



Blue Care Network

2024 plan information

FOR UAW TRUST
NON-MEDICARE MEMBERS



See what comes standard

With Blue Care Network, you receive the high-quality medical benefits you expect from Michigan's leading health maintenance organization, including:

- ✓ **Low copays** for the services you need, such as primary care provider and specialist visits, and emergency and urgent care
- ✓ **A network** of more than 6,400 primary care providers, over 27,000 specialists and most of the state's leading hospitals
- ✓ **Comprehensive preventive care**, including flu shots and other vaccines, routine physicals, mammograms, colonoscopies, lab work, allergy shots and more
- ✓ **Hearing exam and one hearing aid** covered in full every 36 months



Extras included: Programs, services and discounts

- ✓ **Online member account** that you activate to find and select your primary care provider, check your claims and coverage and see if your referrals and authorizations are approved. Your family members with Blue Care Network coverage can also activate their own personalized accounts.

You can use MIBlue Virtual AssistantSM, an interactive, automated chat feature within your account, to help you find answers fast to questions about your plan.

To activate your account, see Page 11.



- ✓ **24-Hour Nurse Line** — A registered nurse is available anytime to answer your questions about treating your symptoms or where to go for care.
- ✓ **Virtual Care** — Online medical and behavioral health services through your phone, tablet or computer from anywhere in the United States with Teladoc Health™.
- ✓ **Coverage when you travel** — Emergency and urgent care services are covered around the world with Blue Cross Blue Shield Global Core.

- ✓ **Tobacco Coaching program** — Blue Cross Health & Well-BeingSM, powered by WebMD[®], offers tobacco coaching by phone for help quitting all types of tobacco products, including electronic cigarettes and other vaping devices.
- ✓ **Member discounts with Blue365[®]** — Get exclusive savings on fitness gear, cooking classes, gym memberships and more. Log in to your Blue Care Network member account for details on available discounts.

WebMD Health Services is an independent company supporting Blue Care Network of Michigan by providing health and wellness services. Copays and/or deductibles may apply when using Blue Cross Blue Shield Global Core.

Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your benefits and are not covered under contracts or any other applicable federal health care program. For complete terms and conditions, see <http://www.blue365deals.com/terms-use>.



How to find a network provider

To find an in-network provider, visit www.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

Everyone on your contract must have a primary care provider before using their available health care benefits. To choose or change your primary care provider, call us at **1-800-222-5992**.

Let us know who you select before your first visit with your new doctor. 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 www.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 **1-800-222-5992** 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 **1-800-222-5992** and we can help.
- Gather a list of current medication and immunization records.
- Have your Blue Care Network ID card and photo ID or driver's license handy.

3

When calling, tell them:

- Your name and Blue Care Network 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 Care Network ID card and photo ID.
- 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.



2024 Benefits at a glance



	You pay
	In network
Deductible	
Deductible per member per calendar year	\$250 per member \$525 per family Protected: \$0
Maximum out of pocket (for deductible and fixed-dollar copays)	Not applicable

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



Understanding important terms

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

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 or out-of-pocket maximum. Copays are separate and continue even after your deductible is met.

In-network provider — A provider contracted with Blue Care Network. You must see an in-network provider to get your medical care and services.

Out-of-network provider — A provider who doesn't have a contract with Blue Care Network. If you see an out-of-network provider, you're responsible for the cost of all services.

Questions? Call **1-800-222-5992**, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users call **711**. Or visit us online at www.bcbsm.com/uawtrust.

2024 Benefits at a glance



	You pay
	In network
Hospital services	
In-hospital physician care, general nursing care, surgery (including all related surgical services, anesthesia, lab, X-rays and drugs) unlimited number of days of care	Plan pays 100% after deductible
Outpatient facility services	Plan pays 100% after deductible
Delivery and well-baby care	Plan pays 100% after deductible



Skilled nursing and hospice care	
Skilled nursing facility Must be an approved facility. Preauthorization is required.	Plan pays 100% after deductible
Home health care Preauthorization may be required	Plan pays 100% after deductible
Hospice care Preauthorization may be required	Plan pays 100% after deductible



Physician office services	
Primary care office visit, including virtual visits with your own doctor	\$15 copay per visit
Specialist office visit, including virtual visits with your own doctor	\$25 copay per visit Protected: \$15 copay per visit
Virtual medical and behavioral health care services through Teladoc Health™	Plan pays 100%
Routine pediatric care	\$15 copay per visit
Annual gynecological exam	\$15 copay
Prenatal and postnatal care	\$15 copay per visit

Please note

You must use network providers to get your medical care and services. If you use out-of-network providers without proper authorization, you will be responsible for the cost. The only exceptions are emergencies, urgently needed services, out-of-area dialysis services, cases in which Blue Care Network authorizes use of out-of-network providers or when in-network services are unavailable.

Blue Care Network is open to Trust members residing in 26 counties. You must receive routine care from network providers (see page 12 for service area map).





Questions? Call **1-800-222-5992**, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users call **711**. Or visit us online at www.bcbsm.com/uawtrust.



		You pay
		In network
Preventive services*		
Routine physical		\$15 copay — Primary care \$25 copay — Specialist Protected: \$15 copay
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 Care Network participating pharmacy		Plan pays 100%
Mammogram — Routine and high-risk mammogram screening in accordance with established guidelines — one routine exam per calendar year beginning at age 40. Under age 40, one per calendar year, if high-risk factors are present.		Plan pays 100%
Early detection screening tests — Early detection screening for colon, rectal and lung cancers when performed in accordance with established guidelines. Barium enema x-ray — one every 5 years age 45 and over (or at any age if risk factors are present); or Colonoscopy — one every 10 years age 45 and over (or at any age if risk factors are present); or Sigmoidoscopy — one every five years age 45 and over (or at any age if risk factors are present) Fecal occult blood test — one per calendar year beginning at age 45 Fecal immunochemical test (FIT) — one per calendar year beginning at age 45 Lung cancer screening — once per calendar year for enrollees age 50 and over who have a 20 pack per year smoking history		Plan pays 100%
Pap smear screening — one per calendar year		Plan pays 100%
Prostate-specific antigen screening Screening test for asymptomatic males age 40 and older when performed in accordance with established guidelines — one per calendar year.		Plan pays 100%

*Office copay may apply if service is performed in doctor's office.

2024 Benefits at a glance

		You pay
		In network
	Emergency medical care	
	Hospital emergency room (copay waived if admitted)	\$125 copay per visit Chrysler and GM protected: \$100 copay per visit Ford protected: \$0 copay per visit
	Urgent care/retail health clinic	\$40 copay per visit Ford protected: \$0 copay per visit
	Ambulance services ground and air	Plan pays 100% after deductible
	Diagnostic services	
	Laboratory tests	Plan pays 100%
	Diagnostic X-rays	Plan pays 100% after deductible
	Radiation therapy	Plan pays 100% after deductible
	Behavioral health and substance use disorder treatment	
	Inpatient behavioral health and substance use disorder treatment	Plan pays 100% up to 45 days per calendar year; renewable after 60 days of release from a treatment facility
	Outpatient behavioral health treatment, including virtual visits with your own doctor Prior authorization not required for routine visits.	Plan pays 100% up to 20 visits per calendar year \$10 copay for 21+ visits of less than 30 minutes \$15 copay for 21+ visits of 30 minutes or more
	Outpatient substance use disorder treatment, including virtual visits with your own doctor	Plan pays 100% up to 35 visits per year
	Other services	
	Diabetic monitoring supplies, including continuous glucose monitors (CGM)	Plan pays 100%
	Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%
	Allergy testing	Plan pays 100% after deductible
	Allergy injections	Plan pays 100% office visit copay may apply
	Chiropractic spinal manipulation	\$20 copay per visit
	Physical therapy: 60 treatments per condition per year	Plan pays 100% after deductible
	Hearing exam and 1 hearing aid	Plan pays 100% every 36 months (two hearing aids are covered in full if member is 19 or younger)

Questions? Call 1-800-222-5992, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users call 711. Or visit us online at www.bcbsm.com/uawtrust.



Access your information, no matter where you are

Online member account

Your Blue Cross member account gives you access to personalized benefit information.

To activate your account, follow these steps:

1. Log in to the website,
www.bcbsm.com/uawtrust
2. Click on *LOGIN* tab (upper right-hand corner).
3. Click *Register Now*.

With your member account, you can:

- View your claims
- View and print your EOBs
- Check your deductible out-of-pocket total

Mobile app

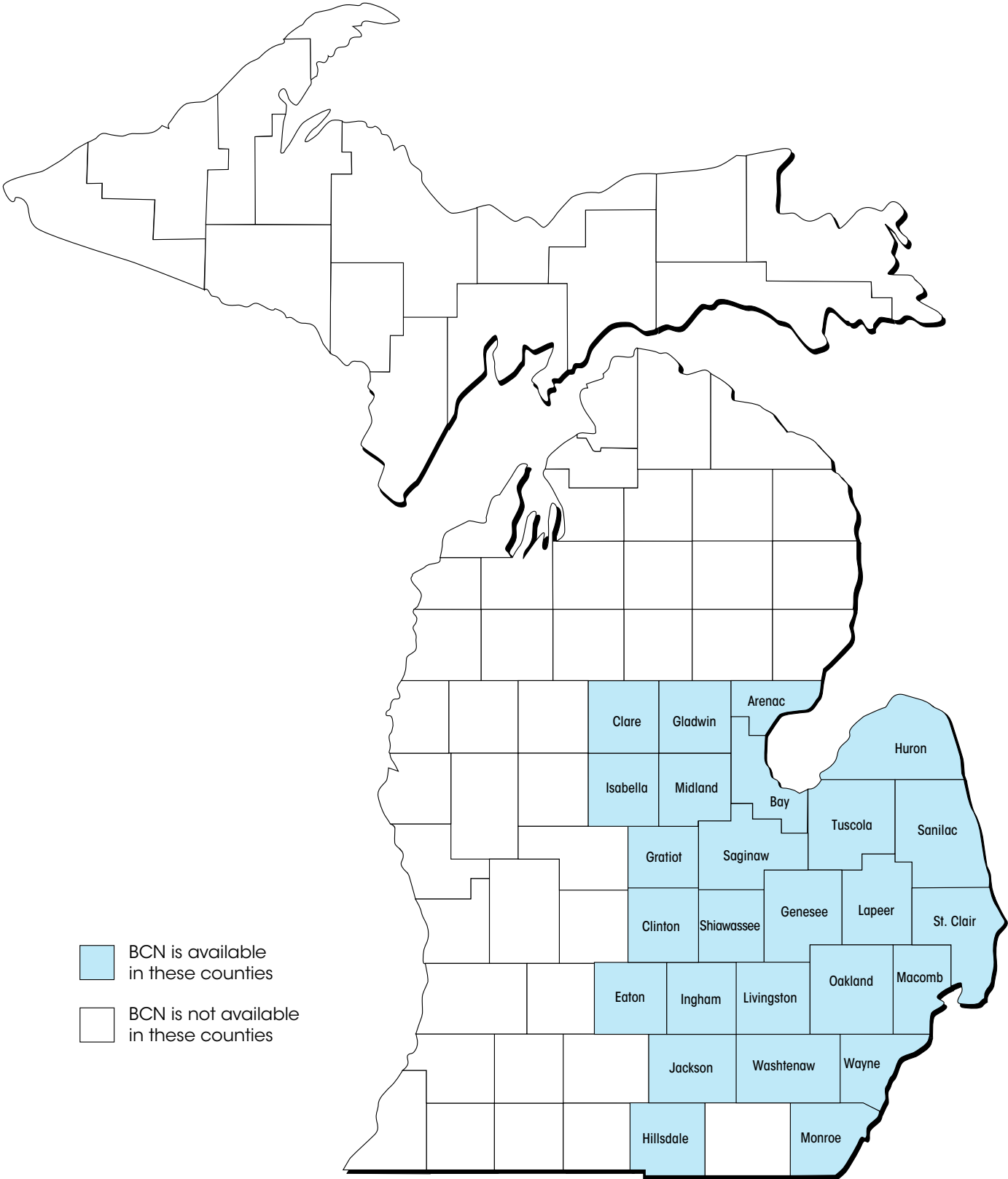
Take your Blue Care Network plan information with you on our mobile app. To activate your account from your mobile device, follow these steps:

1. Go to the Apple® App Store or Google Play™, and search for “BCBSM”.
2. Download the app.
3. Tap the app icon.
4. Tap *Register*.

With the mobile app you can:

- Check deductible
- View explanation of benefits and claims
- Search for doctors
- Learn about health and well-being programs
- View your virtual ID card

2024 Blue Care Network service area



Discrimination is Against the Law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-450-3680. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-450-3680. 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 1-800-450-3680。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-450-3680。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-450-3680. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-450-3680. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-450-3680 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-450-3680. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-450-3680 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-450-3680. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-450-3680. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-450-3680 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-450-3680. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-450-3680. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-450-3680. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-450-3680. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-450-3680**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Contact information

To enroll

Call 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**

Behavioral health and substance use disorder care

1-800-482-5982

8 a.m. to 5 p.m. Eastern time

Monday through Friday

TTY users, call **711**

Emergencies: 24-hours a day
seven days a week

Durable medical equipment, prosthetics and orthotics

1-800-222-5992

8:30 a.m. to 5 p.m. Eastern time

Monday through Friday

TTY users, call **711**

Prescription drugs

1-855-409-0219

8 a.m. to 8 p.m. local time

Monday through Friday

TTY users, call **711**

www.UAWTrustPDP.com

Current members

1-800-222-5992

8 a.m. to 5:30 p.m. Eastern time

Monday through Friday

TTY users, call **711**

www.bcbsm.com/uawtrust



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association



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