

# Enhanced Care PPO



**2026**

## Plan benefit guide for non Medicare UAW Trust members

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

Enhanced Care PPO is the Blue Cross health plan for non-Medicare members. With the Enhanced Care PPO plan, you have access to the expansive Blue Cross network of doctors, hospitals, and other health care providers within our preferred provider organization.

You will find that your deductibles, co-insurance, copayments and other 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 Customer Service or by logging on to our website, [bcbsm.com/uawtrust](http://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:

**1-888-800-6403**

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 Enhanced Care PPO plan.



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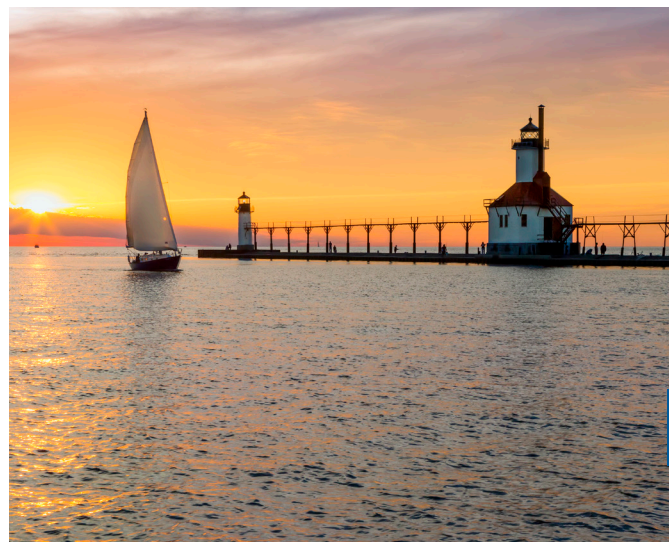


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# Well-being and care support

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](http://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®.



**Care support programs** that help you manage chronic conditions or complex medical conditions. They provide support, community resources, education and coordination of care. These programs close gaps in your medical care. Specialized programs include:

**24/7 Nurse Line** assists you in making the most informed decisions about your health. Nurses are available to answer your health questions and review your symptoms to determine the appropriate level of care. Call **1-855-624-5214**.

**Behavioral Health Services** work to improve your health through balanced treatment of the body and mind. Behavioral Health Services provides prior authorizations for inpatient mental health and substance use treatment. Contact us at **1-877-228-3912**.

**Cecelia Health** provides personalized support to help you maintain and manage your diabetes for a better quality of life. Your personalized coach can provide medication tips and guidance, blood sugar monitoring, preventive care, healthy eating and exercise.

Call **1-800-422-9875** for more information on this program.

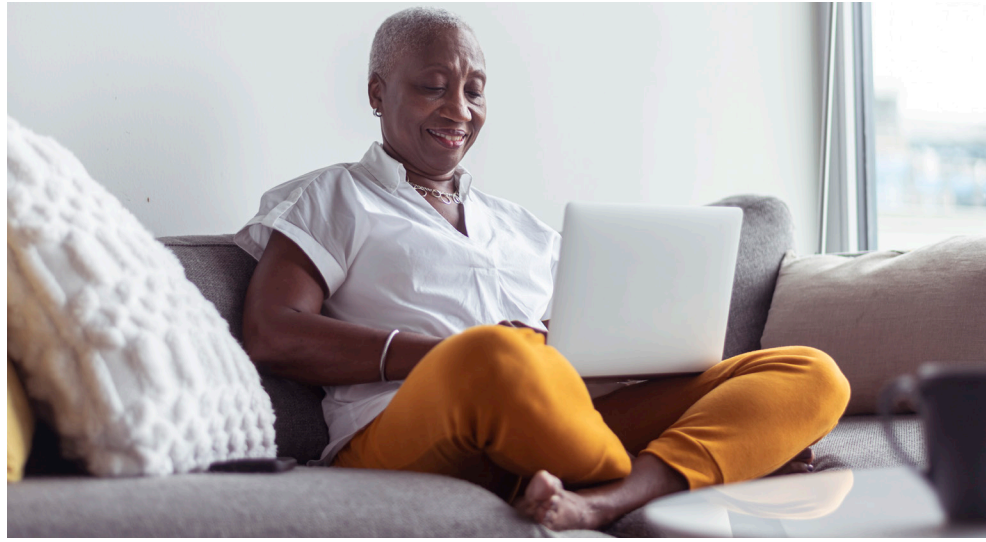
**Tobacco Coaching program** — Increase your chances for becoming tobacco free with a phone-based tobacco cessation coaching program with on-platform coach messaging offered by Personify Health. This holistic, clinically sound, and whole person program addresses all factors surrounding tobacco use. Whether 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**.

# How to find a network provider

To find an in-network provider, visit [www.bcbsm.com/uawtrust](http://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](http://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 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 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.

### For your appointment:

4

### Bring:

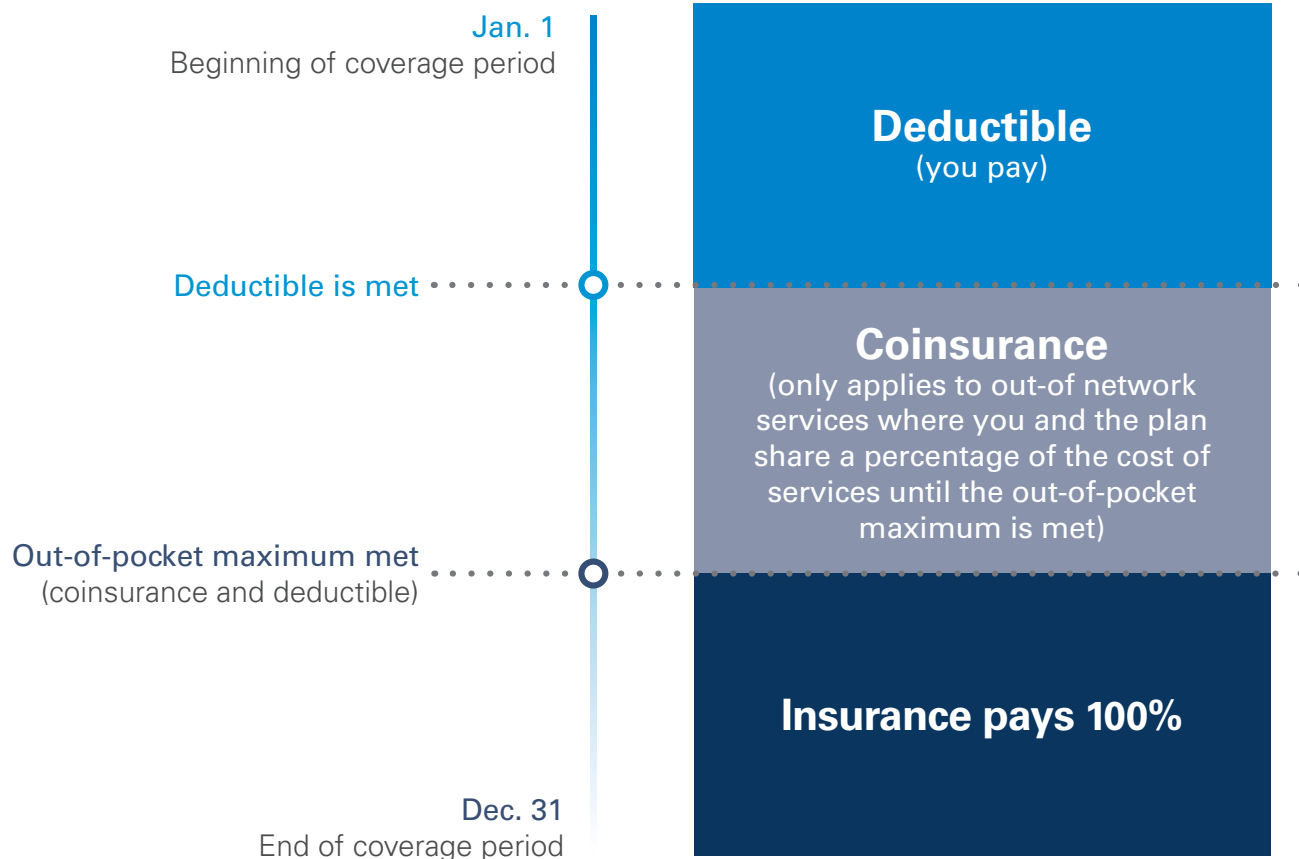
- Blue Cross ID card and photo ID.
- Any papers or forms sent ahead of time.
- Health information (medical records), including you and your family's health history.
- List of prescriptions and over-the-counter medicines.
- Herbal remedies and vitamins you are taking.
- Prescription refills you need.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

### After your appointment:

5

- 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 PPO 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 PPO 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 by a non-participating provider 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
<b>Monthly contributions and out-of-pocket expenses</b>		
Monthly contribution – The monthly amount you must pay in order to have coverage for yourself and your dependents	General and Protected member member Individual: \$0 Family: \$0	
Deductible – per calendar year	Individual: \$175 Family: \$350 <b>Protected member: \$0</b>	Individual: \$1,000 Family: \$1,700 <b>Protected member: \$0</b>
Coinsurance	None	30% <b>Protected member: 10%</b>
Out-of-pocket maximum – per calendar year Combination of deductible and coinsurance	Individual: \$175 Family: \$350 <b>Protected member: \$0</b>	General and Protected member member Individual: \$3,000 Family: \$5,550

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
<b>Hospital services</b>		
<b>Semi-private room, general nursing services, meals, special diets and inpatient medical care</b> Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Outpatient surgery</b> – includes materials, supplies, preoperative and postoperative care, and suture removal	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Ambulatory surgical centers</b> Must be an approved facility. Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Human organ transplant</b> Specified organ and bone marrow transplants, in a participating facility only when coordinated through BCBSM Human Organ Transplant program (1-800-242-3504).	<b>Blue Distinction designated facility</b> Plan pays 100% <b>Non-designated facility</b> Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	<b>Non-designated facility</b> 30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
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 <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>



<b>Skilled nursing and hospice care</b>		
<b>Skilled nursing facility</b> Must be an approved facility. Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Hospice care</b> Levels 1-5 Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Home health care</b> Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>

\*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
<b>Physician office services</b>		
<b>Primary care office visits</b> Including virtual visits with your own doctor	Plan pays 100%	Not covered
<b>Specialist office visits</b> Including virtual visits with your own doctor	\$10 copay	Not covered
<b>Chiropractic spinal manipulations</b>	\$20 copay per visit <b>Protected member – plan pays 100%</b> Limited to 24 visits per year.	Not covered
<b>Acupuncture</b> (for chronic low back pain only)	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	Not covered



<b>Preventive services</b>		
<b>Routine physical</b>	\$0 copay — Primary care \$10 copay — Specialist	Not covered
<b>Cholesterol screening</b> — one per calendar year starting at age 20; includes: <ul style="list-style-type: none"> <li>• Total Serum</li> <li>• LDL</li> <li>• HDL</li> <li>• Triglycerides</li> <li>• Lipid Panel</li> </ul>	Plan pays 100%	Plan pays 100%
<b>Pap smear screening</b> — one per calendar year	Plan pays 100%	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Mammography screening</b> 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 <b>Protected member – 10% coinsurance</b>
<b>Prostate specific antigen (PSA) screening</b> 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 <b>Protected member – 10% coinsurance</b>

# 2026 Frequently used benefits and out-of-pocket costs







	You pay	
	In network	Out of network
<b>Preventive services <i>continued</i></b>		
<p><b>Early detection screening tests</b> — Early detection screening for colon, rectal and lung cancers when performed in accordance with established guidelines.</p> <p><b>Barium enema x-ray</b> — one every 5 years age 45 and over (or at any age if risk factors are present); or</p> <p><b>Sigmoidoscopy</b> — one every five years age 45 and over (or at any age if risk factors are present)</p> <p><b>Fecal occult blood test</b> — one per calendar year beginning at age 45</p> <p><b>Fecal immunochemical test (FIT)</b> — one per calendar year beginning at age 45</p> <p><b>Lung cancer screening</b> — once per calendar year for enrollees age 50 and over who have a 20 pack per year smoking history and currently smoke or have quit within the past 15 years</p>	Plan pays 100%	Not covered
Colonoscopy, preventive or diagnostic – once per calendar year	Plan pays 100%	Plan pays 100%
<p><b>Hepatitis C (HCV) screening</b> For enrollees who are at risk or when signs or symptoms are present which may indicate a Hepatitis C infection.</p>	Plan pays 100%	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<p><b>Immunizations/Vaccinations</b> — age and frequency limitations for selected medically recognized immunizations at a doctor's office, retail health center, and at a Blue Cross participating pharmacy.</p>	Plan pays 100% Office visit copay may apply	Not covered (some exceptions may apply)*



<b>Emergency medical care</b>		
<p><b>Hospital emergency room</b> 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.</p>	\$125 copayment (waived if admitted) <b>Protected member: plan pays 100%</b>	\$125 copayment (waived if admitted) <b>Protected member: plan pays 100%</b>
<b>Urgent care/retail health clinics</b>	\$40 copayment <b>Protected member – plan pays 100%</b>	Not covered
<p><b>Ground ambulance</b> Medically necessary transport</p>	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	<b>Par</b> Plan pays 100% after deductible <b>Non Par</b> Plan pays 100% up to charge Not subject to deductible <b>Protected member – plan pays 100%</b>

\*Contact Customer Service at the number on the back of your Blue Cross member ID card for a complete list.

# 2026 Frequently used benefits and out-of-pocket costs

		You pay	
		In network	Out of network
	<b>Emergency medical care <i>continued</i></b>		
<b>Air/water ambulance</b> 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	
	<b>Diagnostic services</b>		
<b>Outpatient MRI, MRA, x-rays, laboratory &amp; pathology, PET, CAT scans and nuclear medicine</b> Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>	
<b>Sleep studies In an office or outpatient location only</b> Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>	
	<b>Therapeutic treatment</b>		
<b>Radiation therapy</b> — for the treatment of condition, disease or injury. Preauthorization may be required.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>	
<b>Chemotherapy</b> 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 <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>	
	<b>Behavioral health care and substance use disorder treatment</b>		
<b>Inpatient behavioral health and substance use disorder treatment</b> <b>Must be pre-authorized – 1-877-228-3912</b>	Plan pays 100% up to 45 days treatment each for psychiatric and substance abuse	If medical emergency admission, plan pays 100% up to 45 days treatment each for psychiatric and substance abuse. Not covered if not a medical emergency admission.	
<b>Outpatient behavioral health treatment, including virtual visits with your own doctor</b>	Plan pays 100%	Plan pays 100%	
<b>Outpatient substance use disorder treatment, including virtual visits with your own doctor</b>	Plan pays 100%	Plan pays 100%	

# 2026 Frequently used benefits and out-of-pocket costs



	You pay	
	In network	Out of network
<b>Other services</b>		
<b>Allergy testing</b> Office visit copay may apply.	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	Not covered
<b>Allergy injections</b>	Plan pays 100% after deductible <b>Protected member – plan pays 100%</b>	30% coinsurance after deductible <b>Protected member – 10% coinsurance</b>
<b>Outpatient physical and speech therapy</b> 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
<b>Outpatient occupational therapy</b> 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
<b>Durable medical equipment, including prosthetics, compression stockings, diabetic shoes</b> Subject to deductible when processed as part of inpatient services.	Plan pays 100%	Not covered
<b>Diabetic monitoring supplies, including continuous glucose monitors (CGM)</b>	Plan pays 100%	Not covered
<b>Wigs</b> Up to \$250 per year, following cancer treatment.	Plan pays 100%	Covered — 100%
<b>Diabetes education</b> Covers comprehensive American Diabetes Association-approved education classes for newly-diagnosed or uncontrolled diabetics.	Plan pays 100%	Not covered
<b>Cardiac rehabilitation</b> <b>Only Phases I and II are covered</b> Must begin within 3 months of a cardiac event and be completed within 9 months.	Plan pays 100% Up to 36 sessions.	Not covered

# 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 and expenses.

## 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**



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**Statement Date :** 05/10/26

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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](http://bcbsm.com).  
**Call:** 1-800-999-9999 (toll free)  
  
**Mail:** BLUE CROSS BLUE SHIELD OF MICHIGAN  
 CUSTOMER SERVICE  
 ANY TOWN MI 99999-9999  
  
 To report suspected fraud, call 1-800-482-3787.

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**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

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**2 Claim Summary** (for Claim Detail, see below)

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

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

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**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

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**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](http://BCBSM.com/login)

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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		
<b>Provider Name:</b> DOCTOR A			<b>Total Charge</b> .....	\$ 66.00
<b>Provider Status:</b> PARTICIPATING			<b>Amount approved by Blue Cross for this service</b> .....	24.74
<b>Service Dates:</b> 00/00/00			<b>In-network coinsurance you pay</b> .....	2.47
<b>Service Type:</b> OTHER MED SERVICES			Your plan paid this provider on 12/05/14 .....	22.27
<b>Procedure:</b> X-RAYS			<b>Discount</b> .....	+ 41.26
<b>Procedure Code:</b> 00000			<b>Total Covered</b> .....	\$ 63.53
<b>Claim Received:</b> 00/00/00			<b>Amount You Pay</b> .....	\$ 2.47
<b>Claim Number:</b> 9999999999991				

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](http://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](http://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 **1-866-507-2850** 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 **1-888-800-6403**, as shown on the back of your Blue Cross identification card. A Blue Cross representative will be happy to review the EOB statement and answer your questions.

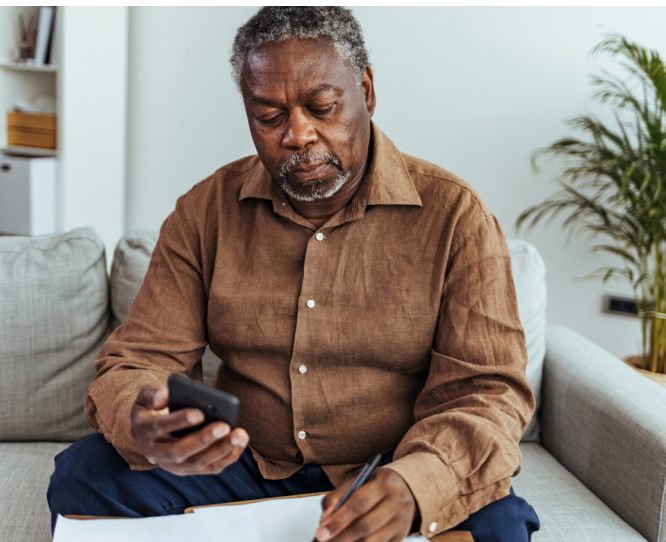
**3** **If you are not satisfied with the response or outcome from customer service,** you may file an appeal with Blue Cross by sending the bills in question, the information on the front of your Blue Cross ID card (name, contract and group number), your phone number, and a statement that explains your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

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



# Contact information

## Blue Cross Customer Service

For health care or benefit questions, claim assistance, or help finding a participating provider  
8 a.m. to 8 p.m. Eastern time, Monday – Friday

**1-888-800-6403**

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

### Precertification — Behavioral Health and Substance Use Disorder

**1-877-228-3912**

### TruHearing

**1-844-394-5420**

### Blue Cross Blue Shield Global Core

**1-800-810-2583** or call collect at **1-804-673-1177**  
[www.bcbsglobalcore.com](http://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 a.m. Eastern time**  
**Monday through Friday**

### Veterans Health Administration

[www.va.gov/health](http://www.va.gov/health)

**1-800-698-2411**

### UAW Retiree Medical Benefits Trust

[www.uawtrust.org](http://www.uawtrust.org)



**Blue Cross  
Blue Shield**  
of Michigan

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UAW RETIREE  
Medical Benefits Trust



Blue Cross Blue Shield  
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