Medicare Plus Blue℠ PPO

for Medicare-eligible UAW Trust members

2027 Frequently used benefits and out-of-pocket costs

	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	
Physician office services		
Primary care provider office visits, including virtual visits with your own doctor	$0	50% coinsurance after deductible
Specialist visits, including virtual visits with your own doctor	$10 copay **Protected member:** $0	50% coinsurance after deductible
Virtual medical and behavioral health care services through Teladoc Health	$0	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:** $0	50% coinsurance after deductible
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
Preventive services		
Annual wellness visit	Plan pays 100% of the approved amount	
Immunizations at any facility	Plan pays 100% of the approved amount Office visit copay may apply	
Colonoscopy, one per year, preventive or diagnostic	Plan pays 100% of the approved amount	
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 *Evidence of Coverage* for a complete list of covered services		
Emergency medical care		
Ambulance services — medically necessary	Plan pays 100% of the approved amount	
Urgent care/retail health clinics	$15 copay	
Emergency care — copay waived if admitted *Inpatient hospital benefits apply, if admitted*	$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	
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% of the approved amount	
Diagnostic procedures and tests, including X-rays	Plan pays 100%	30% coinsurance after deductible

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

	In network	Out of network
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% of the approved amount	
Home health care	Plan pays 100% of the approved amount	
Behavioral health and substance use disorder treatment		
Inpatient behavioral health care 190-day lifetime limit	Plan pays 100%	30% coinsurance after deductible
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% of the approved amount	
Outpatient behavioral health care and substance use disorder care, in office (including virtual visits with your own doctor)	Plan pays 100% of the approved amount	
Outpatient therapy		
Outpatient physical, occupational and speech therapy in a facility and/or in-home setting	Plan pays 100%	30% coinsurance after deductible

Medical equipment and supplies	
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100% of the approved amount
Diabetic monitoring supplies, including continuous glucose monitors	Plan pays 100% of the approved amount
Wigs for hair loss due to medical condition or treatment	Plan pays 100% up to $250 annual maximum

Current Medicare Plus Blue members
Customer Service: **1-888-322-5616** | TTY: **711**
8 a.m. to 7 p.m. Eastern time
Monday through Friday

Retiree Health Care Connect
1-866-637-7555 | TTY: **711**
8:30 a.m. to 4:30 p.m. Monday - Friday

Blue Cross Blue Shield of Michigan

UAW RETIREE Medical Benefits Trust

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

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.