

Medicare Plus BlueSM PPO



2025 Plan benefit guide



Medicare Plus BlueSM is a PPO plan with a Medicare contract. Enrollment in Medicare Plus Blue 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.

Medicare Plus Blue also includes Medicare Part D prescription drug coverage. Your Blue Cross member ID card is used for all your medical and pharmacy 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. There are also thousands of pharmacies nationwide, as well as a convenient home delivery option that saves you time and money. 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 Alabama, Florida, Indiana or Michigan

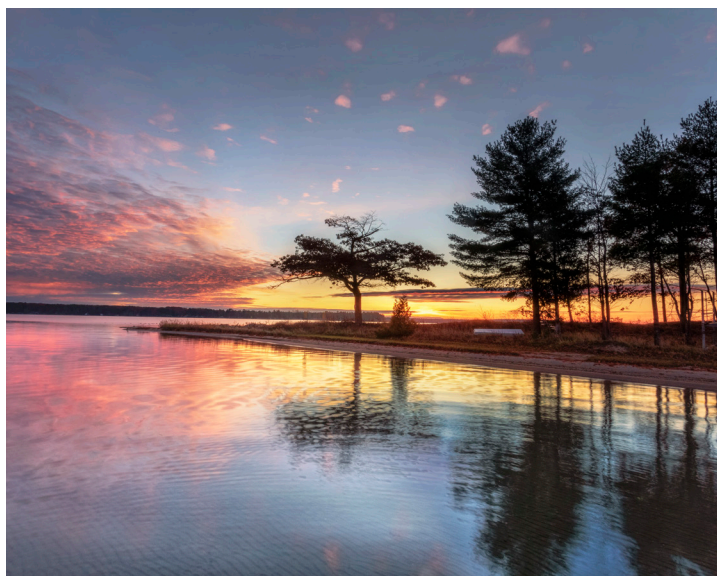
Important: Medicare guidelines only allow you to be enrolled in one Medicare Advantage plan at a time. If you are already enrolled in a Medicare Advantage plan through the UAW Trust and you enroll in an individual or non-Trust Medicare Advantage plan, you will be disenrolled from the Trust Medicare Advantage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

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



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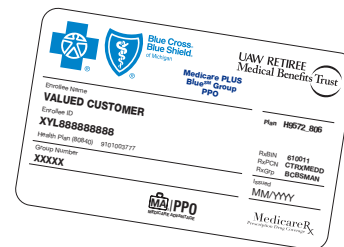
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Extras you'll enjoy



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



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



Virtual Care: Urgent 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. ©2024 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 **1-800-845-5982** 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 **www.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 **www.bcbsm.com/uawtrust**
2. Click LOGIN
3. Click Register for a new account

To download the Blue Cross 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



Original Medicare Part A — Medicare Part A acts as hospital insurance. It helps pay for inpatient care in hospitals, hospice care, home health care and care provided in a skilled nursing facility.



Original Medicare Part B — Medicare Part B provides medical insurance. It helps cover doctor visits, procedures that don't require an overnight hospital stay and some preventive care services, such as your annual wellness exam.



Medicare Part C — Medicare Advantage plans combine all Original Medicare Part A and Part B benefits, rights and protections with extras such as, wellness and fitness programs.

Medicare Part D is prescription drug coverage.



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

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/medicareonly/**

Or visit your local Social Security office.

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

2025 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Deductible, coinsurance, copayments 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 like 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 October 1, 1990, and all surviving spouses of retirees 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.

2025 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, physical, respiratory, pulmonary, speech and occupational 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

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

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 www.bcbsm.com/uawtrust.

2025 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
Preventive services		
Plan pays 100%		
Out of network, certain services have an out-of-pocket cost. Consult your <i>Evidence of Coverage</i> for more detailed information.		



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%

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

2025 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
Durable medical equipment, prosthetics, orthotic appliances, compression stockings, diabetic shoes	Plan pays 100%	
Diabetic monitoring supplies, including continuous glucose monitors	Plan pays 100%	
Wigs	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**.



Prescription drug benefits

Your UAW Trust prescription drug benefits are provided by Blue Cross as part of your Medicare Plus Blue plan. The plan provides coverage through a nationwide network of retail pharmacies, as well as a convenient mail-order program.

Medications are assigned to one of three copay categories called tiers. When you fill a prescription, your copay amount will be based on which tier the drug is in and how the drug is dispensed — retail pharmacy or mail order. If the cost of the drug is less than your copay, you'll only pay the cost of the drug.

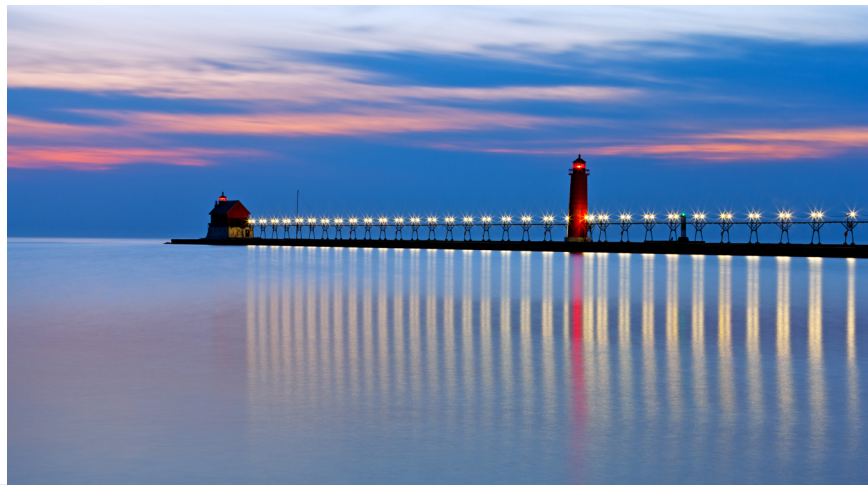
	Retail 31-day supply	Mail order 90-day supply
Tier 1	\$0	\$0
Tier 2	\$33	\$33
Tier 3	\$115	\$115
Out-of-pocket maximum <i>Includes copays for Tier 2 medications only. Tier 3 medications are excluded.</i>	\$1,000	

Retail pharmacy versus mail-order delivery

Filling prescriptions at a pharmacy is perfect for short-term needs, for example when you have a prescription for an antibiotic, or when your doctor is still trying to establish the appropriate drug, strength and dosage for your ongoing needs. Use our online *Find a Pharmacy* tool to help you locate a participating pharmacy near you.

The mail-order option is the more convenient and cost-effective way to get ongoing prescription medications, such as cholesterol medications and other types of maintenance drugs. With mail order, you can order up to a 90-day supply of your prescription and get free shipping directly to your home. You'll get three times the amount of medication for one copay.





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 kit one to two weeks before your coverage effective date. The welcome kit will help you get the most out of your plan. It includes the *Evidence of Coverage*, that describes your benefits and how to use the plan, plus other materials you'll need to get started.
- 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 and Blue Care Network 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 and Blue Care Network 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 and Blue Care Network:

- 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 or Blue Care Network 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, TTD: 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/>.

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, just call us at 1-888-322-5616. Someone who speaks English/Language 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 medicamentos. Para hablar con un intérprete, por favor llame al 1-888-322-5616. 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 1-888-322-5616。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 1-888-322-5616。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 lamang kami sa 1-888-322-5616. 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, il vous suffit de nous appeler au 1-888-322-5616. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-322-5616 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-322-5616. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-322-5616 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Form CMS-10802
(Expires 12/31/25)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-322-5616. 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، ليس عليك سوى الاتصال بنا على 1-888-322-5616. 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, बस हमें 1-888-322-5616 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, contattare il numero 1-888-322-5616. Un nostro incaricato che parla Italianovi 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, contacte-nos através do número 1-888-322-5616. 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 ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-322-5616. 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, należy zadzwonić pod numer 1-888-322-5616. 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あります。通訳をご用命になるには、1-888-322-5616 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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**

Prescription drug questions

1-888-322-5616

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

Monday through Friday

TTY users, call **711**

SilverSneakers

1-866-584-7352

TTY users, call **711**

www.silversneakers.com

TruHearing

1-844-394-5420

www.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**

www.bcbsm.com/uawtrust

Blue Cross Global Core

1-800-810-2583

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

www.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**.

Mail-order prescription drugs

1-855-856-0537

24 hours a day, seven days a week

Medicare PLUS BlueSM Group PPO



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



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