

Medicare Plus BlueSM PPO



2026 Plan Benefit Guide

For Medicare-eligible
UAW Trust members



Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.

Get more from Medicare with Medicare Plus Blue

Medicare Plus Blue is the Medicare Advantage PPO plan from Blue Cross Blue Shield of Michigan, offered to UAW Retiree Medical Benefits Trust members. This type of plan — otherwise known as Medicare Part C — combines all the benefits of Medicare Part A and Part B, plus extra benefits and services not included in Original Medicare.

Your Blue Cross member ID card is used for all your medical benefits.

With **Medicare Plus Blue**, you have access to thousands of network doctors, hundreds of hospitals, wellness and preventive services throughout the U.S., and access to urgent and emergency care worldwide. And it's all from Blue Cross — the company you know and trust.

Eligibility

You're eligible for this plan if the following conditions are met:

- You are a UAW Retiree Medical Benefits Trust member
- You're enrolled in Medicare Part A and Part B*
- Your permanent address is in Michigan, Alabama, Florida or Indiana

Important: Medicare guidelines only allow you to be enrolled in one Medicare Advantage plan at a time. If you are already enrolled in a Medicare Advantage plan through the UAW Trust and you enroll in an individual or non-Trust Medicare Advantage plan, you will be disenrolled from the Trust Medicare Advantage plan.

**You must continue to pay your monthly Part B premium.*



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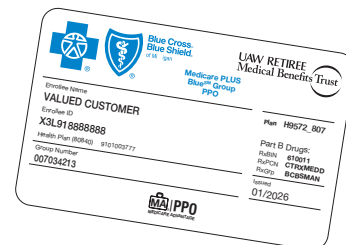
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Extras you'll enjoy



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



SilverSneakers fitness program: Use your Blue Cross member ID to access your fitness center benefit with SilverSneakers®. Explore their other program options, such as virtual classes and workshops.



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



24-Hour Nurse Line: Talk to a nurse 24/7 about a minor illness or injury, symptoms or an upcoming procedure.



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



Blue 365®: Access to health and wellness discounts on fitness products, healthy eating and more in your member account.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2025 Tivity Health, Inc. All rights reserved. Tivity Health is an independent corporation retained by Blue Cross Blue Shield of Michigan to provide health and fitness services to its Medicare Plus Blue PPO members.

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



Care support programs: Our case management program is here for you when you live with a chronic condition. This team of registered nurses, social workers and physician consultants will work with you, your family and your doctor to improve your activities of daily living.

This team will provide:

- Training on your condition
- Coordination of care with your doctors
- Health coaching
- Information on advance directives

For more information, call **1-800-775-2583** from 8 a.m. to 5 p.m. Eastern time Monday through Friday, TTY users, call **711**.



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

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

Your Blue Cross member account is where you are

You can access your health plan information wherever you are 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 readily available.

To register for your account,

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

To download the BCBSM mobile app

- 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 LLC.



The 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 — It 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 a 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.

You'll still pay your Part B premium when enrolled in a Medicare Advantage plan.

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

Enrolling in Medicare

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

Enrolling in Medicare Part A and Part B is easy. Just reach out to the Social Security Administration:

By phone at **1-800-772-1213**. TTY users, call **1-800-325-0778**.

Apply online at the official website: **ssa.gov/medicare/sign-up**

Or visit your local Social Security office.

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

2026 Frequently used benefits and out-of-pocket costs



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



Understanding important 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 will pay in deductible and coinsurance during the year

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

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

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

Out of network — A provider who is not contracted to be a part of the Medicare Plus Blue PPO network

Preferred Provider Organization, or PPO — Allows services to be performed by in- or out-of-network providers. Although you may use any provider in or out of network, your out-of-pocket expenses will be less when you use an in-network provider. If you go outside of the network, you will pay more for services.

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

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

2026 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Hospital services		
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, respiratory and pulmonary therapy	Plan pays 100%	30% coinsurance after deductible
Laboratory and pathology tests	Plan pays 100%	Plan pays 100%
Diagnostic procedures and tests, including X-rays	Plan pays 100%	30% coinsurance after deductible



Physician office services		
Primary care provider office visits, including virtual visits with your own doctor	Plan pays 100%	50% coinsurance after deductible
Specialist visits, including virtual visits with your own doctor	\$10 copay Protected member: Plan pays 100%	50% coinsurance after deductible
Virtual medical and behavioral health care services through Teladoc Health	Plan pays 100%	Not applicable
Acupuncture (for chronic low back pain only) — 20 visits per year	\$20 copay Protected member: Plan pays 100%	
Chiropractic spinal manipulations	\$20 copay Protected member: Plan pays 100%	50% coinsurance after deductible
Foot care, including nail clipping, removal of corns, bunions and callouses: up to six visits per year	\$10 copay Protected member: Plan pays 100%	50% coinsurance after deductible



Preventive services	
Annual wellness visit	Plan pays 100% of the approved amount
Immunizations at any facility	Plan pays 100% Office visit copay may apply
Colonoscopy, one per year, preventive or diagnostic	Plan pays 100%
Mammography screening	Plan pays 100% of the approved amount
Prostate screening – prostate specific antigen (PSA) test	Plan pays 100% of the approved amount
Refer to your <i>Evidence of Coverage</i> for a complete list of covered services	

Please refer to Page 5 for the definition of Protected member.

2026 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Emergency medical care		
Ambulance services — medically necessary	Plan pays 100%	
Urgent care/retail health clinics	\$15 copay	
Emergency care — copay waived if admitted <i>Inpatient hospital benefits apply, if admitted</i>	\$50 copay	
Worldwide emergency coverage — outside of the U.S. and its territories	20% coinsurance after deductible up to \$25,000 or 60 consecutive days, whichever is reached first	



Skilled nursing and hospice care		
Skilled nursing care (in a Medicare-certified skilled nursing facility)	Plan pays 100%	30% coinsurance after deductible
Hospice care Levels 1-4 Prior authorization required	Covered by Original Medicare through Medicare-certified hospice programs	
Hospice care Level 5 (room and board) 210 day lifetime maximum	Plan pays 100%	
Home health care	Plan pays 100%	



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

Questions? Call **1-877-336-0377** from 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](https://www.bcbsm.com/uawtrust).

If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network	Out of network
 Other services		
Allergy testing	Plan pays 100% Office visit copay may apply	30% coinsurance after deductible
Allergy injections	Plan pays 100% Office visit copay may apply	30% coinsurance after deductible
Outpatient physical and speech therapy	Plan pays 100% in an outpatient facility and/or in-home setting	30% coinsurance after deductible in an outpatient facility only
Outpatient occupational therapy	Plan pays 100%	30% coinsurance after deductible
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%	
Diabetic monitoring supplies, including continuous glucose monitors	Plan pays 100%	
Wigs for hair loss due to medical condition or treatment	Plan pays 100% up to \$250 annual maximum	

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





To enroll in Medicare Plus Blue, call Retiree Health Care Connect: 1-866-637-7555
from 8:30 a.m. to 4:30 p.m. Eastern time Monday through Friday. TTY users, call 711.

Here's what happens next

- 1 The UAW Trust notifies us of your plan selection.**
- 2 Look for your member ID card and welcome packet.**
You'll receive your new Medicare Plus Blue member ID card and a welcome letter one to two weeks before your coverage effective date.
- 3 Begin enjoying the confidence of being covered by Medicare Plus Blue.**
Begin using your new Medicare Plus Blue member ID card on the date your coverage starts.

Discrimination is against the law

Blue Cross Blue Shield of Michigan, 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 1-888-322-5616 to connect with a complimentary interpreter who speaks English or to receive additional support you may need.

Spanish: Llame al 1-888-322-5616 para conectarse de forma gratuita con un intérprete que hable español o para recibir apoyo adicional que pueda necesitar.

Arabic: اتصل على 1-888-322-5616 للتواصل مع مترجم مجاني يتحدث اللغة العربية أو لتلقي المزيد من الدعم الذي قد تحتاجه.

Chinese Mandarin: 拨打1-888-322-5616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 1-888-322-5616 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 1-888-322-5616 an, um einen kostenlosen Dolmetscher zu finden, der Deutsch spricht, oder um weitere Unterstützung zu erhalten.

Amharic: አማርኛ ከአማርኛ ገጽ ተረጓግጦ ስለሚገኝ ወይም ሊያስፈልግዎ የሚችል ተጨማሪ ድጋፍ ለማግኘት 1-888-322-5616 ላይ ይደውሉ።

Bengali: বিনামূল্যে বাংলা ভাষায় কথা বলতে পারেন এমন একজন সহায়ক দোভাষীর সাথে যোগাযোগ করতে অথবা আপনার প্রয়োজনীয় অতিরিক্ত সহায়তা পেতে 1-888-322-5616 নম্বরে কল করুন।

French: Appelez le 1-888-322-5616 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, 1-888-322-5616 पर कॉल करें।

Korean: 한국어 무료 통역사와 연결하시거나 필요한 추가 지원을 받으시려면 1-888-322-5616로 전화해 주십시오.

Polish: Zadzwoń pod numer 1-888-322-5616, aby połączyć się z nieodpłatnym tłumaczem posługującym się językiem polskim lub aby – w razie potrzeby – uzyskać dodatkową pomoc.

Telugu: తెలుగు మాట్లాడే ఉచిత ఇంటర్ప్రెటర్తో కనెక్ట్ కావడానికి లేదా మీకు అవసరం కాగల అదనపు మద్దతును పొందడానికి 1-888-322-5616 కు కాల్ చేయండి.

Vietnamese: Xin gọi 1-888-322-5616 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 1-888-322-5616 fer schwetze mit en Interpreter as Deitsch schwetzt odder fer ennichi Hilf griege as du brauchsch. Des zellt dich nix koschde.

Tagalog: Tumawag sa 1-888-322-5616 upang kumonekta sa isang walang bayad na interpreter na nagsasalita ng Tagalog o upang makatanggap ng karagdagang suporta na maaaring kailanganin mo.

Contact information

Retiree Health Care Connect

1-866-637-7555

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

Monday through Friday

TTY users, call **711**

SilverSneakers

1-866-584-7352

TTY users, call **711**

silversneakers.com

TruHearing

1-844-394-5420

truhearing.com

Pre-enrollment questions

1-877-336-0377

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

Monday through Friday

TTY users, call **711**

bcbsm.com/uawtrust

Blue Cross Global Core

1-800-810-2583

or call collect at **1-804-673-1177**

bcbsglobalcore.com

Current Medicare Plus Blue members

Customer Service: **1-888-322-5616**

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

Monday through Friday

TTY users, call **711**

Behavioral health and substance use disorders

1-888-803-4960

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

Monday through Saturday

TTY users, call **711**

If you or someone you know is experiencing an immediate mental health crisis, call the Suicide and Crisis Lifeline at **988**.

Medicare PLUS BlueSM Group PPO



Blue Cross
Blue Shield
of Michigan

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

UAW RETIREE
Medical Benefits Trust



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