



2023

resource guide

**FOR UAW TRUST
MEDICARE MEMBERS**

Traditional Care Network

UAW RETIREE
Medical Benefits Trust



You're a member of a Medicare Supplement plan

Welcome to Traditional Care Network, a benefit option for Medicare Trust members. That means Original Medicare is your primary coverage and TCN is secondary. The TCN plan provides its members with an expansive network of health care providers and facilities. Choosing doctors, specialists and locations that are within our Blue Cross network will help you pay the best costs for care. You'll pay the deductible and other out-of-pocket costs outlined in your plan. But, if you go outside of our Blue Cross network for care, you'll pay more for the same services. In some cases, Blue Cross may not pay for any portion of the service.



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What to expect

Part of our commitment to you 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.

Member ID card



You'll receive a Blue Cross member ID card by mail. Show your card every time you visit a health care provider. Or use our mobile app to show your electronic ID card. [Page 3](#)

Need to find a doctor?



We make it easy to find a health care provider. [Page 3](#)

Create a member account



From coverage details and claims information to ideas for healthier living, you'll find lots of valuable information online. Be sure to register for your secure Blue Cross member account. [Page 3](#)

Help with healthy living



Our resources, including a tobacco cessation program, well-being webinars and discounts on health products, can help you achieve your different health goals. [Page 4](#)

Hospital discharge checklist



A hospital discharge is typically followed by ongoing care, follow-up appointments and more. Use our checklist to help stay on top of your care when you leave the hospital. [Page 12.](#)

Health care definitions



You're not alone if health care terms confuse you. Get some clarity on exactly what a deductible is, how coinsurance works and other health care language. [Page 13](#)

EOB



Just what is an explanation of benefits? We explain. [Page 14](#)

How we support your health

Your new Blue Cross member ID card gives you access to the largest network of doctors and hospitals. Using network doctors and hospitals can save you money by reducing what you pay for services.

Make sure your doctor is in network by checking www.bcbsm.com/uawtrust or calling the Customer Service number, **1-877-832-2829**, on the back of your member ID card.

When you show your Blue Cross member ID card, along with your Medicare card, at hospitals, doctor visits and other appointments, your services will always be paid according to your plan's coverage requirements. You'll only pay the copayment, coinsurance and deductibles outlined in your plan.

If you need a replacement card, call Blue Cross Customer Service at **1-877-832-2829**. Or you can request a new card online at www.bcbsm.com/uawtrust. You'll need to log in to your online member account.

How to find a network health care provider

To find an in-network doctor or specialist, visit www.bcbsm.com/uawtrust. Once there, follow these steps:

1. Scroll 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.

If you would like our help to find an in-network health care provider, call **1-877-832-2829** and speak to a representative.

Online health resources

Tap into your health care plan – anytime, anywhere

With an online member account, you have access to your health care plan information and resources wherever you go. You get the tools, information and support in one secure online account to understand your plan – how it works and what it covers – and make more informed choices about your care. You can:

- Check your cost share balances and coverage
- View claims and explanation of benefits statements
- Search for doctors, hospitals and specialists
- View your member ID card or request a copy
- Sign up for email and SMS/text messages about your plan
- Choose to turn off paper delivery of your Explanation of Benefits statements

Signing up for a Blue Cross member account is easy:

1. Go to www.bcbsm.com/register.
2. Click *Register Now*.
3. Follow the registration prompts to create your secure account.

You'll need your Blue Cross member ID card to register.

Or use our app to access your plan from your phone or tablet. Go to the Apple® App Store or Google Play™ and search for "BCBSM."



Health Goals

Help with 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 at www.bcbsm.com/uawtrust, or open our mobile app. Then click on *Health & Wellness*. From there, click on *My Health Assistant* under the *Healthy Living* tab.





Check out Blue Cross Virtual Well-BeingSM

Quit tobacco for good

Tobacco cessation coaching, powered by WebMD® can help you become tobacco free. The program provides dedicated tobacco cessation coaches, who offer counseling and other forms of support on a regular basis. Ready to stop smoking?

Call **1-855-326-5102** to talk with a coach and make a plan.

As you pursue your well-being journey, know that you have support.

Blue Cross Virtual Well-Being features short, high-energy, live webinars every Thursday at noon Eastern time. Well-being coordinators focus on a different subject each week. Topics include:

- Mindfulness
- Resilience
- Emotional, physical and financial health
- Meditation

Hosts often share informational materials to save or pass on to others.

Register for upcoming webinars or watch past episodes at **www.bluecrossvirtualwellbeing.com**.



Blue365®

You can score big savings on a variety of healthy products and services from businesses in Michigan and across the U.S. All you need is your Blue Cross member ID card. View available discounts in your area by logging in to your online member account at www.bcbsm.com or through our mobile app (search BCBSM in the app stores). Once logged in, select *Blue365® member discounts* under the *Health & Well-Being* tab.

Here are just a few of the products you can get a discount on with Blue365:

- Fitness gear
- Vision care
- Travel
- Weight-loss programs
- Wellness products
- Healthy groceries

Through Blue365, you can also get great deals on gym memberships. Log in to your member account at www.bcbsm.com and click on *Blue365® member discounts* under the *Health & Well-Being* tab. Then search for the Fitness Your Way™ by Tivity Health™ deal under the *Fitness* tab. With this deal, you can get access to nearly 10,000 gyms nationwide for \$29 a month. It also includes discounts on health and well-being specialists. Check it out using your member account or call Fitness Your Way at **1-888-242-2060**.



Know where to go for care

Injuries and illnesses can happen at any time. Knowing where to go for medical services ahead of time ensures you receive the right care in the right place and in the most efficient manner. Making the right choice can save you time and money.

When considering where to go for medical treatment, it's important to consider the severity of your condition and the options available to you. Life-threatening situations are best handled at the emergency room. For routine illnesses, injuries and less urgent conditions, you have several high-quality health care choices to meet your needs. Making the right choice can save you time and money.



Choosing the right place for care



PRIMARY CARE DOCTOR Comprehensive, personalized care from a trusted health care provider, virtually or in person — the first choice for care
Covered through Medicare
AVERAGE WAIT TIME FOR CARE 30 minutes
APPOINTMENT REQUIRED? Yes
AVAILABILITY In person By phone Virtually
TREATMENT Start here when you want to talk with a doctor you know and trust
<ul style="list-style-type: none">• High-quality, comprehensive care• Knows you and your medical history and coordinates all your care• Many primary care offices offer virtual care, same-day appointments, extended hours and other services



24-HOUR NURSE LINE Free medical advice from a registered nurse from the comfort of home or on the go — anytime of day or night
\$0
AVERAGE WAIT TIME FOR CARE 1 minute
APPOINTMENT REQUIRED? No
AVAILABILITY By phone
TREATMENT When you have questions about an illness or injury, anytime day or night
<ul style="list-style-type: none">• No cost• Available by phone anytime, anywhere in the U.S.• Care provided by a registered nurse



BLUE CROSS ONLINE VISITSSM Virtual visits 24/7 with U.S. board-certified doctors and nurse practitioners, anywhere in the U.S. Behavioral health is also available.
Covered through Medicare
AVERAGE WAIT TIME FOR CARE 5 minutes
APPOINTMENT REQUIRED? Only for behavioral health services
AVAILABILITY Virtually
TREATMENT When you want to talk to a doctor or therapist virtually from your smartphone, tablet or computer
<ul style="list-style-type: none">• Video chat 24/7 with a provider, therapist or psychiatrist anywhere in the U.S.• Send a visit summary to your primary doctor• Care provided by U.S. board-certified doctors, nurse practitioners or behavioral health providers• Prescriptions, if needed, can be sent to a pharmacy you prefer



WALK-IN CLINICS In-person care after hours or on weekends, without an appointment. Retail health clinics and urgent care centers are conveniently located near your home, school and work.	
RETAIL HEALTH CLINIC	URGENT CARE CENTERS
\$0-\$50	
AVERAGE WAIT TIME FOR CARE 30 to 60 minutes	
APPOINTMENT REQUIRED? No	
AVAILABILITY In person	
TREATMENT For a quick, in-person evaluation to get minor health care and a prescription at one location	TREATMENT When your symptoms are a little more complicated and you need convenient, in-person care
<ul style="list-style-type: none">• Evening and weekend hours• Convenient locations• Care provided by physician assistants and certified nurse practitioners, overseen by a U.S. board-certified doctor	<ul style="list-style-type: none">• Evening and weekend hours• Convenient locations• May offer labs and X-rays• Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms

Remember to coordinate all your care with your primary care provider.

It's never too soon to start planning. If you're a family member of a loved one preparing to leave a hospital or other care setting, or a patient, use this checklist to help prepare for discharge.

Plan of care

- ☐ I'm involved to the extent I want to be in the decisions about my plan of care after I leave the hospital.
- ☐ I understand what the plan is for my care once I leave the hospital.
- ☐ My health care provider has answered my questions about the plan of care after I leave the hospital.

Medications

- ☐ I understand what medications I'll be taking once I leave the hospital.
- ☐ I understand what my medications are for and how to take them.
- ☐ I understand how to get my medications and where.
- ☐ I'll be able to cover the out-of-pocket costs for my medications.
- ☐ I know if I need a prescription refill or a renewal of an existing medication.

Self-care

- ☐ I understand what I can do to prevent my health problems from becoming worse.
- ☐ I understand what symptoms I need to watch out for after I leave the hospital.
- ☐ I understand what to do if I notice these symptoms.

Follow-up plan

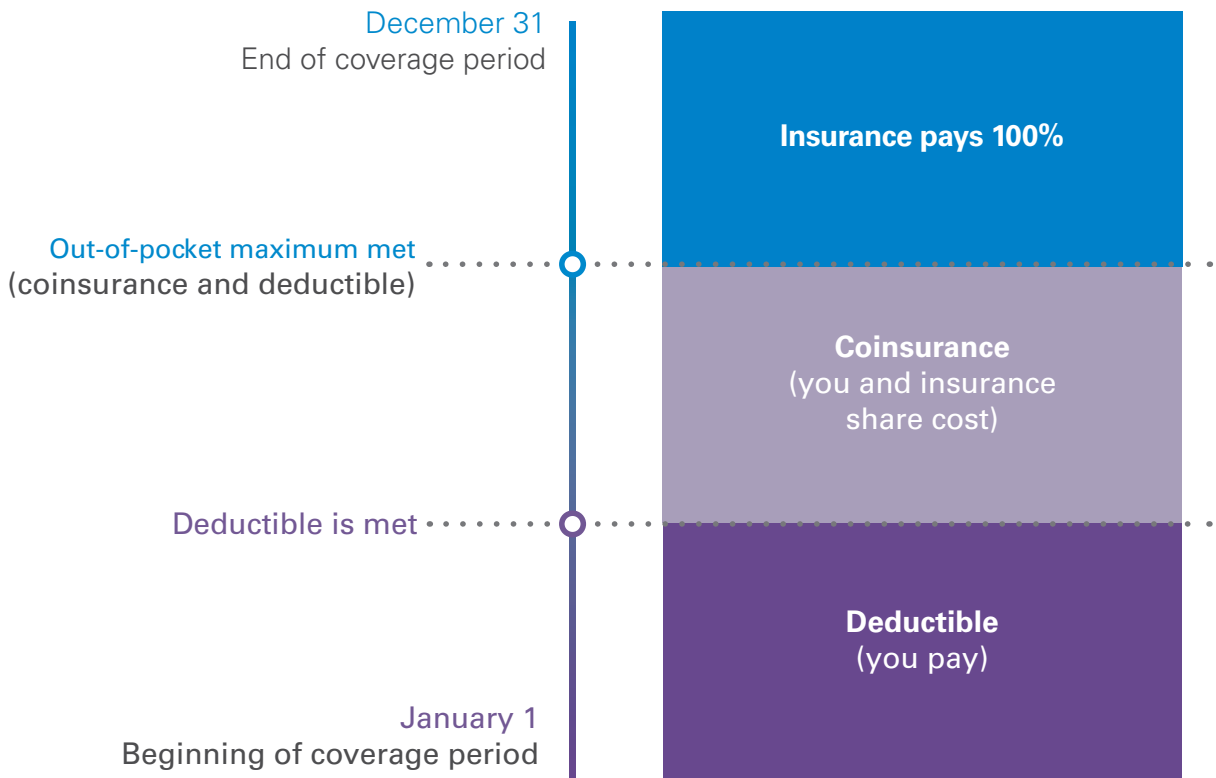
- ☐ I understand where I'm going after I leave the hospital.
- ☐ My family, or someone close to me, knows that I'm leaving and is prepared to provide the support I need at home.
- ☐ I know if I need help with daily tasks of living, such as dressing, bathing, going to the bathroom and using the stairs.
- ☐ I know if I require assistive devices, such as a cane, wheelchair, walker or grab bars.
- ☐ I know if I need a shower chair, oxygen supply or other medical equipment or supplies.
- ☐ I have an appointment scheduled with my doctor for a follow-up visit.
- ☐ I know if I need assistance with arranging transportation to get to my doctor appointments.
- ☐ I have the phone number for my doctor as well as any home care agency involved in my care.
- ☐ During your hospital stay, ask your nurse about this checklist.

Your coverage

Blue Cross Blue Shield of Michigan covers skilled rehabilitation at a facility or at home and skilled home care services. For more information, call the Customer Service number on the back of your Blue Cross member ID card.



Understanding important terms



Understanding important terms

Deductible: The amount you must pay toward covered medical services within a calendar year before Blue Cross begins to pay. This doesn't apply to services that require a copayment.

Coinsurance: Your share of the cost of a health care service, usually a fixed percentage of what Blue Cross pays the health care provider. You start paying coinsurance after you've met your plan deductible.

Out-of-pocket maximum: The total amount you'll pay in a calendar year. It's a combination of the deductible and coinsurance. Once met, you won't pay anything for most services included in your plan for the rest of the calendar year.

Copayment: Copay, for short, is a set dollar amount you pay for a health care service or prescription, usually when you receive it. Note: Copayments don't 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: Health care providers who have an agreement with Blue Cross and are part of our network. These providers, or facilities, accept the allowed amount as payment in full. So when visiting in-network providers, you won't be billed other than the applicable out-of-pocket costs.

Out of network: Health care providers who don't have an agreement with your Blue Cross PPO plan but accept the allowed amount as payment in full. So if you visit an out-of-network provider, you may have to pay higher out-of-pocket costs.

Nonparticipating: Health care providers who don't have an agreement with Blue Cross and who don't have to accept the allowed amount as payment in full. Services rendered by a nonparticipating provider aren't 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 noncovered services that were not payable through your benefit plan.

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

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 : 05/10/23

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

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

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

2 Claim Summary (for Claim Detail, see below)

	(A) Total Charges	(B) minus Discount *	(C) minus Plan Paid	(D) minus Other Insurance Paid	(E) equals Amount You Pay
Hospital, Doctor or Other Health Care Provider	\$ 66.00	\$ 41.26	\$ 22.27	\$ 0.00	\$ 2.47
DOCTOR A	\$ 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, 2023 through Dec. 31, 2023

In-network deductible applied to date:	\$ 300.00
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 : 05/10/23

	Claim Detail	Enrollee ID:	Patient:	
6	Provider Name: DOCTOR A Provider Status: PARTICIPATING Service Dates: 00/00/00 Service Type: OTHER MED SERVICES Procedure: X-RAYS Procedure Code: 00000 Claim Received: 00/00/00 Claim Number: 9999999999991	*****1234		PAUL MEMBER
	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
F G	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

<p style="text-align: center;">Your appeal rights</p> <p>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.</p> <p>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.</p> <p>To ask for an internal appeal when you disagree with our decision, you must</p>	<p style="text-align: center;">Help with terms you might see on this statement</p> <p>Amount approved – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.</p> <p>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.</p> <p>Benefit period – The time period (usually one year) during which your deductibles and coinsurance accumulate.</p> <p>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.</p>
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Online EOBs

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

1. Go to **www.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 **1-877-832-2829** if you have questions about a claim or EOB.



Understanding your claims

Reimbursement

Most doctors file claims electronically after your visits. However, you may occasionally need to request direct reimbursement of a medical expense, such as a service from an independent lab, one that’s out of network or a nonparticipating provider.

Make a copy of your itemized receipt containing this information:

- Procedures with corresponding codes
- Dates of service
- Doctor’s name
- Diagnosis
- Proof of payment

Keep the copy and mail the original to:

Blue Cross Blue Shield of Michigan
UAW Auto Retiree Service Center
P.O. Box 311088
Detroit, MI 48231

Or you can fax your receipt to **1-866-624-4481**.

Managing your account

If you have questions about claim payments that have been made or have yet to be processed, you can call Customer Service at **1-877-832-2829**. If you have someone else call on your behalf, we must have your signed *Protected Health Information and Privacy* form on file. That’s a requirement under the Health Insurance Portability and Accountability Act of 1996, or HIPAA.

This form allows you to designate who we can speak to about your medical information.

You can request this form from Customer Service or find it online at either **www.bcbsm.com/uawtrust** or the Trust website, **www.UAWtrust.org**.

Send the signed, completed form to:

Blue Cross Blue Shield of Michigan
UAW Auto Retiree Service Center
P.O. Box 311088
Detroit, MI 48231

Claim questions and appeals

After your claims are submitted to Blue Cross by your providers, you’ll receive an EOB. In addition, you’ll most likely receive a billing statement from your health care provider, showing any outstanding balances you may owe.

Here are your options:

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.
2. **If the amounts don’t match**, or if you have questions, call **1-877-832-2829**, as shown on the back of your Blue Cross member ID card. A Customer Service 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 member ID card (name, contract and group number), your phone number, and a statement that explains your concern, to this address:

Auto National Appeal Unit – Mail Code 1620

600 E. Lafayette Blvd.
Detroit, MI 48226-2998

You have 180 days from the date of discovery of a problem to file a grievance.

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. to 8 p.m. Eastern time

Monday through Friday

1-877-832-2829

Mailing address for claim inquiries:

UAW Auto Retiree Service Center

P.O. Box 311088

Detroit, MI 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

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

Prescription drugs

8 a.m. to 8 p.m. Local time

Monday through Friday

1-855-409-0219

TruHearing

1-844-394-5420

www.truhearing.com

Delta Dental

1-800-524-0149

www.deltadentalmi.com

Davis Vision

1-888-234-5164

Client code: **3642**

www.davisvision.com

Veterans Health Administration

1-800-698-2411

www.va.gov/health

UAW Retiree Medical Benefits Trust

www.uawtrust.org

Centers for Medicare & Medicaid Services

Medicare.gov

1-800-633-4227

www.Medicare.gov

Centers for Medicare and Medicaid Services

Medicare.gov

1-800-633-4227

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