



BCN AdvantageSM HMO-POS

2024 plan information

FOR UAW TRUST
MEDICARE MEMBERS

UAW RETIREE
Medical Benefits Trust

BCN AdvantageSM is a HMO-POS plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.



Discover BCN Advantage HMO-POS

- 1 Look through your benefits.
- 2 Learn more by visiting www.bcbsm.com/uawtrust. Or call **1-877-396-1893** Monday through Friday from 8 a.m. to 5 p.m. Eastern time. TTY users, call **711**.
- 3 Get peace of mind.



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Medicare 101



Original Medicare Part A — Helps cover an inpatient stay at the hospital, skilled nursing facility or rehabilitation facility.



Original Medicare Part B — It covers the cost of doctor visits — including an annual wellness exam — and other medical services.

When enrolled in the Medicare Advantage plan, you still need to pay your Part B premium.



Medicare Part C adds extra benefits — Medicare Advantage plans combine all Original Medicare Part A and Part B benefits, rights and protections with extras.



Medicare Part D is prescription drug coverage.

In most cases, if you already receive Social Security, you're automatically enrolled in Part A and Part B. All Medicare Advantage plans require Part B enrollment. If you haven't received a Medicare card showing that you're enrolled in Parts A and B, contact the Social Security Administration at **1-800-772-1213** and verify your enrollment. TTY users, call **1-800-325-0778**.

The choice is yours

If you're currently enrolled in Blue Care Network, once you're enrolled in Medicare Part A and Part B, you'll be automatically enrolled in BCN Advantage HMO-POS. If you prefer a different plan, call Retiree Health Care Connect at **1-866-637-7555** Monday through Friday from 8:30 a.m. to 4:30 p.m. Eastern time to discuss your options. TTY users, call **711**. You have flexibility in your choice of plan. If you change your mind after joining BCN Advantage, you can still change to another qualified plan.

Important: You can only be enrolled in one Medicare Advantage (MA) plan at a time. If you are already enrolled in a Medicare Advantage plan through the UAW Trust and you enroll in an individual or non-Trust Medicare Advantage plan, you will be disenrolled from the Trust Medicare Advantage plan.

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 BCN Advantage authorizes use of out-of-network providers or when in-network services are unavailable.

Things you'll love...

The UAW Trust offers BCN Advantage HMO-POS as one of the Medicare Advantage health plans for consideration by its Medicare-eligible members. BCN Advantage promotes healthy living, giving you access to the doctors and hospitals you want, while providing the most value for your health care dollar.

BCN Advantage members get:



\$0 monthly contribution*



Unlimited office visits with low copayments



In-network specialists visits with no referrals needed within the Michigan service area (see page 10)



Access to over 61,000 physicians and specialists, including more than 6,200 primary care providers and 143 hospitals in 68 counties throughout Michigan**



Virtual Care online medical and behavioral health services through phone, tablet or computer from anywhere in the United States with Teladoc Health®



Educational materials, reminders and other support for chronic conditions, such as chronic obstructive pulmonary disease, depression, diabetes, heart disease, heart failure and kidney disease



Nationwide provider network — Lets you receive routine and follow-up care from Blue plan providers when traveling outside of Michigan but within the United States and its territories. Prior authorization is required.

Blue Cross Blue Shield Global® Core — Provides access to urgent and emergency care services when traveling outside the U.S. and its territories. Visit www.bcbsglobalcore.com for more information.

*You must continue to pay your Medicare Part B premium.

**Source: BCN Medical Informatics Statewide Provider Counts report June 1, 2023.

Teladoc Health is an independent company retained by Blue Care Network to provide virtual care solutions for its BCN Advantage members.

2024 Benefits at a glance

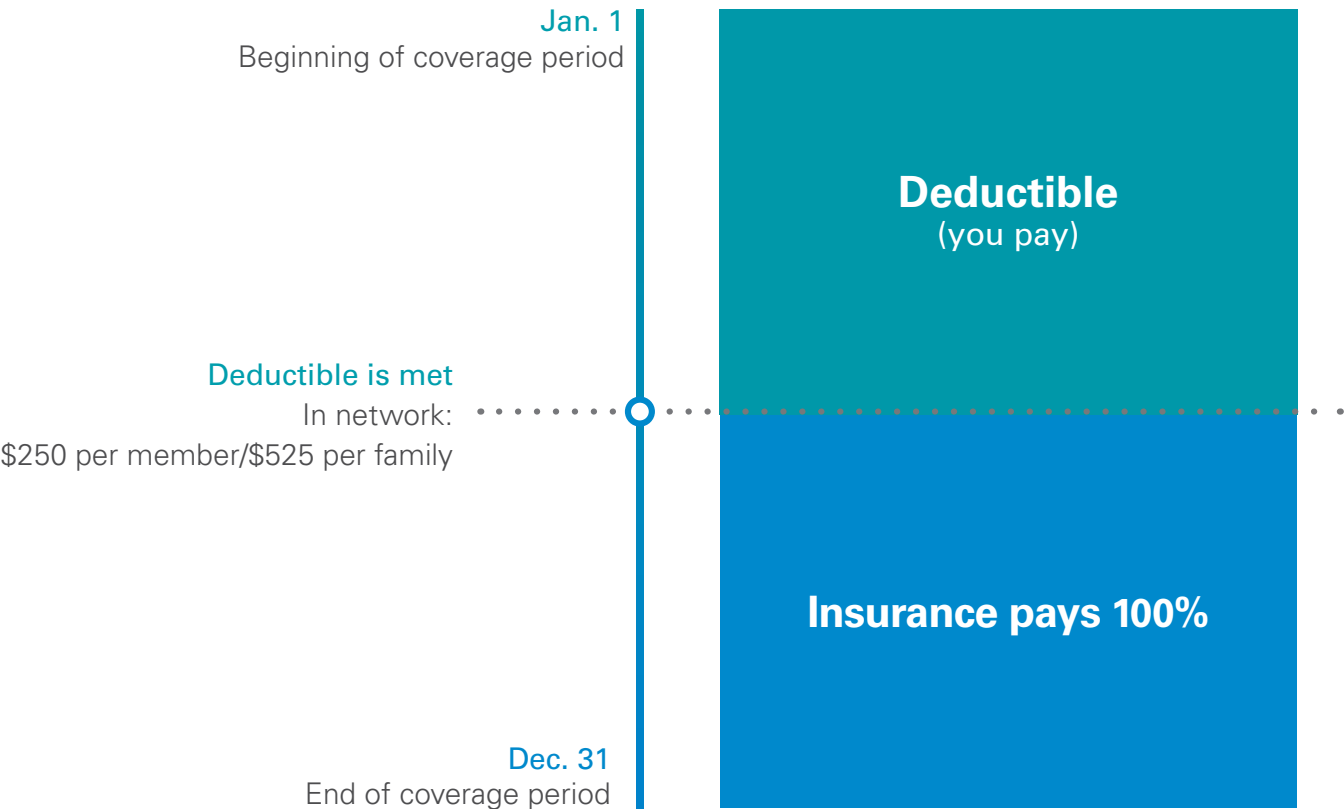


Deductible, copayments and dollar maximums	
Deductible	\$250 per member \$525 per family Protected: \$0*
Maximum out of pocket (includes deductible and fixed-dollar copays)	\$1,000 per member

Payment amounts are based on the BCN Advantage approved amount, less any applicable deductible and copay amounts required by the plan. This coverage is provided in keeping with a contract with the federal government.

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





Important terms



- Deductible** — the amount you pay annually before your plan begins to pay. This doesn't apply to services that require a copay.
- Copay** — a fixed amount you pay to receive a medical service, usually at the time of service (office visits, emergency room, urgent care).
- Out of pocket** — the most you will pay in deductibles and fixed-dollar copays during the year.



Who pays what

	Hospital care	
	Inpatient physician care, general nursing care, hospital services and supplies	Plan pays 100% after deductible, unlimited days
	Outpatient surgery	Plan pays 100% after deductible
	Alternatives to hospital care	
	Skilled nursing care in a Medicare-certified facility	Plan pays 100% after deductible
	Hospice care	Hospice care through a Medicare-certified hospice program is paid by Original Medicare.
	Home health care	Plan pays 100% after deductible
	Surgical services	
	Surgery — includes all related surgical services and anesthesia	Plan pays 100% after deductible
	Human organ transplants	Plan pays 100% after deductible; subject to medical criteria
	Physician office services	
	Primary care provider office visits, including virtual visits with your own doctor	\$15 copay per visit
	Virtual medical and behavioral health care services through Teladoc Health	Plan pays 100%
	Specialist visits including virtual visits with your own doctor	\$25 copay per visit; Protected: \$15 copay per visit

2024 Benefits at a glance



Preventive services*	
Health maintenance exam	Plan pays 100%
Annual gynecological exam	Plan pays 100%
Nutritional therapy (Medical: End Stage Renal Disease, Diabetes)	Plan pays 100%
Diabetes self-management training	Plan pays 100%
Pap smear screening — laboratory services only	Plan pays 100%
Immunizations (i.e. flu, pneumonia)	Plan pays 100%
Prostate specific antigen screening — laboratory services only	Plan pays 100%
Mammography screening	Plan pays 100%
Annual colorectal cancer screening	Plan pays 100%



Emergency medical care	
Hospital emergency room — copay waived if admitted; inpatient hospital benefits apply	\$50 copay per visit; Ford protected: \$0 copay per visit
Urgent care/retail health clinic	\$15 copay per visit; Ford protected: \$0 copay per visit
Ambulance services — medically necessary	Plan pays 100% after deductible; ground and air service



Diagnostic services	
Laboratory and pathology tests	Plan pays 100%; office visit copay may apply
Diagnostic tests and X-rays	Plan pays 100% after deductible
Radiation therapy	Plan pays 100% after deductible

Note: Certain tests, treatments, surgeries or drugs may require your physician to request prior authorization before they can be administered.

*For all preventive services covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you're treated or monitored for a new or existing medical condition during the same preventive service visit, a copay will apply for the care received for the medical condition.

2024 Benefits at a glance



Behavioral health and substance use disorder

Inpatient behavioral health care	Plan pays 100%, up to 190 days per Medicare lifetime maximum. Additional renewable 45 days per episode of illness after Medicare benefit is exhausted and 60 days of nonconfinement. Approval required.
Inpatient substance use care	Plan pays 100%, unlimited days
Outpatient behavioral health care including virtual visits with your own doctor	Plan pays 100%, unlimited visits
Outpatient substance use care including virtual visits with your own doctor	Plan pays 100%, unlimited visits



Other services

Allergy testing	Plan pays 100% after deductible office visit copay may apply
Allergy injections	Plan pays 100%; office visit copay may apply
Chiropractic spinal manipulation	\$20 copay per visit
Acupuncture for lower back pain only	\$20 copay per visit
Outpatient physical, speech and occupational therapy	Plan pays 100%, after deductible (no visit limit)
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%
Diabetic monitoring supplies, including continuous glucose monitors (CGM)	Plan pays 100%
Hearing aid — hearing aid and hearing examination covered once every 36 months	Plan pays 100% — standard hearing aid; office visit copay may apply for examination; binaural hearing aids every 36 months if younger than age 19
SilverSneakers® fitness program	Plan pays 100%



More, more, more...

Your BCN Advantage member ID card gives you:



Exceptional health and wellness support, including **MyBlueSM Concierge**, which provides personalized one-on-one service, including:

- Explanation of your benefits
- Dedicated care support and customer service teams
- Guidance regarding preventive measures and services
- Support about taking proactive steps to maintain and improve your health



Easy online tools that help you take charge of your health



Access to our 24-Hour Nurse Line



We're working with Signify Health to offer an In-Home Visit program to our members, at no additional cost. Receive a health and wellness assessment with a licensed medical doctor or nurse practitioner in one of three ways:

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

For more information or to schedule an In-Home Visit, go to **www.bcbsm.com/uawtruthorhomevisits**, or call Signify Health at **1-844-226-8216**. TTY users, call **711**.



Free SilverSneakers fitness program at thousands of fitness locations:

- SilverSneakers group exercise classes, exercise equipment, pool, sauna and other additional features
- Virtual online classes at no additional cost
- Classes designed for your fitness level
- Informative seminars

Fitness services must be provided at SilverSneakers participating locations. You can find a location or request SilverSneakers Steps information at **www.silversneakers.com** or call **1-866-584-7352** Monday through Friday from 8 a.m. to 8 p.m. TTY users, call **711**.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Care Network to provide health and fitness services to its BCN Advantage HMO-POS members.



Whenever, wherever

Your member account gives you personalized benefit information

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 statements.
- Check current out-of-pocket totals for your:
 - Deductible
 - Out-of-pocket maximum

Take your Blue Cross plan information with you on our mobile app.

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*.

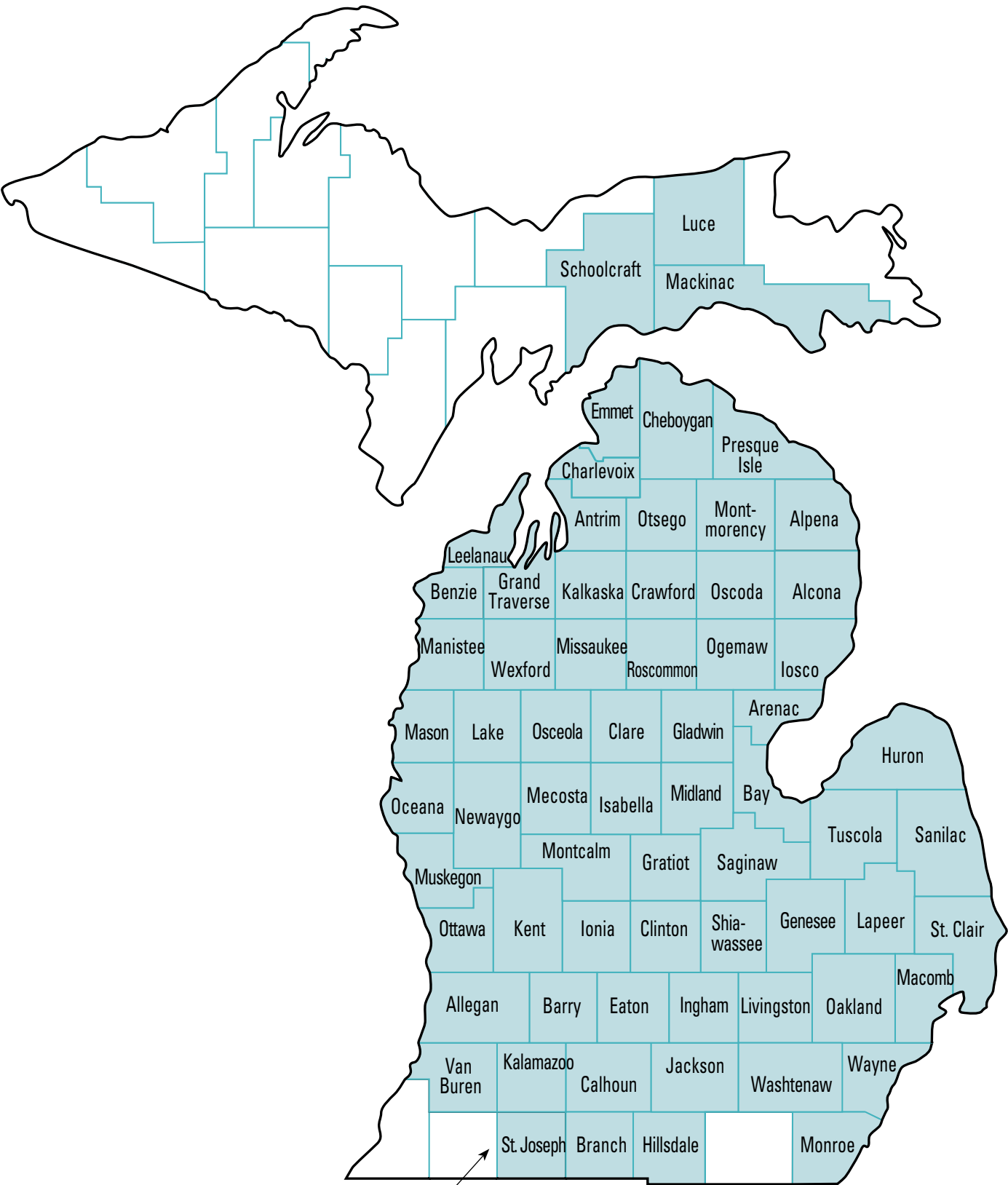
With the mobile app, you can:

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

Apple is a trademark 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 is a trademark of Google Inc.

BCN Advantage HMO-POS 2024 service area

BCN Advantage is open to UAW Trust members residing in the 68-county area shown on the map. You must receive routine care from plan providers in this area.



St. Joseph ZIP codes served:

49011 | 49030 | 49052 | 49072 | 49093 | 49097

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 답해 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

Enrollment questions

1-877-396-1893

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

Monday through Friday

TTY users, call **711**

www.bcbsm.com/uawtrust

SilverSneakers

1-888-423-4632

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

Monday through Friday

TTY users, call **711**

www.silversneakers.com

Behavioral health and substance use disorder

1-800-431-1059

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.

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**

Prescription drugs

1-855-409-0219

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

Monday through Friday

TTY users, call **711**

Durable medical equipment, prosthetics and orthotics

1-800-222-5992

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

Monday through Friday

TTY users, call **711**

Blue Cross Global Core

1-800-810-2583

or call collect at **1-804-673-1177**

www.bcbsglobalcore.com

Current BCN Advantage members

Call Customer Service at **1-800-222-5992**

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

Monday through Friday. TTY users, call **711**.

BCN AdvantageSM HMO-POS



**Blue Care
Network
of Michigan**

**UAW RETIREE
Medical Benefits Trust**



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