Medicare Plus Blue℠ PPO

for Medicare-eligible UAW Trust members in Missouri and Tennessee

2027 Frequently used benefits and out-of-pocket costs

	In or Out of network
Deductible, coinsurance, copay and dollar maximums	
Annual deductible per member per year	$0
Coinsurance	None
Out-of-pocket maximum (for deductible and coinsurance amounts for Medicare-covered medical services, per member per year)	$0
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
Specialist visits, including virtual visits with your own doctor	$10 copay **Protected member:** $0
Virtual medical and behavioral health care services through Teladoc Health	Plan pays 100%
Acupuncture (for chronic low back pain only) — 20 visits per year	$20 copay **Protected member:** $0
Chiropractic spinal manipulations	$20 copay **Protected member:** $0
Foot care, including nail clipping, removal of corns, bunions and callouses: up to six visits per year	$10 copay **Protected member:** $0
Allergy testing	Plan pays 100% of the approved amount Office visit copay may apply
Allergy injections	Plan pays 100% of the approved amount Office visit copay may apply
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	$50 copay
Worldwide emergency coverage — outside of the U.S. and its territories	20% coinsurance up to $25,000 or 60 consecutive days, whichever is reached first
Hospital services	
Inpatient hospital care, surgery and services	Plan pays 100% of the approved amount
Outpatient hospital care, surgery and services	Plan pays 100% of the approved amount
Human organ transplants (Medicare covered)	Plan pays 100% of the approved amount
Outpatient cardiac, respiratory and pulmonary therapy	Plan pays 100% of the approved amount
Laboratory and pathology tests	Plan pays 100% of the approved amount
Diagnostic procedures and tests, including X-rays	Plan pays 100% of the approved amount
Skilled nursing and hospice care	
Skilled nursing care (in a Medicare-certified skilled nursing facility)	Plan pays 100% of the approved amount
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

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

	In or Out of network
Behavioral health and substance use disorder treatment	
Inpatient behavioral health care	Plan pays 100%; 190-day lifetime limit
Inpatient substance use disorder care	Plan pays 100% of the approved amount
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% of the approved amount
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.