

#### 2024 Benefit Information





#### Medicare Plus Blue<sup>SM</sup> PPO

**UAW Trust Protected Members in Missouri and Tennessee** 

Medicare Plus Blue<sup>SM</sup> 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

#### **Parts of Medicare**

PART A	<ul> <li>Hospital care</li> <li>Skilled nursing facility care</li> <li>Hospice</li> <li>Home health care</li> </ul>	No premium for people who have worked for at least 10 years or 40 quarters
PART B	<ul> <li>Doctor visits</li> <li>Behavioral health care</li> <li>Outpatient surgery</li> <li>Lab tests</li> <li>Durable medical equipment</li> <li>Part B drugs</li> </ul>	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<sup>®</sup> fitness program
- Teladoc Health<sup>TM</sup> Virtual Care
- 24-Hour Nurse Line
- Yearly In-Home Visits with Signify Health<sup>®</sup>
- 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<sup>™</sup> 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.

### Eligibility

You're eligible for Medicare Plus Blue for protected members if the following conditions are met:

- You're enrolled in Medicare Part A and Part B\*
- You retired prior to Oct. 1, 1990, or are the surviving spouse of a retiree who retired prior to Oct. 1, 1999
- 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

# **Medical benefits**

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#### 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

Out-of-network/non-contracted providers are under no obligation to treat *Medicare Plus Blue* 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

1-833-702-2555 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/protectedplan and click *Find a Doctor* 

#### Ask

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

#### Deductible, coinsurance and dollar maximums

	In or out of network	
Annual deductible per member per year	<b>\$</b> O	
Coinsurance	0%	
Out-of-pocket maximum Includes deductible and coinsurance amounts for Medicare-covered medical services, per member per year	\$O	

### **Hospital services**

	In or out of network	
Inpatient and outpatient hospital care, surgery and services	Plan pays <b>100%</b>	
Human organ transplants (Medicare covered)	ents Plan pays <b>100%</b>	
Outpatient cardiac, physical, respiratory, pulmonary, speech and occupational therapy	Plan pays <b>100%</b>	
Diagnostic procedures and tests, including X-rays	Plan pays <b>100%</b>	
Laboratory and pathology tests	Plan pays <b>100%</b>	

#### Skilled nursing and hospice care

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

### **Physician office services**

	In or out of network	
Primary care office visits* Including virtual visits with your own doctor	Plan pays 100%	
Specialist office visits* Including virtual visits with your own doctor	Plan pays <b>100%</b>	
Teladoc Health Virtual Care www.bcbsm.com/virtualcare	Plan pays <b>100%</b>	
Acupuncture For chronic lower back pain only – 20 visits per year	Plan pays <b>100%</b>	
Chiropractic spinal manipulations	Plan pays <b>100%</b>	
Foot care Including nail clipping, removal of corns, bunions and callouses; up to six visits per year	Plan pays <b>100%</b>	
Out-of-pocket maximum For copay-based services	\$1,500	

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

#### **Preventive care**\*

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

\*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 or out of network	
Urgent care and retail health clinics	<b>\$15</b> copay	
Emergency care	<b>\$50</b> copay Copay waived if admitted	
Ambulance	Plan pays <b>100%</b>	

#### Behavioral health and substance use treatment

	In or out of network	
Inpatient behavioral health care 190-day lifetime limit	Plan pays <b>100%</b>	
Inpatient substance use care	Plan pays <b>100%</b>	
Outpatient behavioral health and substance use care, in hospital	Plan pays 100%	
Outpatient behavioral health and substance use care, in office or virtual	Plan pays <b>100%</b>	

#### **Other services**

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

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.]



Medicare Plus Blue<sup>SM</sup> 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<sup>®</sup> 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	\$O	\$O
Tier 2	\$33/\$99	\$33
Tier 3	\$115/\$345	\$115
Out-of-pocket maximum For prescription coverage. Includes copays for Tier 2 medications only. Tier 3 medications are excluded.	\$1,500	

Optum Rx<sup>®</sup> 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



1 000000000 CID PEB-MEOB 000000000000/6056/4602// //000001// H957219337811L1 <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 EOB
- 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<sup>®</sup> App Store or Google Play<sup>™</sup>, and search for "BCBSM"
- Download the app
- Tap the app icon
- Tap Register



- Check deductible and out-of-pocket balances,
- View your EOB and claims
- Search for doctors and pharmacies
- Learn about Blue Cross Coordinated Care<sup>SM</sup>, our care support program
- View your virtual ID card

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#### **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?

1-833-702-2555 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