



Medicare Plus BlueSM PPO

FOR PROTECTED MEMBERS

2024 Plan benefit guide

UAW RETIREE
Medical Benefits Trust

Medicare Plus BlueSM is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.




Get more from Medicare with Medicare Plus Blue

Medicare Plus Blue PPO is the Medicare Advantage PPO plan from Blue Cross Blue Shield of Michigan. This type of plan — otherwise known as Medicare Part C — combines all the benefits of Medicare Part A and Part B, plus extra benefits and services not included in Original Medicare. **Medicare Plus Blue** also includes Medicare Part D prescription drug coverage. Your Blue Cross member ID card is used for all your medical and pharmacy benefits. The Trust has offered **Medicare Plus Blue** to members since 2012.

With **Medicare Plus Blue**, you have access to thousands of network doctors, hundreds of hospitals, wellness and preventive services throughout the U.S., and access to urgent and emergency care worldwide.* There are also thousands of pharmacies you can access close to your home or when you're on the go.** And it's all from Blue Cross — the company you know and trust.

Protected members — those who retired prior to Oct. 1, 1990, or are the surviving spouse of a retiree who retired prior to Oct. 1, 1999, are eligible for the **Medicare Plus Blue** plan specifically for protected members.

Take a look:

Monthly contribution	
Deductible	
Coinsurance	
Out-of-pocket maximum	
Primary care provider visit copay	
Specialist office visit copay	
Urgent care or retail health clinic copay	\$15
Emergency room copay	\$50

*Source: Facets/Portico, Medicare Advantage PPO hospital and provider counts. June 2023.

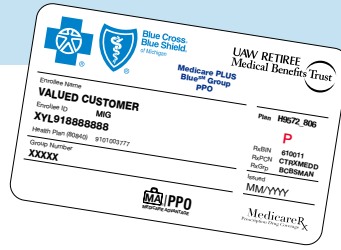
**Source: Optum Rx. June 2023.



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Extras you'll enjoy



The simplicity of one member ID card: One member ID card for all medical and pharmacy benefits.



SilverSneakers® fitness program: Free membership in a network of thousands of participating gyms nationwide. You can also attend one of many virtual classes or request a home fitness kit.



Virtual Care: Urgent medical and behavioral health services through your phone, tablet or computer from anywhere in the United States through Teladoc Health®.



24-Hour Nurse Line: 24/7 access to nurses who can help answer health questions over the phone.



In-home visits: A licensed doctor or nurse will come to your home to review your health needs, assess the safety of your home, review medications and share the summary of your visit with your doctor.



Blue 365®: Access to health and wellness deals on fitness products, gym memberships, healthy eating and more through your online member account or the BCBSM mobile app.



Care support programs: If you're living with a chronic condition, such as COPD, diabetes, cancer or kidney disease, our case management program can help. We'll work together with you, your family and your doctor to improve your quality of life. Our team of registered nurses, social workers and physician consultants can:

- Teach you and your family about your condition
- Talk to your doctors to coordinate your care
- Provide health coaching
- Discuss advance directives

For more information, call **1-800-845-5982** from 8 a.m. to 5 p.m. Eastern time Monday through Friday. TTY users, call **711**.



Your benefits travel with you. You have access to providers anywhere in the United States. Call the Customer Service number on the back of your member ID card or visit www.bcbsm.com/protectedplan to find a provider wherever you are. Be sure to show your member ID card when you visit a doctor's office, pharmacy or hospital. The card contains important information about your coverage and how to file claims.

Your plan covers urgent and emergency care worldwide through Blue Cross Global Core.

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 Cross Blue Shield of Michigan to provide health and fitness services to its Medicare Plus Blue PPO members.

Teladoc Health is an independent company retained by Blue Cross Blue Shield of Michigan to provide virtual care solutions for its Medicare Plus Blue members.

Access your information, no matter where you are



Mobile app

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 BCBSM mobile app you can:

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

Online member account

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

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

With your member account, you can:

- View your claims.
- View and print your EOB.
- View your formulary.
- Sign up and manage your mail order prescriptions.
- Check current out-of-pocket totals for your:
 - Deductible
 - Out-of-pocket maximum

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The parts of Medicare



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



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

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



Medicare Part C — 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.

Enrolling in Medicare

In most cases, if you already receive Social Security, you'll automatically be enrolled in Medicare Part A and Part B. If you haven't received a Medicare card showing you're enrolled in Medicare Part A and Part B, contact the Social Security Administration.

If you need to enroll in Medicare Part A and Part B, take one of these three easy steps:

- 1** **Call** the Social Security Administration at **1-800-772-1213**. TTY users, call **1-800-325-0778**.
- 2** **Apply online** at the official website: ssa.gov/medicareonly/
- 3** **Visit** your local Social Security office.

Blue Cross Blue Shield of Michigan doesn't own or control the Social Security website.

2024 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Deductible, copayments, coinsurance and dollar maximums		
Annual deductible per member per year	\$0	\$490
Coinsurance	None	30% coinsurance after deductible
Out-of-pocket maximum (for deductible and coinsurance amounts for Medicare-covered medical services, per member per year)	\$0	\$1,395
Out-of-pocket maximum for copay-based services	\$1,500	



Deductible — The amount you pay before your plan begins to pay

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

Coinsurance out-of-pocket maximum — The most you will pay in deductible and coinsurance during the year

Copay — The fixed dollar amount you pay for services like office visits, urgent care and the emergency room

Copay out-of-pocket maximum — The most you will pay in copays during the year

Preferred Provider Organization, or PPO — Allows services to be performed by in- or out-of-network providers.

Although you may use any provider in or out of network, your out-of-pocket expenses will be less when you use an in-network provider. If you go outside of the network, you will pay more for services.

In network — A provider who is contracted to be a part of the Medicare Plus Blue PPO network

Out of network — A provider who isn't contracted to be a part of the Medicare Plus Blue PPO network

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue PPO members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the out-of-pocket costs that apply to out-of-network services.

2024 Frequently used benefits and out-of-pocket costs






	You pay	
	In network	Out of network
Hospital services		
Inpatient and outpatient hospital care and services, including surgery	Plan pays 100%	30% coinsurance after deductible
Human organ transplants (Medicare covered)	Plan pays 100%	30% coinsurance after deductible
Outpatient cardiac, physical, respiratory, speech and occupational therapy	Plan pays 100%	30% coinsurance after deductible
Laboratory and pathology tests	Plan pays 100%	30% coinsurance after deductible
Diagnostic procedures and tests, including X-rays	Plan pays 100%	30% coinsurance after deductible



Physician office services		
Primary care provider office visits, including virtual visits with your own doctor	Plan pays 100%	50% coinsurance after deductible
Specialist visits, including virtual visits with your own doctor	Plan pays 100%	50% coinsurance after deductible
Virtual medical and behavioral health care services through Teladoc Health	Plan pays 100%	Not applicable
Acupuncture (for chronic low back pain only) — 20 visits per year	Plan pays 100%	
Chiropractic spinal manipulations	Plan pays 100%	50% coinsurance after deductible
Foot care, including nail clipping, removal of corns, bunions and callouses — up to six visits per year	Plan pays 100%	50% coinsurance after deductible

2024 Frequently used benefits and out-of-pocket costs

		You pay	
		In network	Out of network
	Preventive services		
	Plan pays 100%		
Out of network, certain services have an out-of-pocket cost. Consult your <i>Evidence of Coverage</i> for more detailed information.			
	Emergency medical care		
	Ambulance	Plan pays 100%	
	Urgent care/retail health clinics	\$15 copay	
	Emergency care — copay waived if admitted <i>Inpatient hospital benefits apply, if admitted</i>	\$50 copay	
	Worldwide emergency coverage — outside of the U.S. and its territories	20% coinsurance after deductible up to \$25,000 or 60 consecutive days, whichever is reached first	
	Skilled nursing and hospice care		
	Skilled nursing care (in a Medicare-certified skilled nursing facility)	Plan pays 100%	30% coinsurance after deductible
	Hospice care levels 1-4 Prior authorization required	Covered by Original Medicare through Medicare-certified hospice programs	
	Hospice care level 5 (room and board) 210 day lifetime maximum	Plan pays 100%	
	Home health care	Plan pays 100%	

Questions? Call **1-833-702-2555**, 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/protectedplan.

2024 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Behavioral health and substance use disorder treatment		
Inpatient behavioral health care	Plan pays 100%; 190-day lifetime limit	30% coinsurance after deductible; 190-day lifetime limit
Inpatient substance use disorder care	Plan pays 100%	30% coinsurance after deductible
Outpatient behavioral health care and substance use disorder care, in hospital (including virtual visits with your own doctor)	Plan pays 100%	30% coinsurance after deductible
Outpatient behavioral health care and substance use disorder care, in office (including virtual visits with your own doctor)	Plan pays 100%	50% coinsurance after deductible



Other services*		
Allergy testing	Plan pays 100%	30% coinsurance after deductible
Allergy injections	Plan pays 100%	30% coinsurance after deductible
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%	
Diabetic monitoring supplies, including continuous glucose monitors	Plan pays 100%	
Wigs <i>Up to \$250 annual maximum</i>	Plan pays 100%	
Fitness membership through SilverSneakers	Plan pays 100%	

*For questions or assistance with diabetic supplies and durable medical equipment, call Customer Service at **1-888-322-5616**. TTY users, call **711**.

Questions? Call **1-833-702-2555** from 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/protectedplan.



Prescription drug benefits

Your UAW Trust prescription drug benefits are provided by Blue Cross as part of your Medicare Plus Blue plan. The plan provides coverage through a nationwide network of retail pharmacies, as well as a convenient mail-order program.

Medications are assigned to one of three copay categories called tiers. When you fill a prescription, your copay amount will be based on which tier the drug is in and how the drug is dispensed — retail pharmacy or mail order. If the cost of the drug is less than your copay, you'll only pay the cost of the drug.

	Retail 31-day supply	Mail order 90-day supply
Tier 1	\$0	\$0
Tier 2	\$33	\$33
Tier 3	\$115	\$115
Out-of-pocket maximum <i>Includes copays for Tier 2 medications only. Tier 3 medications are excluded.</i>	\$1,500	

Retail pharmacy versus mail-order delivery?

Filling prescriptions at a pharmacy is perfect for short-term needs, for example when you have a prescription for an antibiotic. Choosing retail is also great when your doctor is still trying to establish the appropriate drug, strength and dosage for your ongoing needs. We have an easy-to-use online *Find a Pharmacy* tool to help you locate a participating pharmacy near you.

The mail-order option is the more convenient and cost-effective way to get ongoing prescription medications, for example maintenance drugs, such as cholesterol medications. You can order up to a 90-day supply of your prescription delivered to your home, and the shipping is free. Mail order offers a great savings opportunity since you'll pay the same low copay as the retail copay for three times the amount of medication.



Make your choice

Call Retiree Health Care Connect to confirm your plan option.

1-866-637-7555

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

Monday through Friday

TTY users, call **711**

Important: You can only be enrolled in one Medicare Advantage plan at a time. If you're already enrolled in a Medicare Advantage plan or Medicare prescription drug (Part D) plan, or if you're covered through your spouse's Medicare Advantage or Medicare Part D plan, you must decide which plan you wish to keep.

If you're currently enrolled in a Medicare Advantage PPO plan through the UAW Trust and you enroll in another Medicare Advantage plan or Medicare Part D plan, you'll be disenrolled from the Trust's Medicare Advantage plan.

Here's what happens next

1 The UAW Trust notifies us of your plan selection.
Your non-Medicare eligible family members will remain in their current plan.

2 Look for your member ID card and welcome packet.
You'll receive your new Medicare Plus Blue member ID card and a welcome kit one to two weeks before your coverage effective date. The welcome kit will help you get the most out of your plan. It includes the *Evidence of Coverage*, a booklet that describes your benefits and how to use the plan, plus other materials you'll need to get started.

3 Begin enjoying the confidence of having Medicare Plus Blue along with our enhanced benefits.
Begin using your new Medicare Plus Blue member ID card on the date your coverage starts.

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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616。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 1-888-322-5616。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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616 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 1-888-322-5616. 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 1-888-322-5616 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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616 पर फोन करें. कोई 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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616. 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 1-888-322-5616. 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、1-888-322-5616 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

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**

Pre-enrollment questions

1-833-702-2555

8:30 a.m. to 6 p.m. Eastern time
Monday through Friday
TTY users, call **711**

www.bcbsm.com/protectedplan

SilverSneakers

1-866-584-7352

TTY users, call **711**
www.silversneakers.com

TruHearing

1-844-394-5420

www.truhearing.com

Blue Cross Global Core

1-800-810-2583

or call collect at **1-804-673-1177**
www.bcbsglobalcore.com

Current Medicare Plus Blue members

Customer Service: **1-888-322-5616**
8 a.m. to 7 p.m. Eastern time
Monday through Friday
TTY users, call **711**

Behavioral health and substance use disorders

1-888-803-4960

9 a.m. to 9 p.m. Eastern time
Monday through Saturday
TTY users, call **711**

Mail-order prescription drugs

1-855-856-0537

24 hours a day, seven days a week

Medicare PLUS BlueSM Group PPO



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



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