Traditional Care Network

2026
Plan benefit guide for UAW Trust Medicare-Eligible Members

UAW RETIREE
Medical Benefits Trust

You have many options when it comes to selecting a health care plan. Thank you for choosing Blue Cross Blue Shield of Michigan.

Traditional Care Network (referred to as TCN) is a Medicare Supplement plan. That means Original Medicare is your primary coverage and TCN is secondary. With the TCN plan, you have access to the the expansive Blue Cross network of doctors, hospitals, and other health care providers within our preferred provider organization.

You will find that your out-of-pocket expenses will be less when you use a network provider. If you go outside of the network, you will pay more for services, and in some cases, services may not be covered by the plan.

It's easy to check to see if your provider is in the network by calling **1-877-832-2829** or by logging on to our website, **www.bcbsm.com/uawtrust**.

If you have any questions about your coverage, bills you might have received, or your explanation of benefits, we're always happy to answer them. Please contact Customer Service at:

1-877-832-2829
8 a.m. to 8 p.m. Eastern time
Monday through Friday
TTY users call **711**.

You can also find the number on the back of your Blue Cross member ID card.

To have information about your health care plan at your fingertips, get the Blue Cross mobile app. You can check your coverage, claims and balances; show and share your ID card; find care and view costs such as deductible, coinsurance, copay, or check hospital and doctor quality. Go to the Apple® App Store or Google Play™, and search for BCBSM.

Our goal is always to keep you informed and healthy. Thank you for choosing Blue Cross Blue Shield of Michigan and the Traditional Care Network product.

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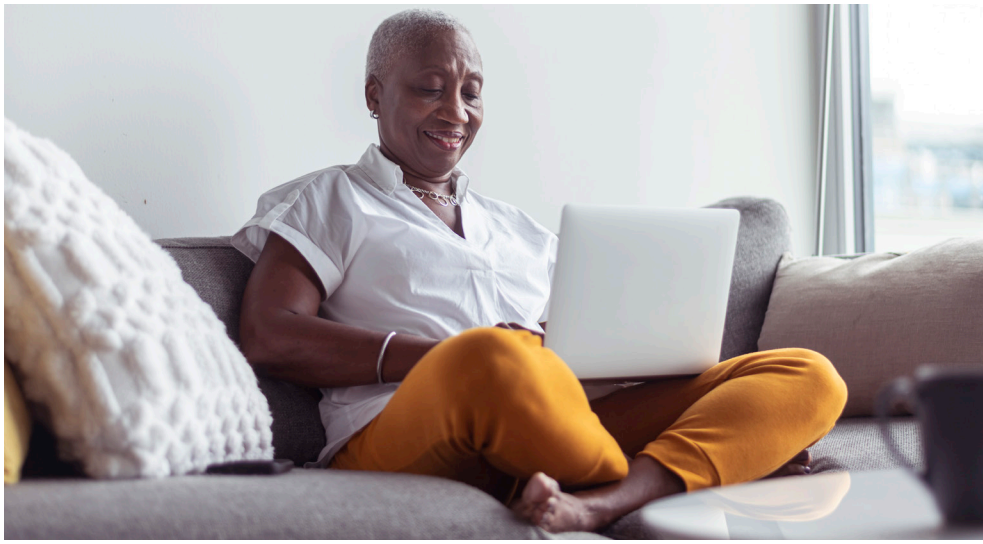
Contents

How to find a network provider

To find an in-network provider, visit **www.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

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 **www.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 **1-877-832-2829** 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 **1-877-832-2829** and we can help.
- ☐ Gather a list of current medication and immunization records.
- ☐ Have your Blue Cross ID card and photo ID or driver's license handy.

3

When calling, tell them:

- ☐ Your name and Blue Cross 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:

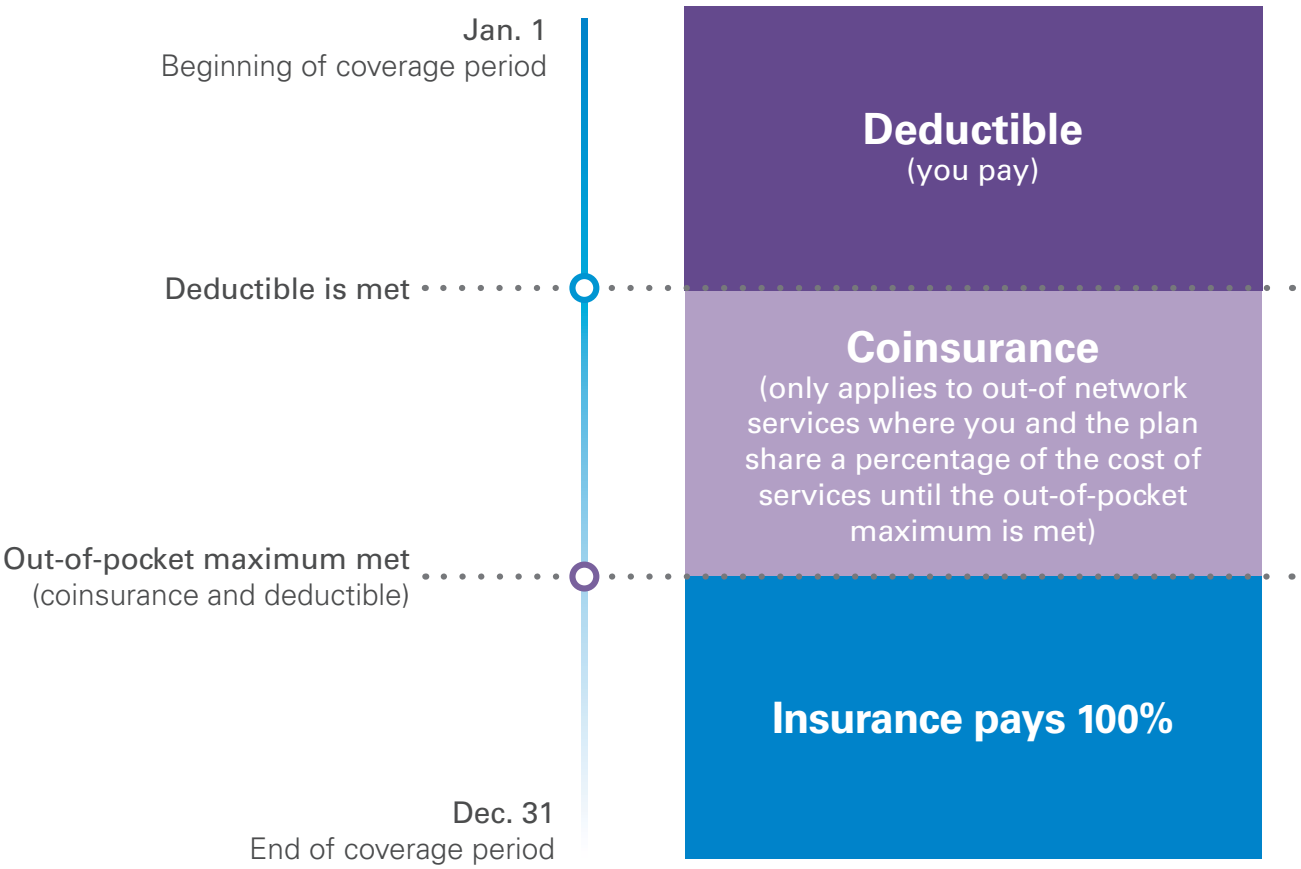
- ☐ Blue Cross ID card and photo ID.
- ☐ Any papers or forms sent ahead of time.
- ☐ Health information (medical records), including you and your family's health history.
- ☐ List of prescriptions and over-the-counter medicines.
- ☐ Herbal remedies and vitamins you are taking.
- ☐ Prescription refills 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.

Understanding important terms



Deductible — the amount you must pay toward covered medical services within a calendar year before the Plan begins to pay. This does not apply to services that require a copay.

Coinsurance — percentage you pay for covered services after you have met your deductible. Applies to out-of-network services only.

Out-of–pocket maximum — the total amount you will pay in a calendar year. It is a combination of the deductible and coinsurance. Once paid, most covered services are paid at 100% for the rest of the calendar year. Applies to out-of-network services only.

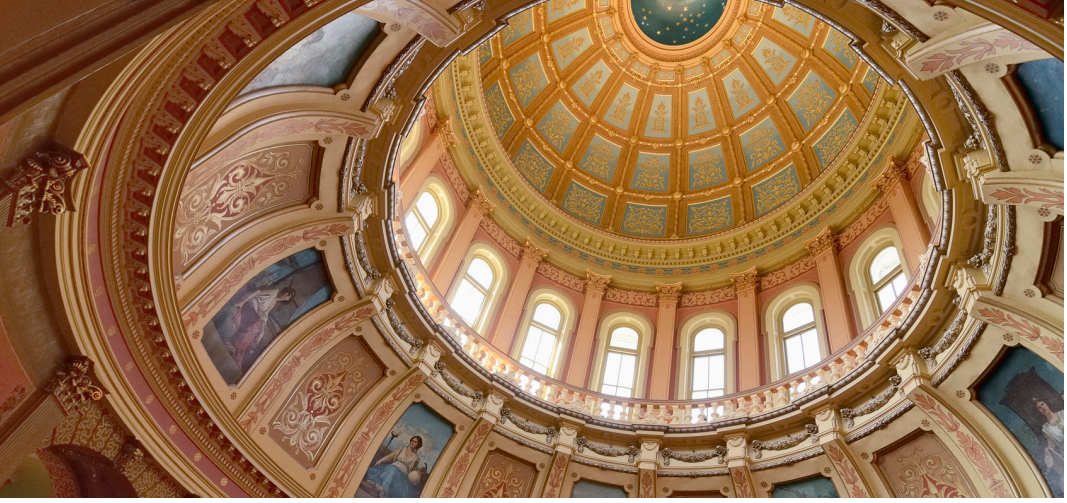
Copayment (copay) — a fixed amount you pay to receive a medical service, usually at the time of service (office visits, emergency room, urgent care). Note that the copayment does not go toward paying the deductible, coinsurance or out-of-pocket maximum. Copays are separate and continue even after your out-of-pocket maximums are met.

In network — the provider has agreed to participate in the Blue Cross program and accepts the allowed amount as payment in full. Other than the applicable cost share, you won't be billed for the balance.

Out of network — the provider does not have an agreement with the Blue Cross program, but accepts the allowed amount as payment in full. Other than cost share, for covered services, the provider can't bill you for the balance. You may have to pay higher cost share, because the provider is out of network.

Non-participating — the provider does not have an agreement with Blue Cross and does not have to accept the allowed amount as payment in full. Services rendered at a non-participating facility are not covered. That means you are responsible for the provider's charge.

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



2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network*	**Out of network**
Monthly contributions and out-of-pocket expenses		
Monthly contribution – The monthly amount you must pay in order to have coverage for yourself and your dependents	Individual: $0 Family: $0	
Deductible – per calendar year	Individual: $175 Family: $350 Protected member – $0	Individual: $1,000 Family: $1,700 Protected member – $0
Coinsurance	None	30% after deductible Protected member – 10%
Out-of-pocket maximum – per calendar year Combination of deductible and coinsurance	Individual: $175 Family: $350 Protected member – $0	Individual: $3,000 Family: $5,550

Protected member eligibility applies to all retirees who retired before October 1, 1990, and all surviving spouses of retirees who retired before October 1, 1999. *Provider must participate with Medicare.

2026 Frequently used benefits and out-of-pocket costs

Traditional Care Network (TCN) is a Medicare Supplement plan. That means Original Medicare is your primary coverage and TCN is secondary. This chart reflects your TCN plan coverage.

	You pay	
	In network	**Out of network**
Hospital services		
Semi-private room, general nursing services, meals and special diets and inpatient medical care Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Outpatient surgery — includes materials, supplies, preoperative and postoperative care, and suture removal	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Ambulatory surgical center Must be an approved facility. Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Human organ transplant program Specified organ and bone marrow transplants In a Medicare approved facility only, when coordinated through HOTP program (1-800-242-3504). Case management also required (1-800-845-5982).	Plan pays 100% after deductible **Protected member – plan pays 100%**	Not covered by plan
Reimbursement of travel and lodging expenses for specified organ and bone marrow transplants Eligible member must travel 100 miles+ one-way from residence. Includes member and one caregiver.	Plan pays 100%*	Plan pays 100%*
Kidney, cornea, and skin	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Skilled nursing and hospice care		
Skilled nursing facility Must be an approved facility. Precertification required once Medicare is exhausted.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Hospice care levels 1-4 Prior authorization required.	Covered by Original Medicare through Medicare-certified hospice programs	
Hospice care level 5 (room and board)	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Home health care Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**

*Maximum of $10,000 over course of treatment for organ transplant event
Maximum of $5,000 for bone marrow transplant

2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network	**Out of network**
Physician office services		
Office visits, including virtual visits with your own doctor: primary care	Plan pays 100%	Not covered by plan
Office visits, including virtual visits with your own doctor: specialists	Lesser of $10 or 20%	Not covered by plan
Acupuncture For chronic lower back pain only.	Plan pays 100% after deductible **Protected member – plan pays 100%**	Not covered by plan
Chiropractic spinal manipulations	Lesser of $20 or 20% **Protected member – plan pays 100%** Limited to 24 visits	Not covered by plan
Preventive services		
Annual wellness exam	Plan pays 100%	Not covered by plan
Cholesterol screening — one per calendar year starting at age 20; includes: Total Serum, LDL, HDL, Triglycerides, Lipid Panel	Plan pays 100%	Plan pays 100%
Pap smear screening — one per calendar year	Plan pays 100%	30% coinsurance after deductible **Protected member – 10% coinsurance**
Mammography screening — 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%	30% coinsurance after deductible **Protected member – 10% coinsurance**
Prostate Specific Antigen (PSA) screening Screening test for asymptomatic males age 40 and older when performed in accordance with established guidelines — one per calendar year.	Plan pays 100%	30% coinsurance after deductible **Protected member – 10% coinsurance**
Early detection screening tests: Early detection screening for colon and rectal 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 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) – once per calendar year beginning at age 45 Lung cancer screening — once per calendar year for enrollees age 50 and older who have a 20 pack per year smoking history and currently smoke or have quit within the past 15 years	Plan pays 100%	Not covered by plan

2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network	**Out of network**
Preventive services *continued*		
Colonoscopy, preventive or diagnostic – once per calendar year.	Plan pays 100%	Plan pays 100%
Hepatitis C (HCV) screening — For enrollees who are at risk or when signs or symptoms are present which may indicate a Hepatitis C infection.	Plan pays 100%	30% coinsurance after deductible **Protected member – 10% coinsurance**
Immunizations/Vaccinations — age and frequency limitations for selected medically recognized immunizations/vaccinations at a doctor's office, retail health center, and at a Blue Cross participating pharmacy.	Plan pays 100% Office visit copay may apply	Not covered by plan
Emergency medical care		
Hospital emergency room Services rendered in the emergency room of a hospital for initial examination and treatment of condition resulting from accidental injury or qualifying medical emergency are covered. Additional services rendered in this location may be subject to cost share. Follow-up care in the emergency room is not covered.	$125 copayment (waived if admitted) **Protected member – plan pays 100%**	$125 copayment (waived if admitted) **Protected member – plan pays 100%**
Urgent care/retail health clinics	$40 copayment **Protected member – plan pays 100%**	Not covered by plan
Ground ambulance Medically necessary transport	Plan pays 100% after deductible **Protected member – plan pays 100%**	**Par** Plan pays 100% after deductible **Non Par** Plan pays 100% up to charge Not subject to deductible **Protected member – plan pays 100%**
Air/water ambulance — Covers one-way transport from the scene of an emergency incident or the home to the nearest available facility qualified to treat the patient.	Plan pays 100% up to the allowed amount	Plan pays 100% up to the allowed amount
Diagnostic services		
Outpatient MRI, MRA, x-rays, laboratory & pathology, PET, CAT scans and nuclear medicine	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Sleep study — in an office or outpatient location only Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**

2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network	**Out of network**
Therapeutic treatment		
Radiation therapy — for the treatment of a condition, disease or injury. Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Chemotherapy Coverage is provided for treatment of malignant disease and Hodgkins disease, except when the treatment is considered experimental or investigational. Preauthorization may be required.	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Behavioral health care and substance use disorder treatment		
Inpatient behavioral health care and substance use disorder treatment	Plan pays 100% up to 45 days treatment each for behavioral health and substance use	If medical emergency admission, plan pays 100% up to 45 days treatment each for behavioral health and substance use. Not covered unless medical emergency admission.
Outpatient behavioral health treatment, including virtual visits with your own doctor	Plan pays 100%	Plan pays 100%
Outpatient substance use disorder treatment, including virtual visits with your own doctor	Plan pays 100%	Plan pays 100%
Other services		
Allergy testing	Plan pays 100% after deductible **Protected member – plan pays 100%**	Not covered by plan
Allergy injections	Plan pays 100% after deductible **Protected member – plan pays 100%**	30% coinsurance after deductible **Protected member – 10% coinsurance**
Cardiac rehabilitation Only Phases I and II are covered Must begin within 3 months of a cardiac event and be completed within 9 months.	Plan pays 100% Up to 36 sessions.	Not covered by plan
Outpatient physical and speech therapy Limited to 60 combined visits per calendar year, per condition. Services are covered when performed in the outpatient department of the hospital or approved freestanding facility or in-home. Therapy is also covered when provided by an in-network independent physical therapist or speech and language pathologist.	Plan pays 100%	Not covered by plan

2026 Frequently used benefits and out-of-pocket costs

	You pay	
	In network	**Out of network**
Other services *continued*		
Outpatient occupational therapy Limited to 60 combined visits per calendar year, per condition. Services are covered when performed in the outpatient department of the hospital or approved freestanding facility. Therapy is also covered when provided by an in-network independent occupational therapist.	Plan pays 100%	Not covered by plan
Wigs Up to $250 per year, following cancer treatment	Plan pays 100%	Plan pays 100%
Diabetic monitoring supplies, including continuous glucose monitors (CGM)	Plan pays 100%	Not covered by plan
Diabetes education Covers comprehensive American Diabetes Association-approved education classes for newly-diagnosed or uncontrolled diabetics.	Plan pays 100%	Not covered by plan
Durable medical equipment Includes but is not limited to: prosthetics, orthotic appliances, compression stockings, diabetic shoes, wheelchairs, hospital beds, walkers and oxygen. Subject to deductible when processed as part of inpatient services.	Plan pays 100% when approved by Medicare and provided by a participating Medicare provider.	Not covered by plan

Well-being and care support

There is always value when you are enrolled with Blue Cross. With every Blue Cross card, you receive additional support. Some of the programs we offer to members include:

The Blue Cross® Health & Well-being website provides helpful online information and tools 24 hours a day. Getting started is easy. Just sign in to **www.bcbsm.com/uawtrust**, and select the *Resources* tab. Once there, you can:

- Contact the 24-hour nurse line for confidential help with questions about your health.
- Complete a health assessment to help us learn more about you and your needs.
- Learn about tobacco cessation coaching, behavioral health benefits and chronic condition management.
- Access exclusive member discounts and savings from Blue 365®.

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**.

EOB stands for Explanation of Benefits

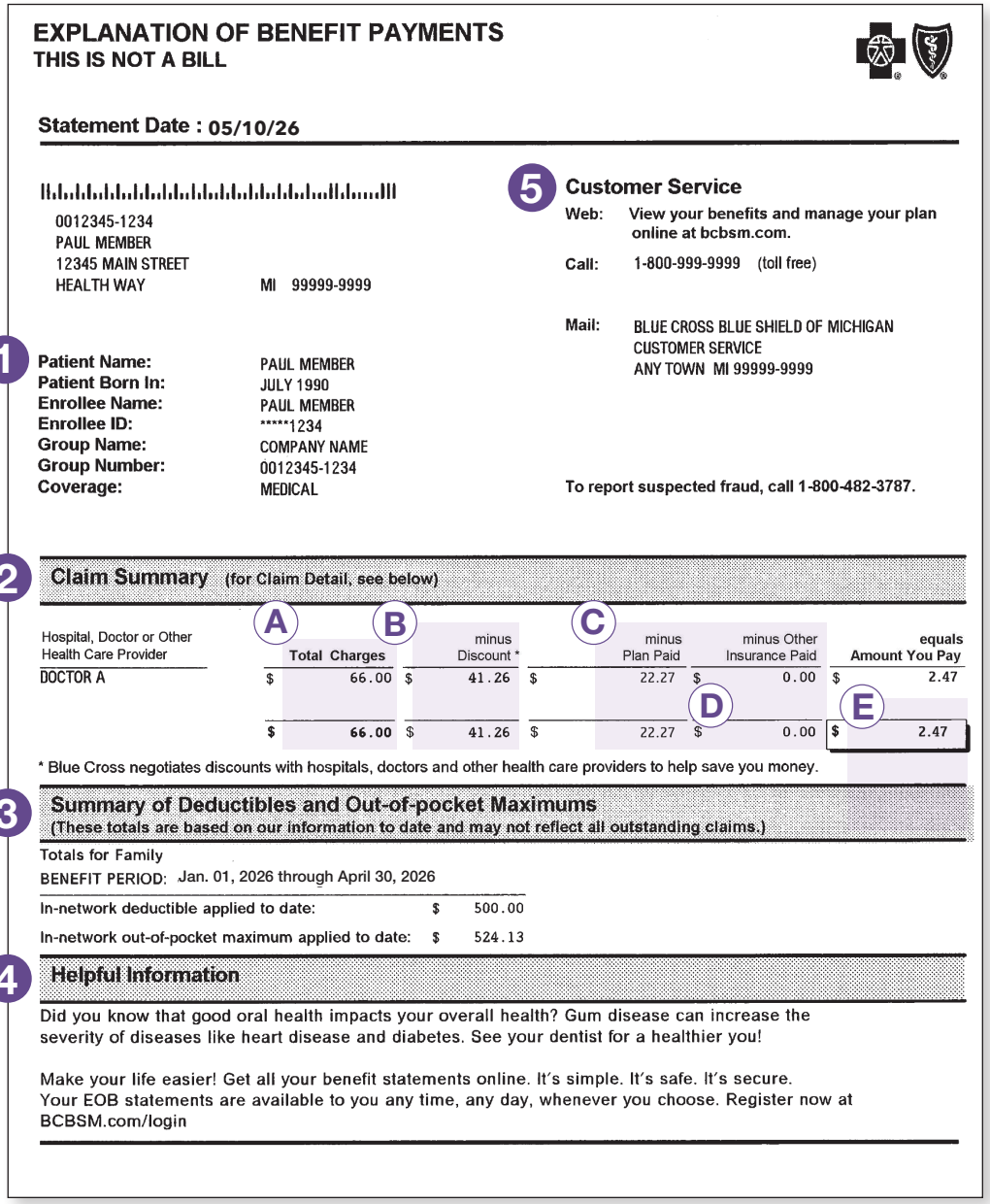
If you don't have an "Amount you pay" after your services are rendered, you will NOT receive an Explanation of Benefits, or EOB. If you do owe an amount, you'll receive an EOB that will show you:

- What services you had and what the provider billed
- What your Plan paid and any Blue Cross discounts that were applied
- The amount you may owe through deductibles, coinsurance or copayments
- Any non-covered services that were not payable through your benefit plan

Reviewing your EOB statements is a good way to keep track of your medical care.

EOB statement details

1. Identifies who this EOB statement is for.
2. Summarizes claims by doctor, hospital, or other health care provider as follows:
   - **A** The amount submitted to Blue Cross on the claim.
   - **B** What you saved by being a Blue Cross member.
   - **C** What Blue Cross paid.
   - **D** Amounts any other insurance(s) paid.
   - **E** What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
3. Shows the balances to date for deductibles and out-of-pocket maximums for your current benefit period.
4. Important information about your coverage, tips to lower health care costs, and ways to improve overall health.
5. Customer Service information if you have questions about something on your statement.



EXPLANATION OF BENEFIT PAYMENTS
THIS IS NOT A BILL

Statement Date : 05/10/26

0012345-1234
PAUL MEMBER
12345 MAIN STREET
HEALTH WAY MI 99999-9999

5 Customer Service
Web: View your benefits and manage your plan online at bcbsm.com.
Call: 1-800-999-9999 (toll free)
Mail: BLUE CROSS BLUE SHIELD OF MICHIGAN
CUSTOMER SERVICE
ANY TOWN MI 99999-9999

1
Patient Name: PAUL MEMBER
Patient Born In: JULY 1990
Enrollee Name: PAUL MEMBER
Enrollee ID: *****1234
Group Name: COMPANY NAME
Group Number: 0012345-1234
Coverage: MEDICAL

To report suspected fraud, call 1-800-482-3787.

2 Claim Summary (for Claim Detail, see below)

Hospital, Doctor or Other Health Care Provider	A Total Charges	B minus Discount *	C minus Plan Paid	minus Other Insurance Paid	equals Amount You Pay
DOCTOR A	$ 66.00	$ 41.26	$ 22.27	$ 0.00	$ 2.47
	$ 66.00	$ 41.26	$ 22.27	D $ 0.00	E $ 2.47

* Blue Cross negotiates discounts with hospitals, doctors and other health care providers to help save you money.

3 Summary of Deductibles and Out-of-pocket Maximums
(These totals are based on our information to date and may not reflect all outstanding claims.)

Totals for Family
BENEFIT PERIOD: Jan. 01, 2026 through April 30, 2026

In-network deductible applied to date:	$ 500.00
In-network out-of-pocket maximum applied to date:	$ 524.13

4 Helpful Information

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

Make your life easier! Get all your benefit statements online. It's simple. It's safe. It's secure. Your EOB statements are available to you any time, any day, whenever you choose. Register now at BCBSM.com/login

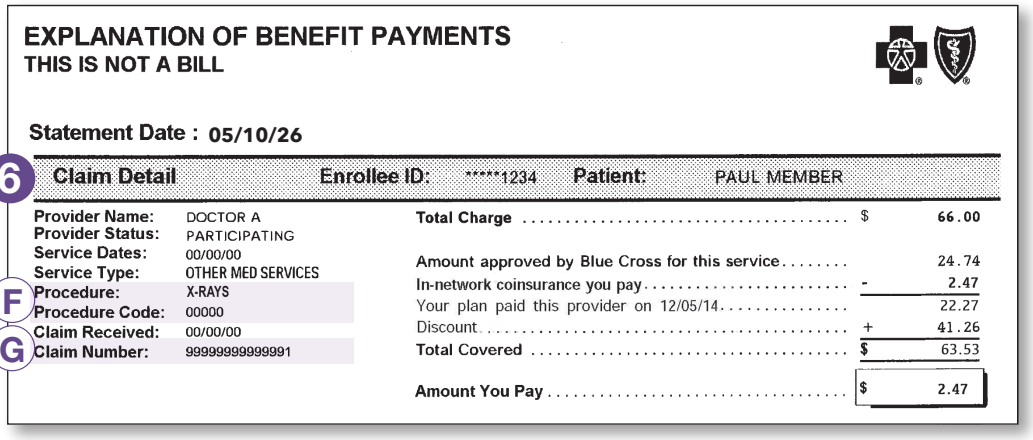
The statement shown is general and for illustrative purposes only. Your actual statement may look slightly different depending on your benefit plan.

6 Detailed information about each claim we processed.

The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.

F Information your provider puts on the claim to identify the medical service you received.

G The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.



EXPLANATION OF BENEFIT PAYMENTS
THIS IS NOT A BILL

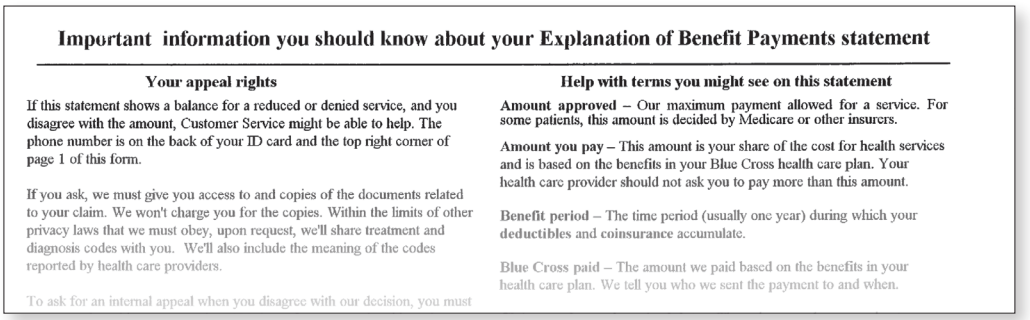
Statement Date : 05/10/26

6 Claim Detail **Enrollee ID:** *****1234 **Patient:** PAUL MEMBER

Provider Name:	DOCTOR A
Provider Status:	PARTICIPATING
Service Dates:	00/00/00
Service Type:	OTHER MED SERVICES
F Procedure:	X-RAYS
Procedure Code:	00000
Claim Received:	00/00/00
G Claim Number:	99999999999991

Total Charge	$	66.00
Amount approved by Blue Cross for this service		24.74
In-network coinsurance you pay	-	2.47
Your plan paid this provider on 12/05/14		22.27
Discount	+	41.26
Total Covered	$	63.53
Amount You Pay	$	2.47

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.



Important information you should know about your Explanation of Benefit Payments statement

Your appeal rights

If this statement shows a balance for a reduced or denied service, and you disagree with the amount, Customer Service might be able to help. The phone number is on the back of your ID card and the top right corner of page 1 of this form.

If you ask, we must give you access to and copies of the documents related to your claim. We won't charge you for the copies. Within the limits of other privacy laws that we must obey, upon request, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.

To ask for an internal appeal when you disagree with our decision, you must

Help with terms you might see on this statement

Amount approved – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.

Amount you pay – This amount is your share of the cost for health services and is based on the benefits in your Blue Cross health care plan. Your health care provider should not ask you to pay more than this amount.

Benefit period – The time period (usually one year) during which your **deductibles** and **coinsurance** accumulate.

Blue Cross paid – The amount we paid based on the benefits in your health care plan. We tell you who we sent the payment to and when.

Online EOBs

Log in at **www. bcbsm.com/uawtrust** if you want to view recent claims, deductibles, coinsurance balances, and other information. It's easy:

1. Go to **www. bcbsm.com/uawtrust** and follow steps to create a login account.
2. After logging in, select *Claims* in the blue bar near the top.
3. Click on *Explanation of Benefits* statements.

Help us prevent fraud

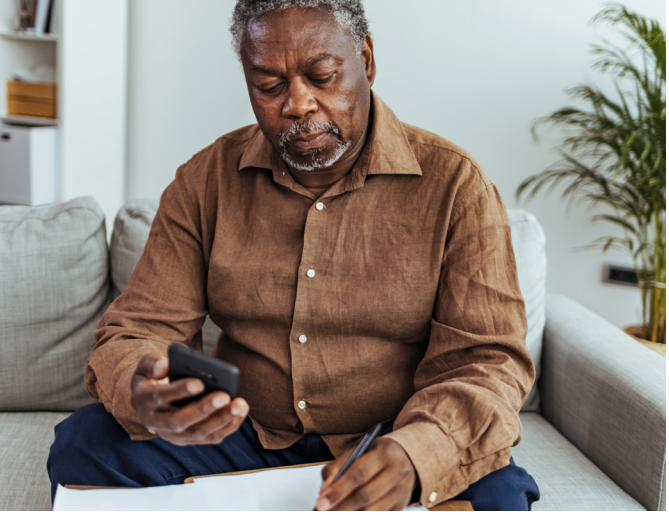
Checking to make sure you actually received services as shown on the EOB helps us prevent error and fraud. Call your customer service number **1-877-832-2829**, if you have questions about a claim or EOB.

Claim questions and appeals

After your claims are submitted to Blue Cross by your providers, you will receive an Explanation of Benefits. In addition, you will most likely receive a billing statement from your provider, showing any outstanding balances you may owe.

1 **To confirm you are paying the right amount,** compare the EOB and the provider bill side-by-side. Match the service dates and the amounts. If they match, pay the provider that amount and file the EOB for your records.

2 **If the amounts do not match, or if you have questions**, call **1-877-832-2829**, as shown on the back of your Blue Cross member ID. A Blue Cross representative will be happy to review the EOB statement and answer your questions.



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If you are not satisfied with the response or outcome from customer service, you may file an appeal with Blue Cross by sending the bills in question, the information on the front of your Blue Cross ID card (name, contract and group number), your phone number, and a statement that explains your concern, to:

Auto National Appeal Unit
600 Lafayette East – Mail Code #CS 3A
Detroit, Michigan 48226-2998

You have 180 days from the date of discovery of a problem to file a grievance.

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If the issue remains unresolved, you may file an appeal with the UAW Trust. Please see your Summary Plan for details.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, call the number on the back of your member ID card. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para hablar con un intérprete, por favor llame al número que figura en el reverso de su tarjeta de identificación de miembro. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 会员ID卡后的电话号码。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電會員ID卡後的電話號碼。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan ang numero sa likod ng iyong ID kard ng miyembro. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, appelez le numéro au dos de votre carte d'identité de membre. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch viên miễn phí để trả lời mọi thắc mắc về chương trình sức khỏe và thuốc điều trị của chúng tôi. Nếu quý vị cần dịch vụ thông dịch viên, vui lòng gọi đến số điện thoại ở mặt sau thẻ ID hội viên của quý vị. Sẽ có nhân viên nói Tiếng Việt có thể hỗ trợ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Um einen Dolmetscherdienst zu erhalten, rufen Sie die Nummer auf der Rückseite Ihres Mitgliedsausweises an. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 회원 ID 카드 뒷면의 숫자로 전화를 걸어 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните по номеру, указанному на обратной стороне вашей идентификационной карты участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، اتصل بالرقم المكتوب على ظهر بطاقة هوية العضو الخاصة بك. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, chiama il numero sul retro della tua carta d'identità. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, ligue para o número no verso do seu cartão de identificação de membro. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, rele nimero ki nan do kat ID manm ou a. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski,zadzwoń pod numer podany na odwrocie legitymacji członkowskiej. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、会員IDカードの後部に記載されている電話番号にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Contact information

Blue Cross Blue Shield of Michigan
Hospital, Surgical/Medical Services
8 a. m. - 8 p.m. Eastern time
Monday – Friday
1-877-832-2829

Mailing Address (for claim inquiries):
UAW Auto Retiree Service Center
P.O. Box 311088
Detroit, Michigan 48231

Blue Cross Blue Shield Global Core
For International claim and provider services
1-800-810-2583 or call collect at **1-804-673-1177**
www.bcbsglobalcore.com

Retiree Health Care Connect
The UAW Trust eligibility and call center
Eligibility, membership and address changes
1-866-637-7555
8:30 a.m. to 4:30 p.m. Eastern time
Monday through Friday
TTY users, call **711**

TruHearing
1-844-394-5420

Veterans Health Administration
www.va.gov/health

1-800-698-2411

UAW Retiree Medical Benefits Trust
www.uawtrust.org

Blue Cross Blue Shield of Michigan

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