

BCN AdvantageSM HMO-POS

Our website is bcbsm.com/uawtrust.



2026 Resource Guide

For UAW Trust Medicare-Eligible Members



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

Welcome to your HMO-POS plan

We cover everything that Original Medicare does, plus more, all in one plan. Health maintenance organizations provide personalized care coordinated by a primary care provider you select from our network of providers.

Your primary care provider is the best resource for coordinating your care and can help you find an in-network specialist. However, BCN Advantage doesn't require a referral for you to make an appointment with an in-network specialist. Some in-network specialists may still need to confirm with your primary care provider that you need specialty care.

Our plan gives you access to a network of thousands of doctors and specialists. These providers accept our payment and the share of the costs that you pay as payment in full.

Preventive care is the foundation of our coverage because it's easier to stay healthy than it is to get healthy. Of course, we also help manage sudden and ongoing medical conditions to help you feel your best.

Personal concierge service

Health care can be complicated. BCN Advantage's concierge program provides personalized service to help you make the most of your coverage.

Your concierge coordinator can:

- Explain your plan details
- Answer benefit questions
- Help you find a provider
- Discuss preventive services
- Provide timely reminders for upcoming appointments and screenings
- Connect you to community resources
- Reach out to your doctor's office to set up appointments or answer questions

You'll hear from your personal concierge coordinator on a regular basis, usually once a month or so. The coordinator plans each phone call based on your questions and personal concerns.



We value your participation and strive to do our best to serve you. You might be wondering what you should do to make the most of your coverage this year. Here's an easy guide so you can start taking advantage of the benefits of BCN Advantage.

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Welcome! Get started

Wondering what to do next to make the most of your coverage? These helpful charts show you how to begin taking advantage of the benefits of BCN Advantage.

Steps you can take to get started with your HMO-POS plan

	By mail	By phone	By mobile device	By computer or tablet	By BCBSM mobile app
Sign up for your secure member account at bcbsm.com/register .			✓	✓	✓
Download our BCBSM mobile app.			✓		
Find a provider.		✓	✓	✓	✓
Take your health assessment.	✓		✓	✓	✓
Make an appointment for your "Welcome to Medicare" preventive visit or annual wellness visit with your primary doctor.		✓			
Sign up in your member account to receive plan documents and other special program information by email.			✓	✓	✓

What you'll receive now that you're a member

	In the mail	By email**	By phone call	In your online member account	In the BCBSM mobile app
Blue Care Network member ID card	✓				✓
Welcome call			✓		
Evidence of Coverage*	✓			✓	✓
Explanation of Benefits statements	✓	✓		✓	✓
Special program information	✓	✓	✓		
Member surveys (Your opinion matters!)	✓	✓			

*Evidence of Coverage sent in the mail upon request.

**When you register for your secure, online member account and provide your email address.



Sign up for your secure online member account

One perk of being a BCN Advantage member is our members-only website. Our online tools make it easy to manage your account and stay informed about your benefits. With your secure member account, you can:

- Keep track of your deductible and out-of-pocket maximum.
- View plan details and track claims.
- Find a doctor.
- Take your health assessment.
- Access a library of helpful health information.
- Select the paperless plan document option.

To register for your online member account:



- Visit our website at bcbsm.com/register or scan the QR code.
- Click *Register Now*.
- Answer a few simple questions and start using your member account — have your BCN Advantage member ID card handy.

Download our mobile app

Once you've registered for your online member account, download the mobile app at the Apple® App Store or the Google Play™ store on your smart phone (requires an online member account to use the mobile app). You'll get instant access to your member ID card, Explanation of Benefits statements, plan information and more.

To download the app:

- Open Apple® App Store or the Google Play™ store.
- Search for "BCBSM."
- Click download.

Or, text APP to 222764.

If you text us, we'll send you a link to download the app. Message and data rates may apply. Visit bcbsm.com/app for our *Terms and Conditions of Use and Privacy Practices*.

For help downloading or using the mobile app, visit bcbsm.com/app or call us at **1-888-417-3479** Monday through Friday from 8 a.m. to 8 p.m. Eastern time. TTY users, call **711**.



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Ready to help

Our commitment 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

Good to know: The Centers for Disease Control and Prevention recommend getting your flu vaccine in October before the flu season begins 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

Medicare Diabetes Prevention is a structured program focusing on practical training in healthy diet, increased physical activity and problem-solving strategies to help members prevent a Type 2 diabetes diagnosis.

To participate in this no-cost program, you must be a member who hasn’t been diagnosed with Type 2 diabetes, end-stage renal disease and have an body mass index, or BMI, greater than 25.

To find out if you would benefit from this program, talk to your health care provider or call Customer Service at **1-800-222-5992** Monday through Friday from 8 a.m. to 5:30 p.m. Eastern time. TTY users, call **711**.

Maintaining your 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. We also offer help to those struggling with substance use disorder. Call us to discuss your needs and arrange for services.

1-800-431-1059 Monday through Friday from 8 a.m. to 5 p.m. Eastern time. 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**.

Quit tobacco for good

Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program 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, enroll and schedule your first call. Call Personify Health at **1-888-573-3113** for enrollment assistance. TTY users, call **711**. Member services support by phone, chat and email is available Monday through Friday from 8 a.m. to 9 p.m. Eastern time. Health coaches are available Monday through Thursday, 8 a.m. to 11 p.m. Friday, 8 a.m. to 7 p.m. Saturday: 9 a.m. to 3 p.m. All hours are Eastern time.



Blue Cross Coordinated CareSM

We understand the journey to better health is personal and, at times, overwhelming. Blue Cross Coordinated Care includes a dedicated care team to **support** you and **connect** you with the right care at the right time.

If you’ve been diagnosed with a **serious illness**, you can count on our dedicated nurse care managers to work with your health care provider to help you and your loved ones:

- Understand your medical condition.
- Connect with community resources.
- Coordinate care.
- Obtain equipment and medical supplies.

Review treatment options.

We offer care management services based on your medical claims or when your provider refers you for assistance. In some cases, we work with independent companies to provide services on our behalf.

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.

For a **chronic condition**, our nurse care managers help you develop skills to manage it, so you feel more in control. Your nurse care manager will help you enroll in a care plan and set goals to improve your health.


The program is completely confidential and available at no cost.


Call **1-800-392-4247** Monday through Friday from 8 a.m. to 6 p.m. Eastern time. TTY users, call **711**.


Personify Health is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing 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. It’s important to think about what kind of care best fits your needs.


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24-Hour Nurse Line
There’s no cost when you call **1-855-624-5214**. TTY users, call **711**. This is a good option when you have questions about a minor illness or injury.
- 

Primary care physician
Call your doctor first when you’re not feeling well. He or she knows you best and understands your health history. Copay may apply.
- 

Virtual care visits
Virtual care is available through Teladoc Health®, an independent company. 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.

Visit 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 seven days a week from 7 a.m. to 9 p.m. Eastern time.
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Retail health clinics
Get quick, in-person evaluation and treatment for minor illnesses and injuries on a walk-in basis at select drug store chains. Copay may apply.
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Urgent care
Get non-emergency, in-person care for conditions such as:

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

Copay may apply.
- 

Emergency room
Visit the emergency room for serious or life-threatening illnesses or injuries. Copay may apply.

Emergency rooms cost more because they are equipped to handle trauma and life-threatening situations.

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

Take an active role in your care

Your plan completely covers more than 20 preventive care-related services including flu and pneumonia vaccines, mammograms and colorectal cancer screenings. Ask your doctor which preventive services are 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.



You’re a key player on your health care team. 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.

Journeys

Journeys, powered by Personify™ Health, can help you start making the healthy lifestyle changes you’d like to see.

We offer personalized digital coaching programs 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 Personify Health’s expert health coaches.

Choose from more than 400 activities that appeal to your lifestyle, interests and schedule.

To learn more or to start working on a program, log in to or register for the members-only website at bcbsm.com/uawtrust, or open the BCBSM mobile app. Then select *Wellness* under the *Programs & Services* tab. Scroll down to *Blue Cross Well-Being* and click or tap *Go to Blue Cross Well-Being*.

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 noon 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 bluecrossvirtualwellbeing.com.

Personify Health is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing well-being services.

Talk to your doctor

Topic	Speak up	Good to know	Ask your doctor	Get specific
Physical and mental health	Talk to your doctor about concerning physical or mental limitations.	If you physically or mentally don’t feel your best, there are ways to manage it.	Should you change your daily activities or add new ones?	What type of support programs are right for your overall well-being?
Cardiovascular screenings	Get your blood pressure checked during each health care visit.	Talk to your doctor about your weight, waist circumference and your body mass index.	Request any cholesterol screenings you may need.	Discuss smoking, physical activity and your diet.
Fall prevention	If you’ve fallen, make sure to call your doctor. 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.

Find more information at bcbsm.com/agehealthy.

Finding care

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

1. Scroll down and click *Find a Doctor*.
2. Follow the prompts on the page to search for an in-network doctor, hospital or clinic by name or specialty.

If you have trouble locating your provider, if your doctor’s name doesn’t appear or if you have any questions, call **1-800-222-5992** 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 HMO plan offered by Blue Care Network?”**



Make sure you’re up to date on screenings

Ask your doctor if you need to schedule any of these 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 are at risk	To help prevent 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

In-Home Visits with Signify Health

We work 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 professional, all in the privacy of your 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** Monday through Friday from 8 a.m. to 8 p.m. Eastern time. TTY users, call **711**. You can also visit bcbsm.com/uawtrust/resources/home-visits/.

Signify Health is an independent corporation retained by Blue Cross Blue Shield of Michigan and Blue Care Network to provide health and well-being services to select BCN Advantage 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 bcbsm.com/uawtrust.

Here’s how the process works:

First, a doctor sends a written request to Blue Care Network 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;
- **Ask for more information** from your doctor to document medical necessity based on Medicare-approved clinical guidelines; or
- **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.



Your Explanation of Benefits has important information



What is an Explanation of Benefits, or EOB?

An EOB is a breakdown of the costs of your services, including what your insurance paid and what you may owe. An EOB is not a bill.

What am I supposed to do with an EOB?

Compare it to your medical bills. If a bill from your provider doesn't match your EOB and benefits, call us.

What if my medical bill doesn't show any insurance payments?

If you receive a medical bill for covered services that doesn't show any BCN Advantage payments and you never received an EOB, ask your provider to file an insurance claim. Wait to pay until you have a bill showing that we paid our share of the cost.

When should I pay my medical bills?

Your doctors may charge you a copay at the time of service or bill you later. You can wait to pay medical bills you receive in the mail until you receive an EOB that shows your share of the costs.

How often will I get an EOB?

We send EOBs monthly, when you've used your benefits. However, we can only process payments and list them on EOBs after your provider sends the service information to us.

Can I view my EOBs online?

Yes. You can see your benefits, claims, balances and electronic EOBs using your secure Blue Care Network online member account. Page 3 (sign up for your secure member account) and 17 (review your claims and explanation of benefits) have more information and easy ways to register.

The EOB shows what your deductible and yearly out-of-pocket limits are, and how much you've paid toward them. Your annual deductible is **\$250** for a member and **\$500** for a family.*

Your annual out-of-pocket limit is \$1,000 per member, per calendar year.

For example, this is how EOB might read:

DEDUCTIBLE

Your deductible is the amount you pay annually before your plan begins to pay. Your deductible doesn't apply to services that require a copay.

As of March 1, 2026, you have paid \$250 of your yearly in-network plan deductible.

YEARLY LIMIT: This limit gives you financial protection

These limits tell the **most** you'll have to pay in out-of-pocket costs for medical and hospital services covered by the plan.

This yearly limit is called your out-of-pocket maximum. It puts a limit on how much you have to pay, but it **doesn't** put a limit of how much care you can get.

Your out-of-pocket spending for most services will count toward your yearly out-of-pocket maximum.

This means:

- Once you have reached your limit in out-of-pocket costs, **you stop paying out-of-pocket for most services.**
- You keep getting your covered medical and hospital services as usual, **and the plan will pay the full approved amount for the rest of the year.** Your out-of-pocket spending for services not covered by the plan will not count toward your yearly out-of-pocket maximum.

As of March 1, 2026, **you have had \$144.79 in out-of-pocket costs** that count toward your \$1,000 out-of-pocket maximum for covered in-network services.

**Deductible doesn't apply to Protected members. Protected members are responsible for copays only.*

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

Help us prevent fraud

Checking to make sure you actually received services as shown on the statement helps us prevent error and fraud. If you have questions about a claim or EOB, call the Fraud Hotline at **1-800-482-3787**. Monday through Friday from 8 a.m. to 7 p.m. Eastern time. TTY users, call **711**.

Frequently asked questions



What is 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. The annual wellness visit is covered under Part B and can occur anytime throughout the calendar year, regardless of the date of your previous annual wellness visit.

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

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

There is no copay or deductible for these preventive services. However, you receive other services at these visits, a copay may apply.

Will I be billed for my colonoscopy?

You are covered for one colonoscopy per year at 100% regardless if it is preventive or diagnostic.

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.



SilverSneakers® fitness program

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

Find a participating location:

Visit [SilverSneakers.com/Locations](https://www.silversneakers.com/locations)

Call **1-866-584-7352**, 8 a.m. to 8 p.m. Eastern time, Monday through Friday. TTY users call **711**.

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.
- 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 SilverSneakers member ID, SilverSneakers locations and more.

SilverSneakers app questions: [SilverSneakers.com/GO](https://www.silversneakers.com/go)



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Tivity Health is an independent company that has a contract with Blue Cross Blue Shield of Michigan and Blue Care Network to offer fitness services to its members. SilverSneakers GO is a trademark of Tivity Health, Inc. ©2025.

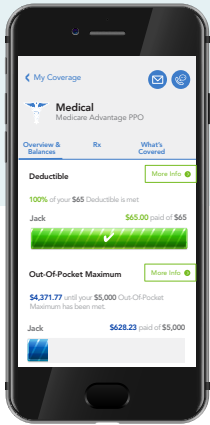
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Manage your costs with confidence

Your online member account will help you make informed, confident decisions about your health care.

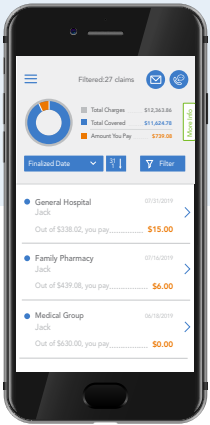
Keep track of your deductible and out-of-pocket maximum

Your deductible is how much you'll pay for care before we start to pay. Your out-of-pocket max is the most you'll pay before we cover the cost completely. You can see how close you are to meeting both.



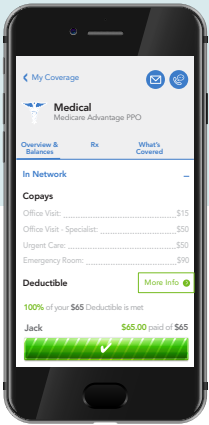
Review your claims and Explanation of Benefits

Claims and EOB statements show 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 copays before you visit a provider

Easily access copay information for commonly used services, including office visits and urgent care.



Contact information

UAW Retiree Medical Benefits Trust Service Center

1-800-222-5992

8 a.m. to 5:30 p.m. Eastern time, Monday through Friday

TTY users call **711**

bcbsm.com/uawtrust/

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**

Durable medical equipment, diabetic supplies, 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

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**.

24-Hour Nurse Line

1-855-624-5214

24 hours a day, seven days a week

TTY users, call **711**



**Blue Care
Network
of Michigan**

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

