

Health Care Benefit Highlights

Addendum to the Benefit Highlights, Schedule of Benefits and Summary Plan Description previously published.

2017

Dear UAW Trust Member,

The UAW Retiree Medical Benefits Trust (the “Trust”) is committed to providing you access to quality health care. We’ve talked to many of you and you’ve told us health is the key ingredient for a happy retirement. We understand how important medical benefits are in keeping you and your family healthy. That’s why we’re pleased to continue providing these benefits.

Below are some highlights for 2017:

No Change

- Monthly contributions
- Office visit, urgent care and emergency room copays for all plans
- Medicare Advantage (MA) PPO plan monthly contribution of \$0
- MA PPO plan deductible and out-of-pocket maximum
- Tier 1 generic drug copay filled through mail order
- Vision, dental and hearing aid coverage

For 2017, we are pleased to launch new programs to help you maintain your best possible health.

New

- Preventive immunizations — flu, pneumonia, shingles, Tdap (whooping cough, tetanus, and diphtheria) now covered for \$14 (Tier 1 generic retail copay) at the pharmacy (see page 6 for detail)
- Advance Care Planning (ACP) covered for all plans (see page 6 for detail)

For 2017, there will be modest changes to the plan.

Changing

- Increase to deductible and out-of-pocket maximums for all plans except statewide MA PPO
- Increase to all prescription drug copays, except Tier 1 (generic) 90-day mail order
- Certain classes of prescriptions covered for generic drugs only (see page 2 for detail)

Consider Your Options

We encourage you to spend time understanding your coverage by reviewing this newsletter carefully, as well as other cobranded materials from Trust-sponsored plans. This will help you understand your health care choices for 2017. Considering how important health care coverage is to you and your family, be sure to spend ample time reviewing and researching your options. If you have questions, call Retiree Health Care Connect (RHCC) at 866-637-7555. RHCC can answer questions and help you understand the options available to you.

Benefit Highlights is intended to be brief. Additional information will be mailed to you from health plan carriers. We wish all of our members the very best in retirement and a healthy year ahead.

Sincerely,
The Committee of the UAW Retiree Medical Benefits Trust

Important
RX Changes

Prescription Drug Changes & Copays

According to our members, prescription drug coverage is one of the most important elements of the health benefits package. This benefit is also one of the largest expenses for the Trust. In fact, more than 40 percent of the Trust's total health care spending is on prescriptions drugs. Prescription drugs can save lives and keep you healthy, but we must work together and look for ways to control costs so the Trust can continue to offer these life-saving treatments.

Important Changes

Generic drugs are nothing new and today they are both widely available and carefully regulated. Generics offer all of the same benefits as their brand-name counterparts at a fraction of the cost. On average, the cost of a generic drug is 80 to 85 percent lower than the brand-name product. **Effective January 1, 2017, certain drug classes will have generic-only coverage.** This will save the Trust money without compromising coverage for medications to treat common conditions. Members currently taking brand-name drugs in the affected classes will receive a special letter in October with instructions on how to work with their doctor on switching to a covered generic medication.

Changes to Specialty Medications

Specialty drugs are prescription medications requiring special handling, administration or monitoring. They are used to treat chronic and complex conditions. The Trust will continue to cover specialty medications but in order to keep them affordable and manage care, **certain specialty medications will no longer be covered under the medical benefit and will need to be obtained through the pharmacy benefit.** Specialty medications are still covered under the Trust program, but members will be responsible for the appropriate copay under the three-tier structure. Members affected by this change will receive a letter in October with instructions on how to get their medication through the pharmacy.

All Plans:
2017 Copays

	Retail (One-Month Supply)	Mail Order (90-Day Supply)
Tier 1 Generic	\$14	\$24
Tier 2 Preferred Brand	\$45	\$85
Tier 3 Non-Preferred Brand	\$115	\$230

No
Change
for 2017

Want to save yourself and the Trust money?



Generic medications save money!

When you receive a prescription from your doctor, ask if a generic version is available. Many of you are already doing this. Since 2010, the Trust has filled more than 75 million generic drug prescriptions. The savings from retirees using generic drugs has allowed the Trust to pay for new, life-saving medications for our members who need them.

Switch to Mail Order for Big Savings!

Using mail order for maintenance medications—drugs taken on a regular basis—offers a great savings opportunity. As you see in the table above, if you purchase a 90-day generic drug supply through mail order, you pay \$24 compared to \$42 for a 90-day retail pharmacy supply. *That's a savings of \$18, or \$72 annually for one prescription!*

Traditional Care Network (TCN)

Monthly Contribution

Single*	\$17
Family*	\$34

*Protected Population: Single or Family \$17

This plan is the base plan option available to **all** non-Medicare members in all 50 states.

Medicare members have the choice of this plan and, in most states, a statewide Medicare Advantage plan. This plan is based on a nationwide network of providers and allows services to be performed both in-network and out-of-network.

		In-Network	Out-of-Network
COST SHARE	Deductible (amount you pay annually before the Plan begins to pay a portion of the costs)	\$400 Single \$675 Family	\$1,000 Single \$1,700 Family
	Coinsurance (amount you pay after your deductible is met)	10%	30%
	Out-of-Pocket Max (amount you pay annually before the Plan covers 100% of covered costs)	\$800 Single \$1,475 Family	\$3,000 Single \$5,550 Family

		Non-Medicare	Medicare
COPAYS	Primary Care Physician (PCP) Office Visit¹	\$25 copay per visit for six (6) routine PCP visits	Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%
	Specialist Office Visit	Specialist office visits not covered	Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%
	Urgent Care¹ (including Retail Health Centers)		\$50
	Emergency Room (waived if admitted)		\$125

¹ Reflects in-network costs. Refer to plan materials for out-of-network costs.

Selecting a new plan for 2017?

Contact the UAW Trust Eligibility Center, **Retiree Health Care Connect (RHCC)** at 866-637-7555 **before Nov. 25** in order for your plan to be effective Jan. 1, 2017.

No Changes

Medicare Advantage (MA) PPO

Monthly Contribution

Single	\$0
Family	\$0

With nearly two-thirds of our members Medicare-eligible, the Trust has worked to offer plans geared for those members and their needs. The Medicare Advantage (MA) PPO plan, also called a Part C plan, provides everything covered by traditional Medicare (Parts A and B) with additional benefits and lower deductibles, out-of-pocket maximums and copays.

Since the Trust began offering these plans in 2012, more than 100,000 members have enrolled to take advantage of lower costs and additional benefits.

Who is eligible? Trust members who are enrolled in Medicare Parts A and B and live in one of the 30 states where MA PPOs are offered.

Availability by State		
Alabama	Kansas	North Carolina
Arizona	Kentucky	Ohio
Arkansas	Louisiana	Oklahoma
California	Maryland	Pennsylvania
Connecticut	Massachusetts	South Carolina
Delaware	Michigan	Tennessee
Florida	Minnesota	Texas
Georgia	Missouri	Virginia
Illinois	New Jersey	West Virginia
Indiana	New York	Wisconsin

		In-Network	Out-of-Network
COST SHARE	Deductible (amount you pay annually before the Plan begins to pay a portion of the costs)	\$245 per person	\$490 per person
	Coinsurance (amount you pay after your deductible is met)	10%	30%
	Out-of-Pocket Max (amount you pay annually before the Plan covers 100% of covered costs)	\$630 per person	\$1,395 per person

COPAYS	Primary Care Physician (PCP) Office Visit*	\$20 per visit
	Specialist Visit*	\$25 per visit
	Urgent Care* (including Retail Health Centers)	\$25
	Emergency Room (waived if admitted)	\$50

* Reflects in-network costs. Refer to plan materials for out-of-network costs.

Selecting a new plan for 2017?
Contact the UAW Trust Eligibility Center, **Retiree Health Care Connect (RHCC) at 866-637-7555 before Nov. 25** in order for your plan to be effective Jan. 1, 2017.

Health Maintenance Organization (HMO)

These plan options are only available in select areas.

Monthly Contribution	
Single*	\$17
Family*	\$34

COST SHARE	Deductible ¹	\$400 Single \$675 Family

COPAYS	Primary Care Physician (PCP) Office Visit	\$25 per visit	
	Specialist Visit	\$35 per visit	
		Non-Medicare	Medicare
	Urgent Care ¹ (including Retail Health Centers)	\$50	\$25
	Emergency Room ¹ (waived if admitted)	\$125	\$50

HMO plans do not have coinsurance or out-of-pocket maximums. Once your deductible is met, any covered service that does not have a copay will be paid at 100% for the remainder of the calendar year.

¹ Cost share differs for Protected Population. Refer to HMO plan materials for actual costs.

Preferred Provider Organization (PPO)

These plan options are not open to new enrollment.

Monthly Contribution	
Single*	\$17
Family*	\$34

COST SHARE		In-Network	Out-of-Network
	Deductible	\$440 Single \$735 Family	\$1,000 Single \$1,700 Family
	Coinsurance	10%	30%
Out-of-Pocket Max	\$1,245 Single \$2,280 Family	\$3,000 Single \$5,550 Family	

COPAYS		Non-Medicare	Medicare
	Primary Care Physician (PCP) Office Visit [±]	Covered at 50% coinsurance	After Medicare Part B deductible is met, member pays 50% coinsurance for remaining 20%
	Specialist Visit [±]	Covered at 50% coinsurance	After Medicare Part B deductible is met, member pays 50% coinsurance for remaining 20%
	Urgent Care [±] (including Retail Health Centers)		\$50
Emergency Room (waived if admitted)		\$125	

[±] Reflects in-network costs. Refer to plan materials for out-of-network costs.

*Protected Population: Single or Family \$17

New

Advance Care Planning Office Visit

Added for
all plans!

Effective January 1, 2017, the Trust will cover Advance Care Planning under all health plans. Advance Care Planning is a discussion physicians and other health professionals have with patients regarding end-of-life care and patient preferences.

Advance Care Planning is not just about old age. At any age, a medical crisis could leave someone too ill to make health care decisions. Advance Care Planning gives you the opportunity to exercise your right to make decisions regarding your medical care in the event you become incapable of active participation. This process allows you to determine goals regarding health and medical treatment based on personal values, attitudes, and beliefs surrounding healthcare, illness, and death.

More than two-thirds of the adult population have no Living Will or other advance directive. Unfortunately, there are times, such as sudden illness or an accident, when you may not be able to express your wishes. This benefit was made available so you can take an active role in your health care. If your health or wishes ever change, advance directives can be updated or revoked.

Advance Care Planning involves multiple steps designed to help individuals:

- Learn about health care options and decisions for end-of-life care.
- Determine which type of care best fits their personal wishes.
- Share wishes with family, friends, designated advocate and physicians.

Advance Care Planning is offered as a separate service from your primary office visit coverage; the visit does not count toward your annual office visit limit, if applicable. Please note applicable office visit cost share may apply.

Cost
Savings

Select Immunizations Covered Under Reduced Copay

Vaccines are an important step in protecting adults against serious, sometimes deadly, diseases.

Beginning August 1, 2016, flu, pneumonia, shingles and Tdap (whooping cough, tetanus, and diphtheria) vaccines are covered under the Express Scripts prescription drug plan at the tier 1 generic retail copay.

For the remainder of 2016, the tier 1 copay is \$12. Beginning January 1, 2017, the tier 1 copay will be \$14.

Simply show your Express Scripts prescription ID card and the pharmacy will provide your flu, pneumonia, shingles or Tdap immunization for the tier 1 copay. Based on state regulations, a prescription may be needed for some immunizations in certain states. Contact Express Scripts for information on whether a prescription is needed in the state you reside.

Additionally, you'll need to make sure your pharmacy participates in the Express Scripts network. You can contact Express Scripts Member Services at 866-662-0274, or go online to www.Express-Scripts.com to make sure your pharmacy is in-network.

New

Mandatory Medicare Part A

Effective January 1, 2017, all Trust members who are eligible are required to have Medicare Part A to be enrolled in Trust coverage.

All Trust members **must** enroll in Medicare Part A at age 65. If a member does not enroll, he or she will no longer be eligible for enrollment in Trust coverage. Most Trust members are **automatically** enrolled in Medicare Part A when they turn age 65.

Medicare plays a significant role in providing coverage for Trust members. Trust benefits coordinate with Medicare benefits for eligible members. Trust coverage works with Medicare Part A (hospital) and Part B (medical). If you are not enrolled in both when eligible, it could significantly impact your Trust coverage and options. For members who are enrolled in Medicare Parts A and B, you may also have Medicare Advantage Plan (Part C) options in your area. The Trust will automatically enroll Medicare members in Express Scripts Medicare PDP (Part D) for prescription drug coverage.

For additional information regarding Trust eligibility and rules on Medicare coverage, refer to your Summary Plan Description (SPD) or visit www.uawtrust.org.

New

Health Coverage Outside of the U.S.

Whether you are traveling in retirement or chose to live abroad, understanding your health care coverage while outside of the United States is extremely important. With very limited exceptions, Medicare does not provide coverage outside of the U.S. To help you better understand your coverage, we have clarified what the Trust covers outside of the U.S.

Effective January 1, 2017, the Trust will only pay for health care claims outside of the United States, if they are urgent or an emergency. There will be no coverage for routine care.

Because your health care coverage is limited outside the U.S., you may choose to buy a travel insurance policy to get more coverage. An insurance agent or travel agent can provide you with more information about buying travel insurance.

Other Benefit Changes

Medicare has revised its policies to discontinue coverage for individuals who are in the U.S. illegally. As a result, effective January 1, 2017, members who are living in the U.S. illegally will be disenrolled from all Trust coverage when they become entitled to Medicare (most of the time when reaching age 65). Members who are in the U.S. legally because of a visa, marriage, citizenship, etc. will not experience any change from this.

The government recently established rules concerning coverage provided to individuals who experience gender dysphoria (or gender identity disorder). As a result, the Trust is removing the exclusions attached to those members who experience gender dysphoria and require surgical and pharmaceutical therapy to assist that condition. Members requiring these services after January 1, 2017, should contact their carrier for more information on any prerequisites and coverage limitations.

If there is any conflict between this document and previously published documents, the plan document will govern. The committee reserves the right to interpret, amend or terminate the plan of health care benefits at any time.

Contacts & Resources

Visit www.uawtrust.org for information on your medical benefits, prescription drug benefits, eligibility, Medicare, wellness and prevention topics, and more. You can download Benefit Highlights, the Summary Plan Description (SPD), the Schedule of Benefits, Plan Document, watch videos and access other Trust communications.

Stay Connected

Make sure we have your up-to-date contact information so you continue receiving important information from us and your health plan carriers. If you move or change your phone number, contact Retiree Health Care Connect (RHCC) to provide your updated information. If you'd like to receive future email communications from the Trust, be sure to provide RHCC with your email address.

	 Phone	 Online
UAW Retiree Medical Benefits Trust	Retiree Health Care Connect (RHCC) 1-866-637-7555	www.uawtrust.org
Express Scripts RX	1-866-662-0274	www.express-scripts.com
Delta Dental	1-800-524-0149	www.deltadentalmi.com
Medicare	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov
Social Security Administration	1-800-772-1213	www.socialsecurity.gov or visit your local Social Security Administration office