100% | Not covered |
| Hepatitis C (HCV) screening<br>For enrollees who are at risk or when signs or symptoms are present which may indicate a Hepatitis C infection. | Covered – 100% | 30% coinsurance after deductible |
| Immunizations — age and frequency limitations for selected medically recognized immunizations at a doctor's office, retail health center, and (for certain immunizations) at a Blue Cross participating pharmacy. | Covered – 100% | Not covered |

| | You pay | |
|---|---|---|
| | **In network** | **Out of network** |
| **Physician office services** | | |
| Office visits | Covered through Medicare | |
| Retail health centers<br>A clinic at a major pharmacy or retail store that provides basic health care services on a walk-in basis | Covered – $50 copayment | Not covered |
| **Emergency medical care** | | |
| Hospital emergency room<br>Services rendered in the emergency room of a hospital for initial examination and treatment of condition resulting from accidental injury or qualifying medical emergency are covered. Additional services rendered in this location may be subject to cost share. Follow-up care in emergency room is not covered. | Covered – $125 copayment (waived if admitted) | Covered – $125 copayment (waived if admitted) |
| Urgent care centers | Covered – $50 copayment | Not covered |
| Ground ambulance<br>Medically necessary transport | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Air/water ambulance<br>Covers one-way transport from the scene of an emergency incident or the home to the nearest available facility qualified to treat the patient. | Covered – 100% up to the allowed amount | Covered – 100% up to the allowed amount |
| **Diagnostic services** | | |
| Outpatient MRI, MRA, x-rays, laboratory & pathology, PET, CAT scans and nuclear medicine | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Sleep study<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| **Therapeutic treatment** | | |
| Radiation therapy — for the treatment of a condition, disease or injury.<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Chemotherapy<br>Coverage is provided for treatment of malignant disease and Hodgkins disease, except when the treatment is considered experimental or investigational.<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |

# **2023** Benefits at a glance with cost sharing summary

| | You pay | |
|---|---|---|
| | **In network** | **Out of network** |
| **Hospital care** | | |
| Semi-private room, general nursing services, meals, special diets and inpatient medical care<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Outpatient surgery — includes materials, supplies, preoperative and postoperative care, and suture removal | 10% coinsurance after deductible | 30% coinsurance after deductible |
| **Alternatives to hospital care** | | |
| Ambulatory surgical center<br>Must be an approved facility.<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Skilled nursing facility<br>Must be an approved facility.<br>Preauthorization required once Medicare is exhausted. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Hospice care<br>Preauthorization may be required.<br>Levels 1-4 are covered by Medicare.<br>5th level care (room & board) covered by BCBSM. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Home health care<br>Preauthorization may be required. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| **Human organ transplants** | | |
| Specified organ transplants<br>Preauthorization by Human Organ Transplant Program is required. Member must be enrolled in Blue Cross Blue Shield Case Management. Transplant must be performed in a Blue Distinction Center. | 10% coinsurance after deductible | 30% coinsurance after deductible |
| **Behavioral health care and substance use disorder treatment** | | |
| Inpatient behavioral health care and substance use disorder treatment | Up to 45 days treatment each for psychiatric and substance abuse Covered – 100% | If medical emergency admission, covered 100% up to 45 days treatment each for psychiatric and substance abuse.<br>Not covered unless medical emergency admission. |
| Outpatient behavioral health treatment | Covered – 100% | Covered – 100% |
| Outpatient substance use disorder treatment | Covered – 100% | Covered – 100% |

| | You pay | |
|---|---|---|
| | **In network** | **Out of network** |
| **Other services** | | |
| Acupuncture<br>For chronic lower back pain only. | 10% coinsurance after deductible | Not covered |
| Allergy testing | 10% coinsurance after deductible | Not covered |
| Allergy therapy/serum | 10% coinsurance after deductible | 30% coinsurance after deductible |
| Chiropractic care<br>Includes adjustment manipulation.<br>Services must be completed by licensed provider. | Covered - $20 copay per visit<br>Limited to 24 visits | Not covered |
| Outpatient physical, speech and occupational therapy<br>Limited to 60 combined visits per calendar year, per condition. Services are covered when performed in the outpatient department of the hospital or approved freestanding facility. Therapy is also covered when provided by an in-network independent physical therapist, occupational therapist, or speech and language pathologist. | Covered – 100% | Not covered |
| Cardiac rehabilitation<br>Only Phases I and II are covered<br>Must begin within 3 months of a cardiac event and be completed within 9 months. | Covered – 100%<br>Up to 36 sessions | Not covered |
| Prosthetic and orthotic appliances<br>Includes but is not limited to: mastectomy bras, arm slings, knee braces, orthopedic shoes and arch supports.<br>Excludes jaw motion rehabilitation system and related items. | Covered – 100% | Not covered |
| Wigs<br>Up to $250 per year. | Covered – 100% | Covered – 100% |
| Diabetic supplies — test strips and lancets | Covered – 100% | Not covered |
| Diabetes education<br>Covers comprehensive American Diabetes Association-approved education classes for newly-diagnosed or uncontrolled diabetics. | Covered – 100% | Not covered |
| Durable medical equipment<br>Includes but is not limited to: wheelchairs, hospital beds, walkers and oxygen. Subject to deductible and coinsurance when processed as part of inpatient services. | Covered when approved by Medicare and provided by a participating Medicare provider. | Not covered |

# EOB stands for Explanation of Benefits

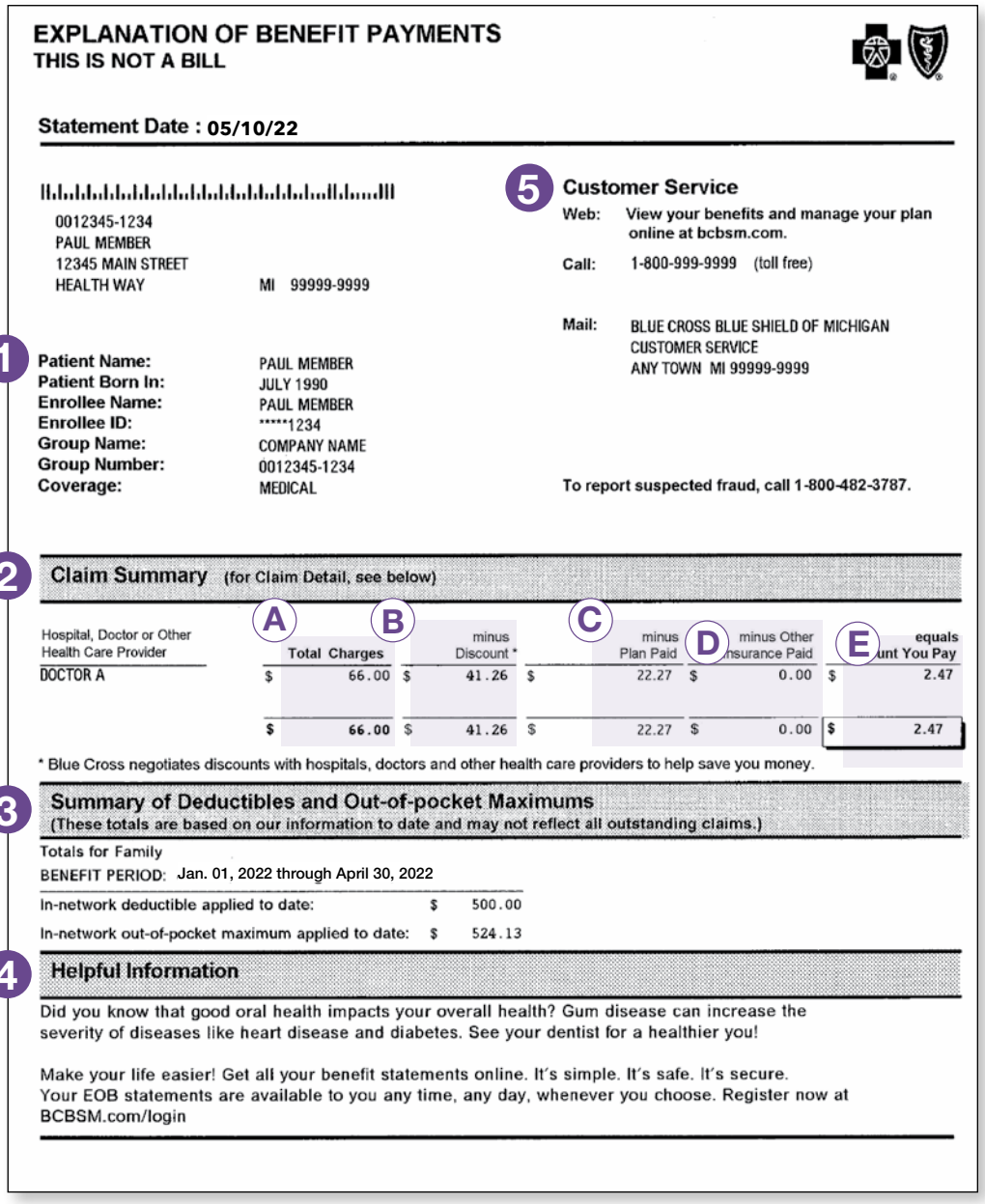
**If you don't have an "Amount you pay" after your services are rendered, you will NOT receive an Explanation of Benefits, or EOB. If you do owe an amount, you'll receive an EOB that will show you:**

- What services you had and what the provider billed
- What your Plan paid and any Blue Cross discounts that were applied
- The amount you may owe through deductibles, coinsurance or copayments
- Any non-covered services that were not payable through your benefit plan

Reviewing your EOB statements is a good way to keep track of your medical care.

## EOB statement details

1. Identifies who this EOB statement is for.
2. Summarizes claims by doctor, hospital, or other health care provider as follows:
   - **A** The amount submitted to Blue Cross on the claim.
   - **B** What you saved by being a Blue Cross member.
   - **C** What Blue Cross paid.
   - **D** Amounts any other insurance(s) paid.
   - **E** What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
3. Shows the balances to date for deductibles and out-of-pocket maximums for your current benefit period.
4. Important information about your coverage, tips to lower health care costs, and ways to improve overall health.
5. Customer Service information if you have questions about something on your statement.



**EXPLANATION OF BENEFIT PAYMENTS**
**THIS IS NOT A BILL**

**Statement Date : 05/10/22**

0012345-1234
PAUL MEMBER
12345 MAIN STREET
HEALTH WAY MI 99999-9999

**5 Customer Service**
Web: View your benefits and manage your plan online at bcbsm.com.
Call: 1-800-999-9999 (toll free)
Mail: BLUE CROSS BLUE SHIELD OF MICHIGAN
CUSTOMER SERVICE
ANY TOWN MI 99999-9999

**1**
**Patient Name:** PAUL MEMBER
**Patient Born In:** JULY 1990
**Enrollee Name:** PAUL MEMBER
**Enrollee ID:** *****1234
**Group Name:** COMPANY NAME
**Group Number:** 0012345-1234
**Coverage:** MEDICAL

To report suspected fraud, call 1-800-482-3787.

**2 Claim Summary** (for Claim Detail, see below)

| Hospital, Doctor or Other Health Care Provider | A Total Charges | B minus Discount * | C minus Plan Paid | D minus Other Insurance Paid | E equals Amount You Pay |
|---|---|---|---|---|---|
| DOCTOR A | $ 66.00 | $ 41.26 | $ 22.27 | $ 0.00 | $ 2.47 |
| | $ 66.00 | $ 41.26 | $ 22.27 | $ 0.00 | $ 2.47 |

* Blue Cross negotiates discounts with hospitals, doctors and other health care providers to help save you money.

**3 Summary of Deductibles and Out-of-pocket Maximums**
(These totals are based on our information to date and may not reflect all outstanding claims.)
Totals for Family
BENEFIT PERIOD: Jan. 01, 2022 through April 30, 2022
In-network deductible applied to date: $ 500.00
In-network out-of-pocket maximum applied to date: $ 524.13

**4 Helpful Information**
Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

Make your life easier! Get all your benefit statements online. It's simple. It's safe. It's secure. Your EOB statements are available to you any time, any day, whenever you choose. Register now at BCBSM.com/login

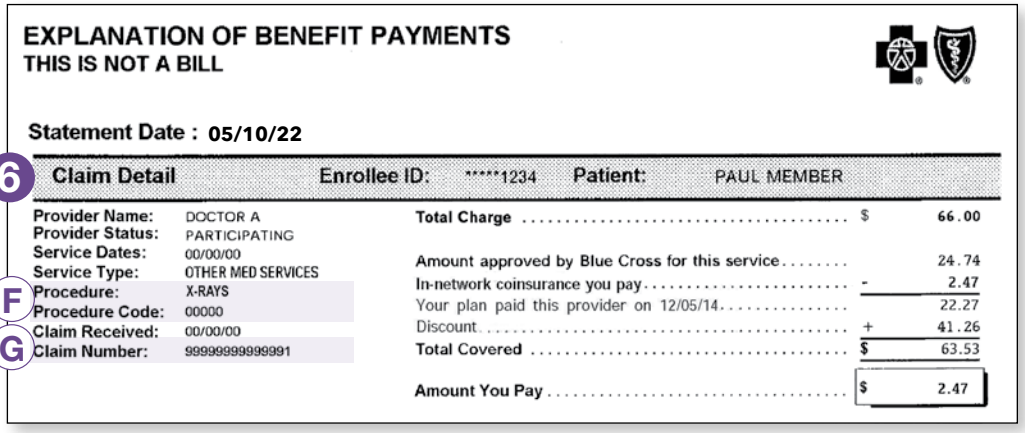
The statement shown is general and for illustrative purposes only. Your actual statement may look slightly different depending on your benefit plan.

**6** Detailed information about each claim we processed.

The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.

**F** Information your provider puts on the claim to identify the medical service you received.

**G** The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.



**EXPLANATION OF BENEFIT PAYMENTS**
**THIS IS NOT A BILL**

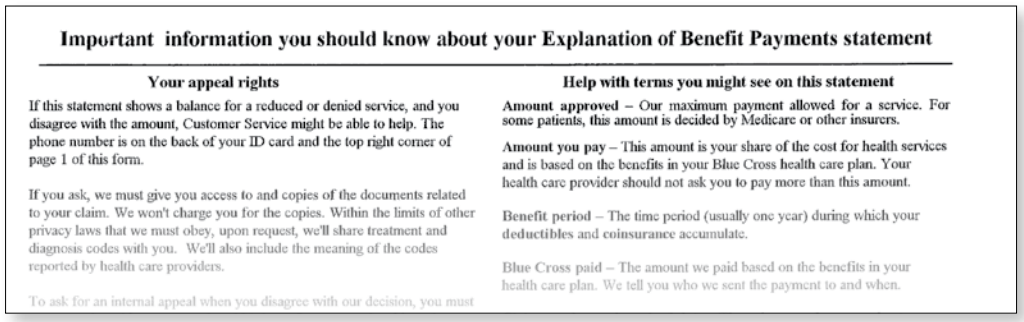
**Statement Date : 05/10/22**

**6 Claim Detail** **Enrollee ID:** *****1234 **Patient:** PAUL MEMBER

| | |
|---|---|
| **Provider Name:** | DOCTOR A |
| **Provider Status:** | PARTICIPATING |
| **Service Dates:** | 00/00/00 |
| **Service Type:** | OTHER MED SERVICES |
| **F Procedure:** | X-RAYS |
| **Procedure Code:** | 00000 |
| **G Claim Received:** | 00/00/00 |
| **Claim Number:** | 99999999999991 |

| | | |
|---|---|---|
| **Total Charge** | $ | 66.00 |
| Amount approved by Blue Cross for this service | | 24.74 |
| In-network coinsurance you pay | - | 2.47 |
| Your plan paid this provider on 12/05/14 | | 22.27 |
| Discount | + | 41.26 |
| **Total Covered** | $ | 63.53 |
| **Amount You Pay** | $ | 2.47 |

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.



**Important information you should know about your Explanation of Benefit Payments statement**

**Your appeal rights**

If this statement shows a balance for a reduced or denied service, and you disagree with the amount, Customer Service might be able to help. The phone number is on the back of your ID card and the top right corner of page 1 of this form.

If you ask, we must give you access to and copies of the documents related to your claim. We won't charge you for the copies. Within the limits of other privacy laws that we must obey, upon request, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.

To ask for an internal appeal when you disagree with our decision, you must

**Help with terms you might see on this statement**

**Amount approved** – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.

**Amount you pay** – This amount is your share of the cost for health services and is based on the benefits in your Blue Cross health care plan. Your health care provider should not ask you to pay more than this amount.

**Benefit period** – The time period (usually one year) during which your deductibles and coinsurance accumulate.

**Blue Cross paid** – The amount we paid based on the benefits in your health care plan. We tell you who we sent the payment to and when.

## Online EOBs

Log in at **bcbsm.com/uawtrust** if you want to view recent claims, deductibles, coinsurance balances, and other information. It's easy:

1. Go to **bcbsm.com/uawtrust** and follow steps to create a login account.
2. After logging in, select *Claims* in the blue bar near the top.
3. Click on *Explanation of Benefits* statements.

## Help us prevent fraud

Checking to make sure you actually received services as shown on the EOB helps us prevent error and fraud. Call your customer service number **1-877-832-2829**, if you have questions about a claim or EOB.

# Claim questions and appeals

1

**To confirm you are paying the right amount,** compare the EOB and the provider bill side-by-side. Match the service dates and the amounts. If they match, pay the provider that amount and file the EOB for your records.

After your claims are submitted to Blue Cross by your providers, you will receive an Explanation of Benefits. In addition, you will most likely receive a billing statement from your provider, showing any outstanding balances you may owe.

2

**If the amounts do not match, or if you have questions**, call 1-877-832-2829, as shown on the back of your Blue Cross identification card. A Blue Cross representative will be happy to review the EOB statement and answer your questions.

3

**If you are not satisfied with the response or outcome from customer service,** you may file an appeal with Blue Cross by sending the bills in question, the information on the front of your Blue Cross ID card (name, contract and group number), your phone number, and a statement that explains your concern, to the address in step 4 below. You have 180 days from the date of discovery of a problem to file a grievance.

4

**Auto National Appeal Unit**
600 Lafayette East – Mail Code #CS 3A
Detroit, Michigan 48226-2998

5

**If the issue remains unresolved,** you may file an appeal with the UAW Trust. Please see your Summary Plan for details.

# Contact information

### Blue Cross Blue Shield of Michigan
Hospital, Surgical/Medical Services
8 a. m. - 8 p.m. Eastern time
Monday – Friday
**1-877-832-2829**

Mailing Address (for claim inquiries):
UAW Auto Retiree Service Center
P.O. Box 311088
Detroit, Michigan 48231

### Blue Cross Blue Shield Global Core
For International claim and provider services
**1-800-810-2583** or call collect at **1-804-673-1177**
**www.bcbsglobalcore.com**

### Tobacco Cessation
WebMD® Health Education Center
**1-855-326-5102**

### Retiree Health Care Connect
The UAW Trust eligibility and call center
Eligibility, membership and address changes
**1-866-637-7555**
**www.digital.alight.com/rhcc**

### TruHearing
**1-844-394-5420**

### Delta Dental
**1-800-524-0149**

### Davis Vision
**1-888-234-5164**
Client code: **3642**

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### Veterans Health Administration
**va.gov/health**
**1-800-698-2411**

### UAW Retiree Medical Benefits Trust
**uawtrust.org**

### Centers for Medicare and Medicaid Services
**Medicare.gov**
**1-800-633-4227**

Blue Cross Blue Shield of Michigan

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

UAW RETIREE Medical Benefits Trust

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