Blue Care Network

BCN Advantage℠ HMO-POS

2026
Plan Benefit Guide

UAW RETIREE Medical Benefits Trust

Blue Care Network is an HMO-POS plan with a Medicare contract. Enrollment in Blue Care Network depends on contract renewal.

Discover Blue Care Network and BCN Advantage HMO-POS

1 Look through your benefits.

2 Learn more by visiting **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.

Contents

See what comes standard

With Blue Care Network, you receive the high-quality medical benefits you expect from Michigan's leading health maintenance organization, including:

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 Blue Care Network authorizes use of out-of-network providers or when in-network services are unavailable.

- ✓ **$0 monthly contribution***
- ✓ **Low copays** for the services you need, such as primary care provider and specialist visits, and emergency and urgent care
- ✓ **In-network specialists visits** with no referrals needed within the Michigan service area
- ✓ **An extensive network** of primary care providers and specialists and most of the state's leading hospitals
- ✓ **Comprehensive preventive care,** including flu shots and other vaccines, routine physicals, mammograms, colonoscopies, lab work, allergy shots and more
- ✓ **Hearing exam and one hearing aid** covered in full every 36 months

Extras included: Programs, services and discounts

- ✓ **Online member account** that you activate to find and select your primary care provider, check your claims and coverage and see if your referrals and authorizations are approved. Your family members with Blue Care Network coverage can also activate their own personalized accounts.

  You can use MIBlue Virtual Assistant℠, an interactive, automated chat feature within your account, to help you find answers fast to questions about your plan.

  To activate your account, see Page 6.

- ✓ **24-Hour Nurse Line —** A registered nurse is available anytime to answer your questions about treating your symptoms or where to go for care.
- ✓ **Virtual Care —** Online medical and behavioral health services through your phone, tablet or computer from anywhere in the United States with Teladoc Health®.
- ✓ **Tobacco Coaching program —** Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program with on-platform coach messaging offered by Personify Health. This holistic, clinically sound, and whole person program addresses all factors surrounding tobacco use. Whether you're ready to set a quit date or not, call Personify Health at **1-833-380-8436** to enroll and schedule your first call. TTY users, call **711**.
- ✓ **Member discounts with Blue365® —** Get exclusive savings on fitness gear, cooking classes, gym memberships and more. Log in to your Blue Care Network member account for details on available discounts.
- ✓ **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 **bcbsglobalcore.com** for more information.

**BCN Advantage members you must continue to pay your Medicare Part B premium.*

Teladoc Health is an independent company that provides virtual care solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Personify Health is an independent company that provides health and well-being services for Blue Cross Blue Shield of Michigan and Blue Care Network.

Copays and/or deductibles may apply when using Blue Cross Blue Shield Global Core.

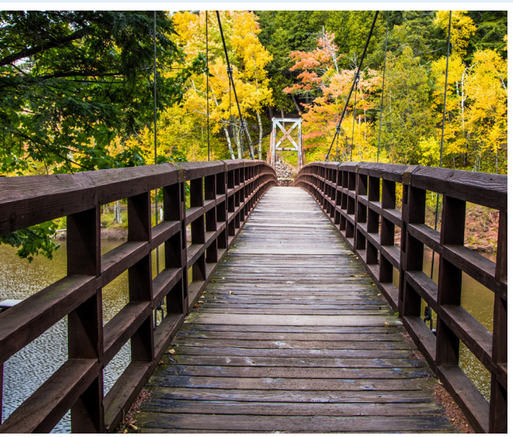
Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your benefits and are not covered under contracts or any other applicable federal health care program. For complete terms and conditions, see ***http://www.blue365deals.com/terms-use****.*

How to find a network provider

To find an in-network provider, visit **bcbsm.com/uawtrust** to get started. Once there, follow these steps:

1. Scroll down to *How can we help?*
2. Click on *Find a doctor*.
3. Click on *Choose a location* and follow the prompts.

You can choose a doctor by name or specialty or choose a hospital or clinic by name or type.



Selecting a primary care doctor for you and your family is an important decision. Primary care doctors are family or general practice doctors, internists and geriatricians. Your doctor is your partner in maintaining your good health and providing care for most of your basic health care needs, including:

- Regular checkups
- Health screenings and immunizations
- Treatment for illness or injury
- Treatment for chronic conditions like asthma and diabetes
- Coordination of specialty care, lab tests and hospitalizations

Everyone on your contract must have a primary care provider before using their available health care benefits. To choose or change your primary care provider, call us at **1-800-222-5992**.

Let us know who you select before your first visit with your new doctor. Maintaining a relationship with your primary care doctor is important because he or she may be able to see trends or symptoms you may not notice. Your doctor also knows your family history and risks. With routine tests, your doctor may be able to catch health concerns early.

Your primary care physician checklist

Use this checklist to help take you through the process of finding, making an appointment and interacting with your primary care physician.

1 Find a doctor:

- ☐ Visit **bcbsm.com/uawtrust,** and see the steps on the previous page to find a network provider.
- ☐ If you would prefer to have us help you find a network provider, call **1-800-222-5992** and speak to a representative.

2 Before you call your primary care physician:

- ☐ Write down questions and concerns. If you need pointers on the types of questions you should ask, call **1-800-222-5992** and we can help.
- ☐ Gather a list of current medication and immunization records.
- ☐ Have your Blue Care Network member ID card and photo ID or driver's license handy.

3 When calling, tell them:

- ☐ Your name and Blue Care Network member ID information.
- ☐ Reason you're seeing the doctor.
- ☐ Days and times that work for you.

Ask:

- ☐ For any forms that can be sent before your visit.
- ☐ What else you need to bring.

4 For your appointment:

Bring:

- ☐ Blue Care Network member ID card and photo ID.
- ☐ Any papers or forms sent ahead of time.
- ☐ Health information (medical records), including you and your family's health history.
- ☐ List of prescriptions, herbal remedies and over-the-counter medicines you're taking.
- ☐ Prescription refills you need.
- ☐ Someone to help you talk to your doctor, if needed.

5 After your appointment:

- ☐ Follow your doctor's advice.
- ☐ Schedule any follow-up appointments.
- ☐ Not comfortable with your doctor? Find a new one, if you need to.

Access your information, no matter where you are

Online member account

Blue Care Network can help you access your health plan information when you register for your member account and download the mobile app.

When you go digital, you'll have secure access to important details specific to your plan such as your health plan benefits, information from visits with your providers, and member discounts and well-being resources readily available.

To register for your account,

1. Visit **bcbsm.com/uawtrust**
2. Click *LOGIN*
3. Click *Register for a new account*

Take your plan information with you on our mobile app.

Download the BCBSM mobile app to access your health plan information, including a digital version of your member ID card, in one secure place.

- Search BCBSM in the App Store® or Google Play™.
- Once downloaded, log in with your online member account.

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.

Blue Care Network

2026 Benefits at a glance

Blue Care Network is open to non-Medicare Trust members residing in 26 counties.
You must receive routine care from network providers
(see Page 12 for service area map).

2026 Benefits at a glance

	You pay
	In network
Deductible	
Deductible per member per calendar year	$250 per member $500 per family **Protected member: $0**
Maximum out of pocket (for deductible and fixed-dollar copays)	Not applicable

Understanding important terms

Deductible — the amount you must pay toward covered medical services within a calendar year before the 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). Note that the copay does not go toward paying the deductible or out-of-pocket maximum. Copays are separate and continue even after your deductible is met.

In-network provider — a provider contracted with Blue Care Network. You must see an in-network provider to get your medical care and services.

Out-of-network provider — a provider who doesn't have a contract with Blue Care Network. If you see an out-of-network provider, you're responsible for the cost of all services.

Protected member — applies to all retirees who retired before Oct. 1, 1990, and all surviving spouses of retirees who retired before Oct. 1, 1999.

2026 Benefits at a glance

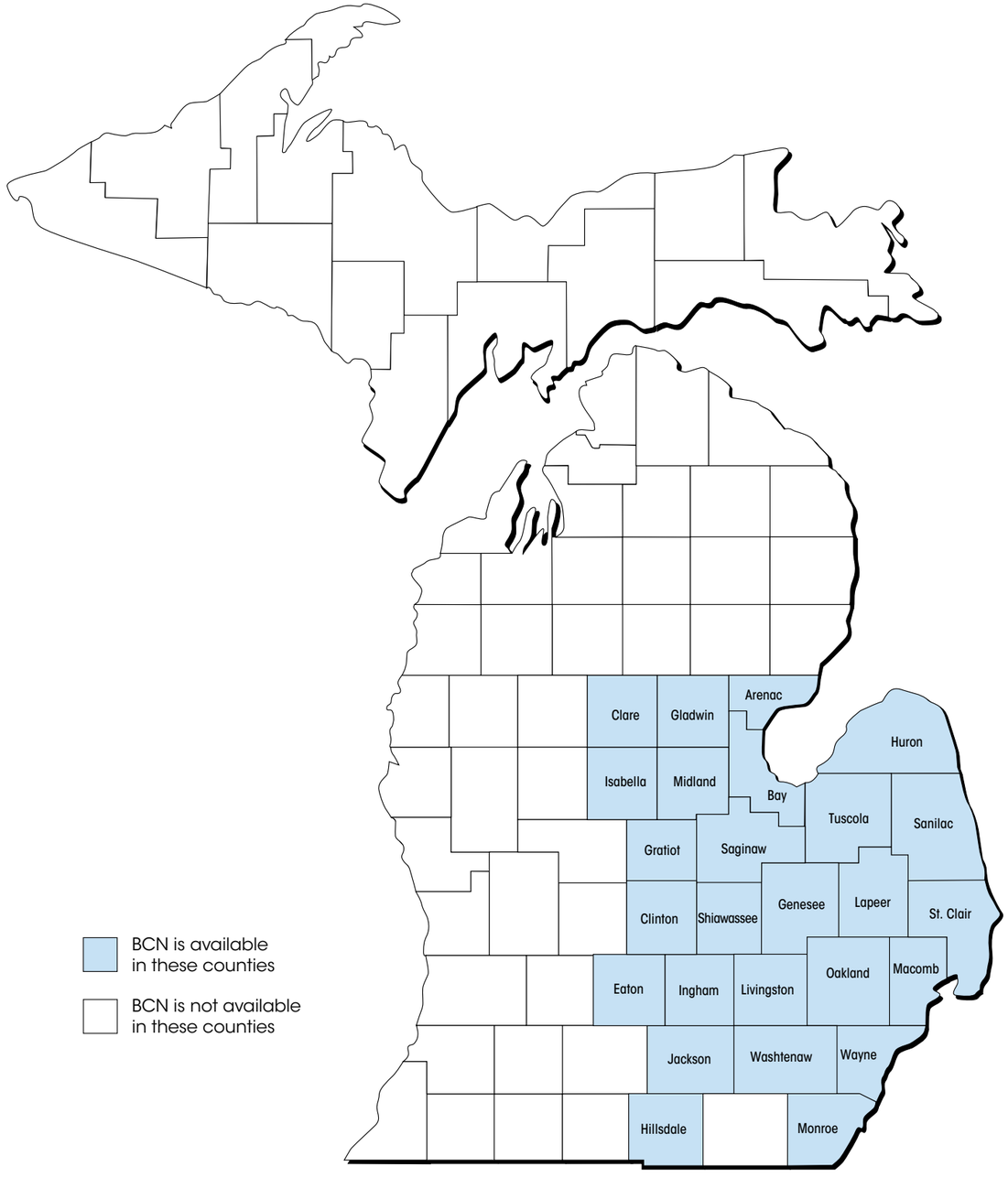
	You pay
	In network
Hospital services	
In-hospital physician care, general nursing care, surgery (including all related surgical services, anesthesia, lab, X-rays and drugs) unlimited number of days of care	Plan pays 100% after deductible
Outpatient facility services	Plan pays 100% after deductible
Delivery and well-baby care	Plan pays 100% after deductible
Skilled nursing and hospice care	
Skilled nursing facility Must be an approved facility. Preauthorization is required.	Plan pays 100% after deductible
Home health care Preauthorization may be required	Plan pays 100% after deductible
Hospice care Preauthorization may be required	Plan pays 100% after deductible
Physician office services	
Primary care office visit, including virtual visits with your own doctor	$15 copay per visit
Specialist office visit, including virtual visits with your own doctor	$25 copay per visit **Protected member: $15 copay per visit**
Teladoc Health Virtual Care virtual medical and behavioral health care services **bcbsm.com/virtualcare**	Plan pays 100%
Routine pediatric care	$15 copay per visit
Annual gynecological exam	$15 copay
Prenatal and postnatal care	$15 copay per visit

Questions? Call **1-800-222-5992**, 8:30 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users call **711**. Or visit us online at **bcbsm.com/uawtrust**.

	You pay
	In network
Preventive services	
Routine physical	$15 copay — Primary care $25 copay — Specialist **Protected member: $15 copay**
Immunizations — age and frequency limitations for selected medically recognized immunizations at a doctor's office, retail health center, and at a participating pharmacy	Plan pays 100% Office visit copay may apply
Mammogram — routine and high-risk mammogram screening in accordance with established guidelines — one routine exam per calendar year beginning at age 40. Under age 40, one per calendar year, if high-risk factors are present.	Plan pays 100%
Early detection screening tests — early detection screening for colon, rectal and lung cancers when performed in accordance with established guidelines. **Barium enema X-ray** — one every 5 years age 45 and over (or at any age if risk factors are present); or **Colonoscopy** — one per year, preventive or diagnostic; or **Sigmoidoscopy** — one every five years age 45 and over (or at any age if risk factors are present) **Fecal occult blood test** — one per calendar year beginning at age 45 **Fecal immunochemical test (FIT)** — one per calendar year beginning at age 45 **Lung cancer screening** — once per calendar year for enrollees age 50 and over who have a 20 pack per year smoking history	Plan pays 100%
Pap smear screening — one per calendar year	Plan pays 100%
Prostate-specific antigen screening Screening test for asymptomatic males age 40 and older when performed in accordance with established guidelines — one per calendar year.	Plan pays 100%

	You pay
	In network
Emergency medical care	
Hospital emergency room (copay waived if admitted)	$125 copay per visit **Chrysler and GM Protected member: $100 copay per visit** **Ford Protected member: $0 copay per visit**
Urgent care/retail health clinic	$40 copay per visit **Ford Protected member: $0 copay per visit**
Ambulance services ground and air	Plan pays 100% after deductible
Diagnostic services	
Laboratory tests	Plan pays 100%
Diagnostic X-rays	Plan pays 100% after deductible
Radiation therapy	Plan pays 100% after deductible
Behavioral health and substance use disorder treatment	
Inpatient behavioral health and substance use disorder treatment	Plan pays 100%
Outpatient behavioral health treatment, including virtual or in-person visits with any provider Prior authorization not required for routine visits.	Plan pays 100%
Outpatient substance use disorder treatment, including virtual or in-person visits with any provider	Plan pays 100%
Other services	
Diabetic monitoring supplies, including continuous glucose monitors (CGM)	Plan pays 100%
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%
Allergy testing	Plan pays 100% after deductible
Allergy injections	Plan pays 100% office visit copay may apply
Chiropractic spinal manipulation	$20 copay per visit
Physical therapy, Occupational therapy and speech therapy in a facility 60 treatments per condition per year.	Plan pays 100%
Physical therapy and speech therapy in home	Plan pays 100%
Hearing exam and 1 hearing aid	Plan pays 100% every 36 months (two hearing aids are covered in full if member is 19 or younger)

2026 Blue Care Network service area



Are you ready for Medicare?

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**.

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, the choice is yours. 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**. If you change your mind after joining BCN Advantage, you can still change to another qualified plan.

Important: The Centers for Medicare and Medicaid Services only allows you to be enrolled in one Medicare Advantage plan at a time. If you're currently enrolled in a Medicare Advantage plan and you enroll in second one, you'll lose your first Medicare Advantage plan coverage.

BCN Advantage℠ HMO-POS

2026 Benefits at a glance

The UAW Trust offers BCN Advantage HMO-POS as one of the Medicare Advantage health plans for consideration by its Medicare-eligible members residing in 68 counties. You must receive routine care from network providers (see Page 22 for service area map).

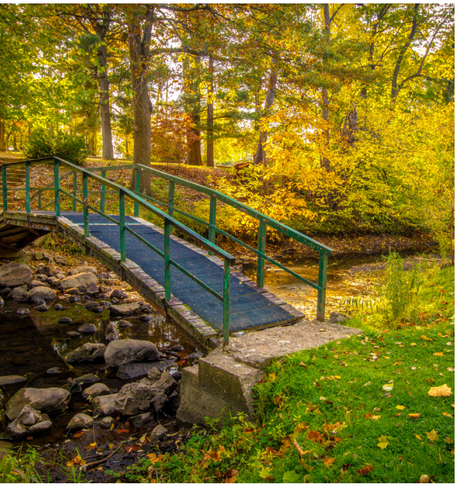
Parts of Medicare

Part A helps cover an inpatient stay at the hospital, skilled nursing facility, hospice and home health care. No premium for people who have worked for at least 10 years or 40 quarters.

Part B covers the cost of doctor visits, behavioral health care, outpatient services, lab tests, durable medical equipment and Part B drugs. Has a monthly premium based on your income and will be determined at the time of your enrollment.

Part C Medicare Advantage plans combine all Original Medicare benefits, rights and protections. They also include extra benefits, such as fitness programs and care support programs. When enrolled in the Medicare Advantage plan, you still need to pay your Part B premium.

Part D* is prescription drug coverage. It's administered by private insurance companies that follow rules set by Medicare.



**Prescription drug coverage for BCN Advantage is provided separately through your UAW Trust membership.*

Medicare Advantage gives you more

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.

Exceptional health and wellness support, including **MyBlue℠ 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

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 **bcbsm.com/uawtrust/resources/home-visits**, 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 **silversneakers.com** or call **1-866-584-7352** Monday through Friday from 8 a.m. to 8 p.m. TTY users, call **711**.

Signify Health is an independent corporation retained by Blue Care Network to provide health and well-being services to its BCN Advantage HMO-POS members.

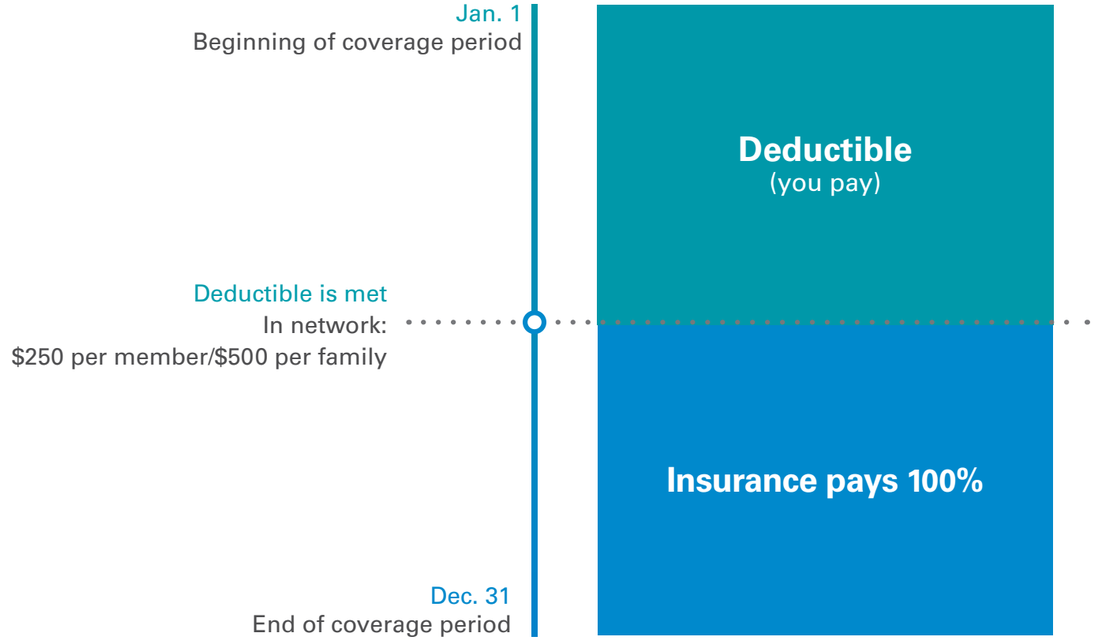
2026 Benefits at a glance

Deductible, copayments and dollar maximums	
Deductible	$250 per member $500 per family **Protected member: $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 Oct. 1, 1990, and all surviving spouses of retirees who retired before Oct. 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 maximum — the most you will pay in deductibles and fixed-dollar copays during the year.

Protected member — applies to all retirees who retired before Oct. 1, 1990, and all surviving spouses of retirees who retired before Oct. 1, 1999.

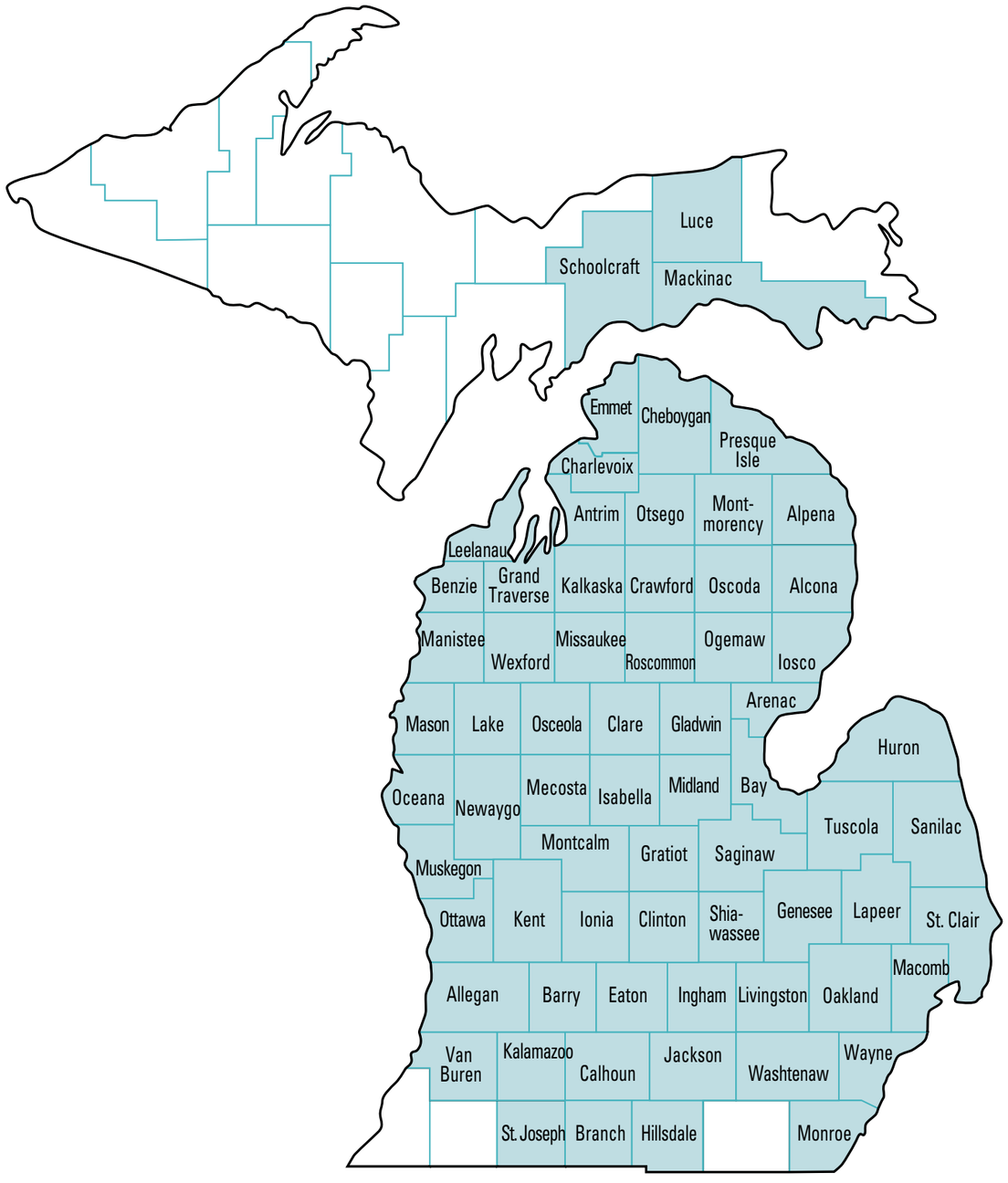
2026 Benefits at a glance

	You pay In network
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
Skilled nursing and hospice care	
Skilled nursing care in a Medicare-certified facility	Plan pays 100% after deductible
Home health care	Plan pays 100% after deductible
Hospice care	Covered by Original Medicare through Medicare-certified hospice programs
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
Teladoc Health Virtual Care virtual medical and behavioral health care services **bcbsm.com/virtualcare**	Plan pays 100%
Specialist visits including virtual visits with your own doctor	$25 copay per visit; **Protected member: $15 copay per visit**
Preventive services	
Annual wellness visit	Plan pays 100%
Immunizations at any facility	Plan pays 100%; Office visit copay may apply
Nutritional therapy End Stage Renal Disease, Diabetes	Plan pays 100%
Colonoscopy, one per year, preventive or diagnostic	Plan pays 100%
Diabetes self-management training	Plan pays 100%
Prostate specific antigen screening — laboratory services only	Plan pays 100%
Annual gynecological exam	Plan pays 100%
Pap smear screening – laboratory services only	Plan pays 100%
Mammography screening	Plan pays 100%
Emergency medical care	
Urgent care/retail health clinic	$15 copay per visit; **Ford Protected member: $0 copay per visit**

2026 Benefits at a glance

	You pay In network
Emergency medical care *continued*	
Hospital emergency room – copay waived if admitted; inpatient hospital benefits apply	$50 copay per visit; **Ford Protected member: $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
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 or in-person visits with any provider	Plan pays 100%, unlimited visits
Outpatient substance use care including virtual or in-person visits with any provider	Plan pays 100%, unlimited visits
Other services	
Acupuncture (for chronic lower back pain only) - 20 visits per year	$20 copay per visit
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
Diabetic monitoring supplies, including continuous glucose monitors (CGM)	Plan pays 100%
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%
Hearing aid – hearing aid and hearing examination covered once every 36 months	Plan pays 100% — One (1) standard hearing aid; office visit copay may apply for examination; binaural hearing aids every 36 months if younger than age 19
Outpatient physical and speech therapy in home	Plan pays 100%
Outpatient, physical, occupational and speech therapy in a facility	Plan pays 100%

2026 BCN Advantage HMO-POS 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.

Discrimination is against the law

Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan, Blue Care Network and our vendors:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 1-877-469-2583 or, if you're 65 or older, call 1-888-563-3307, TTY: 711.

Here's how you can file a civil rights complaint

If you believe that Blue Cross Blue Shield of Michigan, Blue Care Network or our vendors 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 in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
Email: CivilRights@bcbsm.com

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 & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW, Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD: 1-800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/.

Notice of Availability

English: Call 1-800-222-5992 to connect with a complimentary interpreter who speaks English or to receive additional support you may need.

Spanish: Llame al 1-800-222-5992 para conectarse de forma gratuita con un intérprete que hable español o para recibir apoyo adicional que pueda necesitar.

Arabic: اتصل على **1-800-222-5992** للتواصل مع مترجم مجاني يتحدث اللغة العربية أو لتلقي المزيد من الدعم الذي قد تحتاجه.

Chinese Mandarin: 拨打1-800-222-5992联系一位会说普通话的免费翻译，或获取您可能需要的其他支持。

Albanian: Telefononi në numrin 1-800-222-5992 për t'u lidhur me një interpret pa pagesë që flet shqip ose për të marrë mbështetje shtesë që mund t'ju nevojitet.

German: Rufen Sie 1-800-222-5992 an, um einen kostenlosen Dolmetscher zu finden, der Deutsch spricht, oder um weitere Unterstützung zu erhalten.

Amharic: አማርኛ ከሚናገር ነጻ ተርጓሚ ጋር ለመገናኘት ወይም ሊያስፈልግዎ የሚችል ተጨማሪ ድጋፍ ለማግኘት 1-800-222-5992 ላይ ይደውሉ።

Bengali: বিনামূল্যে বাংলা ভাষায় কথা বলতে পারেন এমন একজন সহায়ক দোভাষীর সাথে যোগাযোগ করতে অথবা আপনার প্রয়োজনীয় অতিরিক্ত সহায়তা পেতে 1-**800-222-5992** নম্বরে কল করুন।

French: Appelez le 1-800-222-5992 pour entrer en contact avec un interprète gratuit qui parle français ou pour bénéficier d'un soutien supplémentaire dont vous pourriez avoir besoin.

Hindi: किसी ऐसे मानार्थ (कंप्लीमेंटरी) दुभाषिए से संपर्क करने के लिए जो हिंदी बोलता हो या ऐसी अतिरिक्त सहायता प्राप्त करने के लिए जिसकी आपको आवश्यकता हो सकती है, 1-800-222-5992 पर कॉल करें।

Korean: 한국어 무료 통역사와 연결하시거나 필요한 추가 지원을 받으시려면 1-800-222-5992로 전화해 주십시오.

Polish: Zadzwoń pod numer 1-800-222-5992, aby połączyć się z nieodpłatnym tłumaczem posługującym się językiem polskim lub aby – w razie potrzeby – uzyskać dodatkową pomoc.

Telugu: తెలుగు మాట్లాడే ఉచిత ఇంటర్‌ప్రెటీటర్‌తో కనెక్ట్ కావడానికి లేదా మీకు అవసరం కాగల అదనపు మద్దతును పొందడానికి 1-800-222-5992 కు కాల్ చేయండి.

Vietnamese: Xin gọi 1-800-222-5992 để kết nối với một thông dịch viên tiếng Việt miễn phí hoặc để được hỗ trợ thêm nếu quý vị cần.

Pennsylvania Dutch: Call 1-800-222-5992 fer schwetze mit en Interpreter as Deitsch schwetzt odder fer ennichi Hilf griege as du brauchscht. Des zellt dich nix koschde.

Tagalog: Tumawag sa 1-800-222-5992 upang kumonekta sa isang walang bayad na interpreter na nagsasalita ng Tagalog o upang makatanggap ng karagdagang suporta na maaaring kailanganin mo.

Contact information

Enrollment questions

1-877-396-1893
8 a.m. to 5 p.m. Eastern time
Monday through Friday
TTY users, call **711**
bcbsm.com/uawtrust

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**

Behavioral health and substance use disorder

BCN members: 1-800-482-5982
BCNA members: 1-800-431-1059
8 a.m. to 5 p.m. Eastern time
Monday through Friday
TTY users, call **711**
*If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

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**

Blue Cross Global Core

1-800-810-2583
or call collect at **1-804-673-1177**
bcbsglobalcore.com

Current 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**.

Blue Care Network of Michigan

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UAW RETIREE Medical Benefits Trust

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