



Medicare Plus BlueSM Group PPO

FOR PROTECTED MEMBERS

2024 resource guide

Missouri and Tennessee

UAW RETIREE
Medical Benefits Trust

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



Welcome to your preferred provider organization plan

The Medicare Plus Blue Group PPO plan covers everything that Original Medicare does, plus more.

With our preferred provider organization, you have access to the nationwide Blue Cross network of doctors, hospitals and other providers. You'll find that your out-of-pocket costs will be less when you use a network health care provider. You can choose any provider that accepts Medicare; however, if you go outside the PPO network, you'll pay more for services.

Medicare Plus Blue Group PPO also provides prescription drug coverage through a nationwide network of retail pharmacies, as well as a convenient home delivery program.

You'll only need one member ID card for all your medical and pharmacy benefits.

Our website is **www.bcbsm.com/protectedplan**.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus BlueSM Group 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 applies to out-of-network services.

Whether you're new to Blue Cross or an existing member, you've made a smart choice by enrolling in this plan. We value you as a customer and strive to do our best to serve you. You might be wondering how you can make the most out of your coverage this year. Here's an easy guide to help you maximize your Blue Cross benefits.



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What you can expect

Part of our commitment to you is helping you make the best possible use of your plan. We'll keep you informed throughout the year about your plan and your health.

For all members

Doctor visit



Make an appointment for your annual wellness visit or annual physical exam with your provider so you can begin taking advantage of your preventive benefits. See Page 15.

Download our mobile app



Access your electronic Blue Cross member ID card, coverage, claim and cost information anytime, wherever you go. See Page 16.

Guide to your costs



We send you a wallet-sized card that lists the out-of-pocket costs for the medical services you use most.

Medicare Advantage health assessment



Complete a brief health survey, and we'll give you a personalized health status report you can share with your doctor. It's secure, completely confidential and your responses don't affect your coverage. Look for the assessment in the mail. You can return the paper copy or complete it online using the code provided with the assessment. This easy tool can help your doctor keep you in the best of health.

Explanation of benefits



When you use your medical or prescription drug coverage, you'll receive an *explanation of benefits* statement the month after the claim is processed.

Member news



We do our best to combine helpful information, useful reminders and healthy tips to help you get more out of your plan in our member magazine, *Medicare Blue and You*.

Special information



There may be events during the year that we want you to be aware of, so we'll send you notices. If you need help with a chronic illness, such as heart disease or diabetes, we may send you materials or call you about a specific program.

Surveys



You may receive surveys asking for your opinion of this plan, our network providers and the care you receive. This is an important feedback channel that helps us respond to your needs.

We're always exploring new, innovative ways to provide you with better coverage and service.

Your answers are confidential. They don't affect your coverage or costs. We appreciate your honest feedback as we strive to see your experience through your eyes.

Member ID card



We'll send you a new Blue Cross member ID card. You can put your red, white and blue Medicare card in a safe place and use your Blue Cross member ID card instead. Show your doctor and other providers this card every time you need care. Or, use the Blue Cross mobile app to show your electronic member ID card. See Page 16.

Need to find care?



Page 11 explains how to find care. You can also look in our *Provider Directory* or call Customer Service at **1-888-322-5616** from 8 a.m. to 7 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

Blue Cross online member account



From coverage details and claims information to ideas for healthier living, you'll find lots of valuable information online. Be sure to register for your secure Blue Cross member account:

- Using the Blue Cross mobile app
- At www.bcbsm.com/protectedplan
- By texting **REGISTER** to **222764**. *Message and data rates may apply*

Learn more on Pages 16 and 17.

For new members only

Welcome call



We call new members to make sure you received your welcome kit and member ID card, answer any questions about your coverage and tell you about programs we offer to help you stay healthy.

New members get a special preventive visit



If you're new to Medicare, you can make an appointment for your *Welcome to Medicare* preventive visit. It's a one-time visit that takes place during the first 12 months after your Medicare Part B coverage takes effect. Also known as an initial preventive physical examination, the visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and coordination of other care if necessary.

Ready to help

Our commitment to you includes coverage that works for you at every stage. Your benefits aren't just for when you're feeling sick or coping with a chronic condition. They can help you take charge of your health.



Easy ways to get your flu and pneumonia vaccines

There are several places to get vaccines:

- Local pharmacy
- Doctor's office
- Health Department

To find an in-network pharmacy:



Go to www.bcbsm.com/protectedplan



Use the Blue Cross mobile app: open the main menu and select *Find a Pharmacy*.



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

Good to know: The Centers for Disease Control and Prevention recommends getting your flu vaccine in October before the flu season begins. This is because it takes about two weeks after vaccination for the antibodies that protect against the flu to develop in the body. Getting vaccinated later can still be beneficial and vaccinations are offered throughout flu season.

Medicare Diabetes Prevention Program

Your risk of developing Type 2 diabetes can be radically decreased through this 12-month Type 2 diabetes prevention benefit. It's focused on healthy lifestyle changes for qualified members.



Do you qualify? Take a one-minute online quiz at www.solera4me.com.

Emotional and mental well-being

Your health is not just determined by your physical fitness, but by your overall well-being. Your physical health improves when you get enough sleep, eat healthy and exercise. Likewise, your emotional well-being improves when you manage your stress, have support through life's trials and have positive social interactions. We offer behavioral health care to help you transition through difficult times. This benefit also helps those struggling with substance use disorder. When you call, we'll discuss your needs and arrange for services.



1-888-803-4960, TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

Serious illness


When something serious happens, count on our dedicated nurse care managers to help you find the right care. They'll also provide the information and resources you need. We offer care management services based on your medical claims or when your doctor refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

Diagnosis of a serious illness can be overwhelming. Our care management nurses work with your doctor to help you and your family:

- Understand your medical condition
- Coordinate care
- Review treatment options
- Connect with community resources
- Obtain equipment and medical supplies

A personal care management nurse will support you and your loved ones as you consider options, make treatment decisions and handle emotional concerns. You'll find the support you need to feel more in control.

If you're hospitalized, we can also help with the transition to your home or another facility to ensure you get the care you need.


 **1-800-775-BLUE (2583)**, TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

Chronic conditions

Care management nurses help you understand and cope with your condition, develop skills for managing it and feel in control again. You'll work with your nurse to create a care plan and set goals to improve your health.

Blue Cross Coordinated CareSM


We understand the journey to better health is personal. Blue Cross Coordinated Care provides you with a dedicated care team to connect you with the right care at the right time, whether it's providing support for behavioral health issues, managing a chronic condition or helping to schedule wellness appointments. It's easy to stay on track with your care plan with the Blue Cross Coordinated Care mobile app powered by Wellframe[®]. If you participate in the program, you can use the app on your smartphone or tablet to track appointments and medications, read helpful articles and connect with your care team by text or chat. The program is completely confidential and available at no cost.

 **1-800-775-BLUE (2583)**, TTY users, call **711**
8 a.m. to 6 p.m. Eastern time
Monday through Friday

Quit tobacco for good

Increase your chances for successfully quitting in the next 30 days with support and resources through a phone-based health coach program from WebMD[®]. You're eligible if you're ready to set a quit date within 30 days and you've used tobacco within seven days of your initial call.

 www.bcbsm.com/medicare/resources/advantage-extras/health-management/

 **1-855-326-5102** from 9 a.m. to 11:30 p.m. Eastern time, Monday through Thursday;
9 a.m. to 8 p.m. Eastern time, Friday;
9:30 a.m. to 6 p.m. Eastern time, Saturday;
1 p.m. to 11:30 p.m. Eastern time, Sunday.
TTY users, call **711**.

Wellframe is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network members by providing health and wellness services.

WebMD Health Services is an independent company supporting Blue Cross by providing health and well-being services.

Know where to go for care

You have smart choices for when and where to get health care. Know your options so you can get the treatment you need, right when you need it. Costs vary for each care option, so it's important to think about what kind of care best fits your needs:



24-Hour Nurse Line

There is no cost when you call **1-800-775-BLUE (2583)**. TTY users, call **711**. This is a good option when you have questions about an illness or injury.



Health care provider

There is a \$0 copay per primary care visit, specialist visit and for unlimited behavioral health visits. Call your provider first when you're not feeling well. They know you best and understand your health history.



Virtual care visits

Connect online with a provider or therapist using a smartphone, tablet or computer anywhere in the United States. Visit www.bcbsm.com/virtualcare or call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year. TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment from 7 a.m. to 9 p.m. Eastern time, seven days a week.

Retail health clinics

There's a \$15 copay per visit. Get quick, in-person evaluation and treatment for minor illnesses and injuries on a walk-in basis at select drug store chains near your home or workplace.



Urgent care

There's a \$15 copay per visit for non-life-threatening illnesses or issues when you can't get to your doctor. Get non-emergency, in-person care conveniently, after hours or on weekends.



Emergency room

There's a \$50 copay per visit for serious or life-threatening illnesses or injuries that require an emergency room visit.



Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations. You can save money by seeing your doctor or going to a convenient retail clinic or urgent care for minor illnesses and injuries, such as:

- Mild allergy symptoms
- Colds and flu
- Earache
- Skin rash
- Painful urination
- Sore throat and cough
- Low-grade fever
- Eye irritation or redness
- Minor burns, cuts and scrapes
- Sprains and strains



Take an active role in your care

Your plan offers a multitude of preventive care covered at 100%, including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor what preventive care is right for you. If you are new to Medicare, schedule a *Welcome to Medicare* exam. If you've been enrolled in Medicare for more than a year, you can take advantage of your annual wellness visit, which includes a personalized prevention plan, screening schedules, referrals and education based on your specific health situation.

Get more out of your doctor visits by:

- Writing down questions and symptoms you want to discuss with your doctor
- Taking notes as the doctor answers your questions
- Reviewing your medications (dose, side effects and over-the-counter supplements)
- Speaking up if you have any health concerns
- Being involved in your care decisions

You are a key player on your health care team.

Blue Cross Virtual Well-BeingSM

Let Blue Cross Virtual Well-Being webinars give you the guidance and support you need on your personal well-being journey. Virtual Well-Being:

- Features short, high-energy, live webinars every Thursday at 12 p.m. Eastern time
- Focuses on a different well-being topic each week
- Includes topics such as mindfulness, resilience, social connectedness, emotional health, financial well-being, physical health, gratitude, meditation and more
- Offers informational materials you can download to save and share

Conveniently watch Blue Cross Virtual Well-Being webinars on your computer, tablet or mobile phone.

Learn more, register or watch past webinars at www.bluecrossvirtualwellbeing.com.

In-Home Visits with Signify Health

We're working with Signify Health to offer an In-Home Visit program to our members, at no additional cost. You can have a complete health and wellness assessment with a licensed medical doctor or nurse practitioner, all in the privacy of your own home. You choose the day and time.

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

Once the visit is complete, you'll get a written summary; we'll send a copy to your doctor, too.

For more information, or to schedule an In-Home Visit, call Signify Health at **1-844-226-8216** from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users, call **711**. You can also visit <https://www.bcbsm.com/uawtrust/resources/home-visits/>.

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



Talk to your health care provider

	Don't hide it	Good to know	Ask your provider	Going in-depth
Physical activity	Discuss issues that limit your physical activity.	If pain limits your physical activity, there are ways to address it.	Should you start, increase or maintain your level of exercise?	What types of exercise are right for you?
Cardiovascular screenings	Get your blood pressure checked during each health care visit.	Talk to your provider about your weight, waist circumference and your body mass index.	Discuss any cholesterol screenings you may need.	Discuss smoking, physical activity and your diet.
Risk of falling	If you've fallen, make sure to call your provider. Don't wait until your next appointment.	There may be simple solutions, such as a medication dosage change.	Could you benefit from a cane, walker or physical therapy?	Discuss any balance or walking problems.

Make sure you're up to date on your screenings

Ask your provider if you need to schedule any of these regular services.

Preventive screenings			
Breast cancer screening	Colorectal cancer screening	Bone density screening for osteoporosis	Cholesterol
Annually	1 to 10 years depending on test	Every 2 years	Annually

Vaccines			
Flu shot	Pneumonia vaccine	Hepatitis B	Other vaccines
Annually	The number of shots per lifetime will depend on vaccine used and time between doses	If you're at risk	To treat injury or exposure to a disease

Diabetic services (if applicable)			
A1c test	Diabetic retinal eye exam	Urine protein screening	Treatment for urine protein
2 to 4 times a year	Annually	Annually	As applicable

Finding care

To see if your doctors are in our network, visit us online at www.bcbsm.com/uawtrust/plans/.

1. Click *Find a Plan*.
2. Select your state.
3. Under *Select your plan type*, click *Medicare plans*.
4. Click on *View plan* under your plan.
5. Scroll down to the *Find a Doctor* box.
6. Follow prompts on page.

If you have trouble locating your provider, if your doctor's name doesn't appear or if you have any questions, please call **1-888-322-5616** for help. TTY users, call **711**.

You can also call your provider's office and speak to the billing department. You can ask, **"Do you participate with the Medicare Advantage PPO plan offered by Blue Cross Blue Shield of Michigan?"**

Virtual care benefit

Virtual care is available through Teladoc Health®, an independent company and our plan-approved vendor. It's as simple as using your smartphone, tablet or computer anywhere in the U.S. to meet with:

- A provider for minor illnesses such as a cold, flu or sore throat when your primary care provider isn't available.
- A behavioral health professional or psychiatrist to help work through different challenges such as anxiety or grief.

Fast and convenient



Visit www.bcbsm.com/virtualcare.



Call **1-800-835-2362**, 24 hours a day, seven days a week, 365 days a year.

TTY users, call **1-855-636-1578**. Behavioral health services are available by appointment from 7 a.m. to 9 p.m. Eastern time, seven days a week.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Reach your health goals

The Blue Cross Health & Well-BeingSM website, powered by WebMD®, can help you start making the healthy lifestyle changes you'd like to see.

We offer six Digital Health Assistant programs available at no additional cost to you. They focus on a variety of health goals, including eating better, conquering stress, feeling happier and enjoying exercise. All tips come straight from WebMD's expert health coaches.

Set your goal, pick your level (easy, moderate or challenging) and then choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a Digital Health Assistant program, log in to or register for the members-only website at www.bcbsm.com/protectedplan, or open the Blue Cross mobile app, then click on *Health & Wellness*. From there, click on *My Health Assistant* under the *Healthy Living* tab.

WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing health and wellness services.



Part D prescription drug coverage tips

Check our formulary (a list of covered drugs)

Your Medicare Plus Blue Group PPO plan includes prescription drug coverage. Check your plan's drug list to see if your medication is covered and to see if there are any restrictions or limits on how your medication is covered, such as prior authorization. You can also refer to the formulary found at www.bcbsm.com/protectedplan or call Customer Service with questions.

Our drug list changes from year to year and during the current year as new drugs are approved, restricted or recalled by the government. Some changes are made to keep you safe or to keep the cost of your coverage down. We'll let you know if a drug you're prescribed is affected with a notice in a letter.

Call Optum Home Delivery



1-855-856-0537, 24 hours a day, seven days a week for mail-order support.

Optum Rx® is an independent company retained by Blue Cross Blue Shield of Michigan to provide prescription drug home delivery services to its Medicare Plus Blue Group PPO members.

A closer look at prior authorizations

Before getting certain treatments, your doctor will request prior authorization from our plan on your behalf. This helps ensure that the recommended treatment is safe, appropriate for your condition and follows guidelines based on the latest medical research.

How can you help the process?

- **Collaborate** with your doctor during your care. Be sure to tell your doctor about all earlier treatment because prior authorization requests require the provider to list other treatment you've had.
- **Ask your doctor** if the treatment requires prior authorization or call us before you get treatment. Services that need prior authorization are noted in the medical benefits chart included with your *Evidence of Coverage* booklet available online at www.bcbsm.com/protectedplan.

Here's how the process works:

First, a doctor sends a written request detailing the diagnosis and recommended treatment.

Then, we review the request and either:

- **Approve the request**, which means your plan will cover the treatment. Your out-of-pocket cost is determined by your plan benefits.
- **Approve the request on a trial basis**. We will cover part of the initial treatment to see if it produces the desired outcome. Additional medically necessary treatment may be covered once it is established that the initial treatment is producing positive results. Your out-of-pocket cost is determined by your plan benefits.
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines.
- **Deny the request**, which means your plan won't cover the treatment. We'll explain the reason for the denial to the provider and mail you a denial letter that explains your options, including how to appeal the denial. If a doctor provides a service requiring approval without a prior authorization, he or she is usually responsible for the cost. If your provider has told you a service wasn't approved, your provider may ask you to pay the full cost.

Trying a different drug first

This requirement encourages you to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement to try a different drug first is called **step therapy**.



Frequently asked questions

What's the difference between an annual wellness visit and an annual physical?

At an **annual wellness visit**, you will develop or update a personal prevention plan based on your current health and risk factors. It's for members who haven't received a *Welcome to Medicare* preventive visit or annual wellness visit within the past year. It's covered once every 12 months after your first 12 months of Part B coverage (you must wait 11 full months between each annual wellness visit).

At an **annual exam**, a primary care provider collects health information through an exam. It's covered once per calendar year and is more comprehensive than an annual wellness visit.

Services include:

- An age- and gender-appropriate physical examination, including vital signs and measurements
- Guidance, counseling and risk factor interventions
- Recommendations for immunizations, lab tests or diagnostic procedures

Each of these preventive visits has separate parameters defined by Medicare. There is no coinsurance, copayment or deductible for these preventive services. However, if your doctor provides services outside the scope of the set Medicare parameters, copayment or deductible may apply.

Why am I being charged an emergency room copay? I thought the copay was waived if I spent the night in the hospital.

Per Medicare guidelines:

- If you go to the emergency room and are admitted to the hospital as an inpatient, your ER copay is waived.
- If you go to the emergency room and are held in observation as an outpatient but not admitted, your ER copay is not waived.

Will I be billed for my colonoscopy?

A colonoscopy screening checks to see that you're healthy (no sign, symptom or disease present). There's no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam. If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam, however, you won't be charged additional out-of-pocket costs. If you receive other services or if additional conditions are discussed during the visit, your coinsurance and copay may apply.

Tap into your health care plan — anytime, anywhere

The Blue Cross mobile app helps you understand your health care plan and how it works. From deductible and claims to out-of-pocket costs, you'll have the information you need to manage your plan and to get the most from your coverage, wherever you go.



Find care in your network and check doctor and hospital quality.



Show your Blue Cross member ID card to your doctor's office staff so they have the information they need to look up your coverage.

Register for a Blue Cross Blue Shield of Michigan member account:

- Using the app
- At www.bcbsm.com/protectedplan
- By texting **REGISTER** to **222764**. *Message and data rates may apply.*

Download the **BCBSM** app today.



Blue Cross mobile app questions:

www.bcbsm.com/app

1-888-417-3479 TTY: **711**

8 a.m. to 8 p.m. Eastern time
Monday through Friday

Free SilverSneakers® fitness program

The SilverSneakers fitness program is an exercise and wellness program offered by Tivity Health that helps you live a healthy, active lifestyle through exercise and fitness communities nationwide. You'll have access to thousands of facilities across the country.

Find a participating fitness center:



www.silversneakers.com



1-866-584-7352

TTY users, call **711**

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

Monday through Friday

SilverSneakers app questions:

www.SilverSneakers.com/GO

Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan to offer fitness services to its members. Tivity Health, Inc. ©2023.

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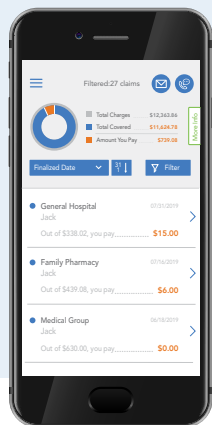
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Manage your costs with confidence

Informed decisions are confident decisions, especially when it comes to health care costs. That's where your Blue Cross online member account can help. When you log in, you'll see how much you'll pay at the doctor. You can also check that past charges are accurate, and more.

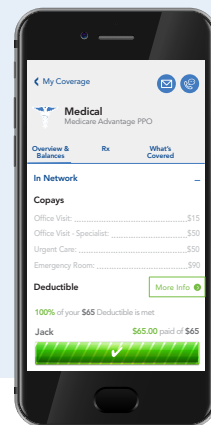
Review your claims and explanation of benefits

Claims and EOBs show you how much a provider charged for services and what portion we've paid. They also tell you what services you've already paid for and if your payment amount is correct.



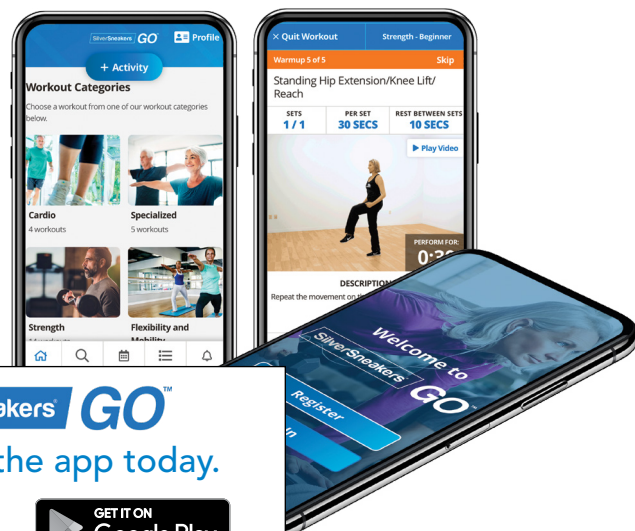
Know your out-of-pocket costs

Easily access these costs to let you know where you are regarding your out-of-pocket maximum.



Getting active is easy with SilverSneakers GO™, the first fitness app designed just for you

- Access workout programs that can be tailored to your fitness level.
- Learn new exercises with easy-to-follow videos.
- Choose between four- or 12-week programs including strength, walking and meditation.
- Modify exercises to make them easier or harder with just one click.
- Find everything you need in one place: your member ID, SilverSneakers locations and more.



SilverSneakers GO™
Download the app today.



Contact information

Customer Service for Medicare Plus Blue Group PPO Members

1-888-322-5616 TTY users, call **711**

8 a.m. to 7 p.m. Eastern time, Monday through Friday

www.bcbsm.com/protectedplan

Retiree Health Care Connect

1-866-637-7555

TTY users, call **711**

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

Monday through Friday

Durable medical equipment, diabetic supplies, prosthetics and orthotics

1-888-322-5616

TTY users, call **711**

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

Monday through Friday

TruHearing

1-844-394-5420

TTY users, call **711**

Prescription drug

Optum Home Delivery

1-855-856-0537

TTY users, call **711**

Open 24 hours a day, seven days a week
(except Thanksgiving and Christmas)

24-Hour Nurse Line

1-800-775-BLUE (2583)

TTY users, call **711**

24 hours a day, seven days a week

Behavioral health and substance use disorder care

1-888-803-4960

TTY users, call **711**

Routine issues: 8 a.m. to 5 p.m. Eastern time

Monday through Friday

Emergencies: 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.

