

2024 Benefit Information

UAW RETIREE
Medical Benefits Trust

Medicare Plus BlueSM PPO

Medicare Plus BlueSM is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue depends on contract renewal.
Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

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Understanding Medicare

Medicare eligibility

If you already receive Social Security, you'll be automatically enrolled in Original Medicare Part A and Part B. Contact the Social Security Administration to verify your enrollment.

To enroll in Medicare Part A and Part B, follow these 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

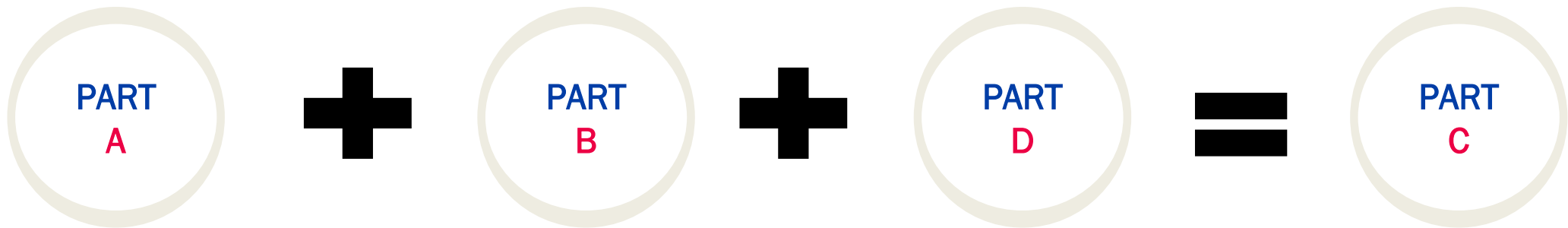
*Blue Cross Blue Shield of Michigan doesn't own or control this website

Parts of Medicare

PART A	<ul style="list-style-type: none">▪ Hospital care▪ Skilled nursing facility care▪ Hospice▪ Home health care	No premium for people who have worked for at least 10 years or 40 quarters
PART B	<ul style="list-style-type: none">▪ Doctor visits▪ Behavioral health care▪ Outpatient surgery▪ Lab tests▪ Durable medical equipment▪ Part B drugs	Has a monthly premium based on your income and will be determined at the time of your enrollment
PART D	Prescription drug coverage	Administered by private insurance companies that follow rules set by Medicare

Medicare Part C

Medicare Advantage plans combine all Original Medicare benefits, rights and protections. They also include extra benefits, such as prescription drug coverage, fitness programs and care support programs.



Medicare Plus Blue PPO

Medicare Advantage PPO plans are the primary plan for Medicare-enrolled Trust members. The Medicare Advantage PPO plan from Blue Cross is called **Medicare Plus Blue**.

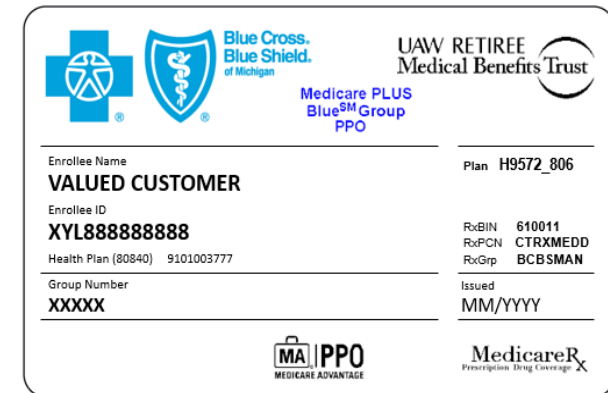
With **Medicare Plus Blue**, you get:

- Access to the extensive network of doctors, hospitals and pharmacies across the U.S.
- Wellness and preventive services throughout the U.S.
- Urgent and emergency care worldwide
- Care support programs
- Prescription drug coverage with thousands of pharmacies nationwide, as well as a convenient home delivery option that saves you time and money

Medicare Plus Blue extras

You get extras with **Medicare Plus Blue**, such as:

- The simplicity of one member ID card
- Free membership in SilverSneakers® fitness program
- Teladoc Health™ Virtual Care
- 24-Hour Nurse Line
- Yearly In-Home Visit with Signify Health®
- Care support programs
- Benefits that travel with you
- Worldwide urgent and emergency care



SilverSneakers and the SilverSneakers shoe logotype are registered trademarks 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 that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

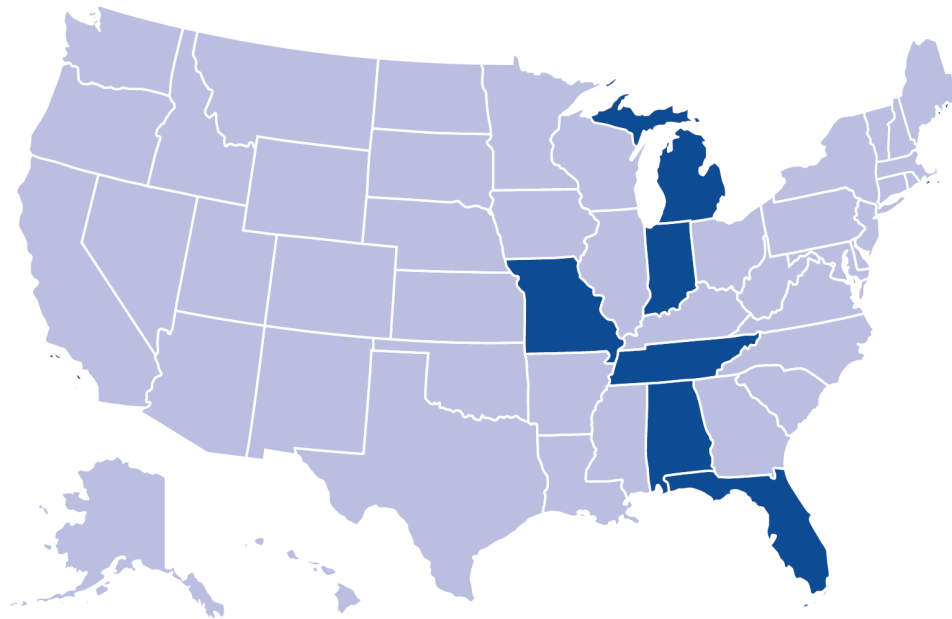
Signify Health is an independent corporation retained by Blue Cross Blue Shield of Michigan to provide health and well-being services to its Medicare Plus Blue PPO members.

Plan eligibility

You're eligible for the **Medicare Plus Blue** plan if the following conditions are met:

- You're enrolled in Medicare Part A and Part B*
- Your permanent address is in any of the six states where the plan is offered through the Trust

Although your permanent address must be in one of the six **blue states**, you're covered for services in all 50 states.



**You must continue to pay your monthly Part B premium.
You can only be enrolled in one Medicare Advantage plan at a time.*

All non-Medicare eligible family members will remain in their current plan.

Care when you travel



You have access to doctors, hospitals and pharmacies across the U.S. and your benefits travel with you. Call the Customer Service number on the back of your **Blue Cross** member ID card to find a provider wherever you are.

You're covered for emergency and urgent care worldwide. When traveling outside of the United States, in some cases, you'll have to pay for your emergency and urgent care and submit a claim.

- Keep your paid receipts
- Call **1-800-810-2583** for assistance. TTY users, call **711**
- Visit **www.bcbsglobalcore.com** for more information



Plan benefits

Key terms

- **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'll pay in deductible and coinsurance during the year
- **Copayment** – The fixed dollar amount you pay for services such as office visits, urgent care and emergency room
- **Copay out-of-pocket maximum** – The most you'll pay in copays during the year
- **Preferred Provider Organization, PPO** – Allows services to be performed by in- or out-of-network providers
- **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/noncontracted 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 cost sharing that applies to out-of-network services.*

How to find a participating provider or pharmacy

Call

1-877-336-0377

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

Click

Go to our website
www.bcbsm.com/uawtrust
and click *Find a Doctor*

Ask

Ask your provider's office or pharmacy,
"Do you participate with the
Blue Cross Medicare Plus Blue PPO plan?"

Deductible, coinsurance and dollar maximums

	In network	Out of network
Annual deductible per member per year	\$0	\$490
Coinsurance	0%	30%
Out-of-pocket maximum <i>Includes deductible and coinsurance amounts for Medicare-covered medical services, per member per year</i>	\$0	\$1,395

Hospital services

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

Skilled nursing and hospice care

	In network	Out of network
Skilled nursing facility care <i>In a Medicare-certified facility</i>	Plan pays 100%	30% coinsurance after deductible
Home health care	Plan pays 100%	
Hospice care levels 1-4 <i>Prior authorization required</i>	Covered by Original Medicare through Medicare-certified hospice programs	
5 th level hospice care	Plan pays 100% Lifetime maximum of 210 days	

Physician office services

	In network	Out of network
Primary care office visits* <i>Including virtual visits with your own doctor</i>	Plan pays 100%	50% coinsurance after deductible
Specialist office visits* <i>Including virtual visits with your own doctor</i>	\$10 copay	50% coinsurance after deductible
Teladoc Health Virtual Care www.bcbsm.com/virtualcare	Plan pays 100%	Not applicable
Acupuncture <i>For chronic lower back pain only</i>	\$20 copay Limited to 20 visits a year	
Chiropractic spinal manipulations	\$20 copay	50% coinsurance after deductible
Foot care <i>Including nail clipping, removal of corns, bunions and callouses; up to six visits per year</i>	Plan pays 100%	50% coinsurance after deductible
Out-of-pocket maximum <i>For copay-based services</i>	\$1,500	N/A

*Includes diagnostic procedures and tests, X-rays, radiation and chemotherapy

Preventive care*

	In network	Out of network
Welcome to Medicare exam Routine physical Routine Pap smear and pelvic exams Breast cancer screening (mammography) Prostate cancer screening Cardiovascular, diabetes and HIV screening Immunizations (COVID-19, flu, pneumonia vaccines)	Plan pays 100%	
Bone mass measurement Colorectal cancer screening	Plan pays 100%	30% coinsurance

*Out-of-pocket costs may apply for the visit or to other services during the appointment, but not preventive care services.

Emergency medical care

	In network	Out of network
Urgent care and retail health clinics	\$15 copay	
Emergency care	\$50 copay <i>Copay waived if admitted</i>	
Ambulance	Plan pays 100%	

Behavioral health and substance use treatment

	In network	Out of network
Inpatient behavioral health care <i>190-day lifetime limit</i>	Plan pays 100%	30% coinsurance after deductible
Inpatient substance use care	Plan pays 100%	30% coinsurance after deductible
Outpatient behavioral health and substance use care, in hospital	Plan pays 100%	30% coinsurance after deductible
Outpatient behavioral health and substance use care, in office or virtual	Plan pays 100%	50% coinsurance after deductible

Other services

	In network	Out of network
Durable medical equipment <i>Including prosthetics, orthotic appliances, compression stockings, diabetic shoes</i>	Plan pays 100%	
Diabetic supplies <i>Including continuous glucose monitors (CMG)</i>	Plan pays 100%	
Wigs <i>Up to \$250 per year</i>	Plan pays 100%	

For questions about durable medical equipment or diabetic supplies, call:

Blue Cross Customer Service

1-888-322-5616

8 a.m. to 7 p.m. Eastern time

Monday through Friday

TTY users, call **711**

Medical Explanation of Benefits statement

After you have services and **Blue Cross** receives a claim, you'll get an Explanation of Benefits statement, or EOB. This is NOT a bill. It's a summary of the total cost of the medical services you received.

Your medical EOB will show:

- What your health care provider billed us
- The amount we paid the provider
- The amount you owe
- How much you've paid toward your deductible and yearly out-of-pocket maximum

MONTHLY REPORT

Medical and Hospital Claims Processed in August 2024

Statement Date: September 00, 2024
For *Member Name*
Member ID: XXXXX4567

This is **not** a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. [We send a separate report on Part D prescription drugs.]



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

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

<http://www.bcbsm.com>

Blue Cross Blue Shield of Michigan Customer Service

If you have questions, call us: 1-888-322-5616

We are here from 8 a.m. to 7 p.m., Monday through Friday with weekend hours during October 1 through February 14.

TTY/TDD only: 711

Prescription drug coverage

The **Medicare Plus Blue** plan includes prescription drug coverage.

The plan provides coverage through a nationwide network of retail pharmacies, as well as a convenient mail-order program with Optum[®] Home Delivery. When you fill a prescription, your copay amount will be based on the tier it's 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 30-day supply/90-day supply	Mail order 90-day supply
Tier 1	\$0	\$0
Tier 2	\$33/\$99	\$33
Tier 3	\$115/\$345	\$115
Out-of-pocket maximum <i>For prescription coverage. Includes copays for Tier 2 medications only. Tier 3 medications are excluded.</i>	\$1,500	

Optum Rx[®] is an independent company providing home delivery pharmacy and other pharmacy benefit management services to Blue Cross Blue Shield of Michigan and Blue Care Network.

Pharmacy Explanation of Benefits statement

Just like with your medical EOB, you'll get one for your prescription drug coverage. This is NOT a bill. It's a summary of the total cost of the prescription drugs you received.

Your pharmacy EOB will show:

- What your pharmacy billed us
- The amount we paid the pharmacy
- The amount you owe
- How much you've paid toward your yearly out-of-pocket maximum



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<Insert Member Name>
<Insert Member Address>

<Insert Date>

Your member numbers are:

Member ID: <Insert Member ID>

Group Number: <Insert Group Number>

Your Monthly Prescription Drug Summary

For <Insert Month> <Insert Year>

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month

SECTION 2. Which "drug payment stage" are you in?

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

SECTION 4. Updates to the plan's Drug List that affect drugs you take

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights



Health and well-being programs

Free SilverSneakers fitness program membership

Included in coverage for **Medicare Plus Blue** members:

- Free membership in a network of health clubs and exercise classes
- Thousands of participating U.S. locations
- The Burnalong Virtual platform that has live and on-demand class recommendations based on members' specific goals, preferences and chronic condition interests.
- Virtual classes and workshops
- On-demand video workouts
- Exercise at your own pace with people in your age group

1-866-584-7352
TTY users, call 711
www.silversneakers.com



24-Hour Nurse Line

A registered nurse is available to you 24 hours a day, seven days a week if you have health questions, want information to help you make a medical decision or need support with managing a chronic condition.

SAFE One-on-one conversations with a registered nurse; caring; confidential

QUICK Expert health advice by phone; no web searches; no waiting

EASY Connect from home or on the go; no appointments; no cost; no hassle

CALL **1-800-775-2583**

In-Home Visit

Signify Health offers a yearly In-Home Visit health and wellness assessment, at no additional cost, with a licensed medical provider at your convenience. You'll receive a \$75 gift card for completing a visit.

The In-Home Visit can be done in one of three ways:

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

Contact Signify Health for questions or to schedule an appointment.

Signify Health

1-844-226-8216

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

Monday through Friday

TTY users, call **711**

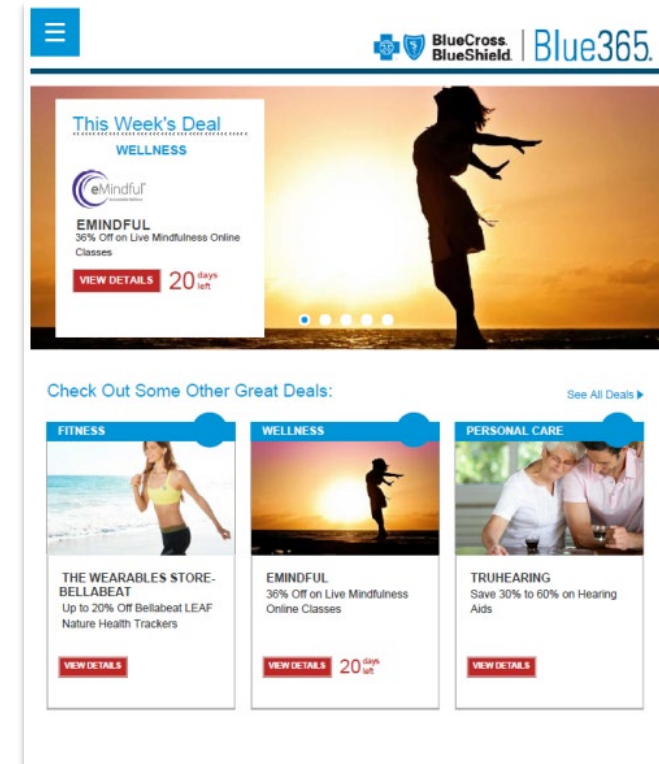
www.bcbsm.com/uawtrusthomevisits



Blue 365®

Blue 365 offers exclusive health and wellness deals, and resources for keeping you healthy and happy, every day of the year.

As a member of **Medicare Plus Blue**, you have access to nationwide discounts. To access them, visit www.bcbsm.com/uawtrust and log in to your member account.





Becoming a member

How to enroll in Medicare Plus Blue

When you receive your red, white and blue Medicare card, call Retiree Health Care Connect to enroll in the **Medicare Plus Blue** plan.

If you don't enroll in the **Medicare Plus Blue** plan prior to your Medicare effective date, you'll be automatically enrolled in the TCN Medicare plan.

Call to enroll

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**



Stay connected

Your member online account

If you already have a Blue Cross Blue Shield of Michigan online account, it'll be automatically updated with your new health plan information. If you don't have an online account, setting one up is easy.



Log on to the website, www.bcbsm.com/uawtrust

- Click on ***LOGIN*** tab (upper right-hand corner)
- Click ***Register Now***

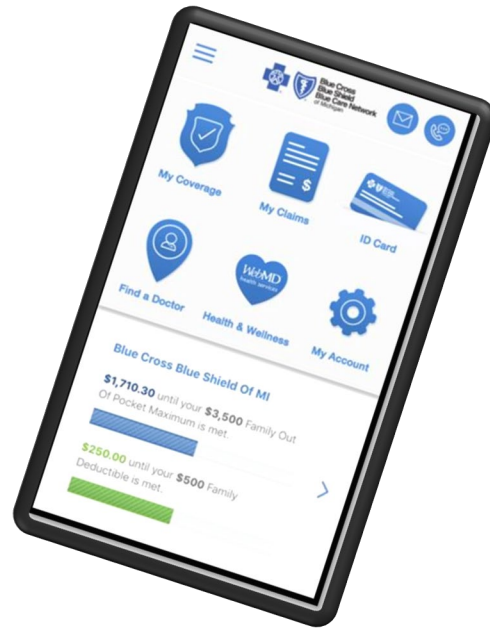
After you create your member account, you can:

- View your claims
- View your formulary
- View and print your EOBs
- Check current out-of-pocket totals for:
 - Deductible
 - Out-of-pocket maximum
- View videos, presentations and brochures
- Get information on upcoming events

Mobile app

Get the BCBSM mobile app

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



- Check deductible and out-of-pocket balances,
- View your EOBs and claims
- Search for doctors and pharmacies
- Learn about Blue Cross Coordinated CareSM, our care support program
- View your virtual ID card

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Google Play and the Google Play logo are trademarks of Google LLC.*

Non-discrimination statement

Blue Cross Blue Shield of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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。

Contact information

Current Medicare Plus Blue members

1-888-322-5616

8 a.m. to 7 p.m. Eastern time

Monday through Friday

TTY users, call **711**

www.bcbsm.com/uawtrust

Not currently enrolled?

1-877-336-0377

8:30 a.m. to 6 p.m. Eastern time

Monday through Friday

TTY users, call **711**

www.bcbsm.com/uawtrust

Behavioral health and substance use disorder

1-800-775-2583

9 a.m. to 9 p.m. Eastern time

Monday through Saturday

TTY users, call **711**

Prescription Drug Optum Home Delivery

1-855-856-0537

24 hours a day, 7 days a week

TTY users, call **711**

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**

TruHearing

1-844-394-5420

TTY users, call **711**

www.truhearing.com