

2020 HEALTH CARE BENEFIT HIGHLIGHTS

Protected GM & Chrysler








Dear UAW Trust Member,

At the UAW Retiree Medical Benefits Trust (the “Trust”), our mission is to provide every member with health benefits and the opportunity to achieve their best quality of life. Since the Trust launched in 2010, we have made great strides to control costs while improving benefits and access to care for our members. We have also been successful in expanding the level of coverage and plan offerings among our national carriers.

Our focus for 2020 is to improve member affordability by reducing your out-of-pocket costs.

If you read our earlier announcement about changes in our eligibility classifications, you already know that you will be classified as a Protected Trust member in 2020. This is why you are receiving this version of Benefit Highlights written specifically for Protected members. As a Protected member, your cost share differs from General members and, depending on your medical plan selection, you will see significant savings. In the pages that follow, you will see the specific cost share features available only to Protected members.

In addition, we are also excited to share that your 2020 benefits include the following enhancements:

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|--|--|
|  New eligibility classification
rules for members with lower pension income |  Reduced prescription drug copays - \$5
for all tier 1 generic medications and select immunizations through retail or mail order for Express Scripts members |
|  New Medicare Advantage PPO plan design
features lower cost share for Protected members |  90-day supply through mail order now at same copay as 30-day at retail
for all non-specialty medications through Express Scripts |
|  No cost share increase |  New annual out-of-pocket maximum protection
on tier 1 and tier 2 pharmacy copays for Express Scripts members |
|  No change in coverage
for vision, dental or hearing benefits | |

Please be advised that the eligibility rules of the Plan determine your eligibility for Protected status. This mailing is not intended to amend, modify or otherwise change the Plan's eligibility rules or your eligibility for Protected status. If you have questions about your eligibility for Protected status or if you received this mailing in error, please contact RHCC at 866-637-7555.

You will find details of the 2020 benefit enhancements,

as well as the specific health plan cost-share features for Protected members in this newsletter.

Depending on your current medical plan selection and alternative options available, you may find even more value in programs offered from the Trust and our carrier partners.

We know that good health is important to you and your family. Please be sure to read the information on the following pages to learn about your 2020 benefits.

If you have questions about your benefits or need to make changes to your plan, please call:

**Retiree Health Care Connect (RHCC) at 866-637-7555,
Monday through Friday, 8:30 a.m. – 4:30 p.m., Eastern Time.**

Continue to watch for materials in the mail, which will be co-branded with the Trust logo and those of our carriers, as we continue to advise you on opportunities to get the most value from your Trust provided benefits.

Sincerely,

The Committee of the UAW Retiree Medical Benefits Trust

Eligibility for Protected Member Classification

The Trust has two classifications for members: General and Protected. In 2006, the UAW bargained with the autos to establish a Protected class to “protect” lower-income retirees and their surviving spouses from certain cost-sharing provisions such as medical deductibles, copays and monthly contributions. The maximum thresholds to qualify for Protected were established using a basic benefit rate of \$33.33 and annual pension amount of \$8,000 or less per year. This dollar amount meant that this protection was generally available for retirees who retired before October 1, 1984, and most surviving spouses of retirees who retired before October 1, 1990. The Trust has continued to maintain this eligibility criteria to-date.



Effective 1/1/2020

The Trust will modify the eligibility qualification for the Protected class by removing the basic benefit rate and pension calculation and will instead move to an expanded retirement date-based criteria. As a result of this change:

All retirees who retired before 10/1/1990 will now qualify for Protected classification.

AND

All surviving spouses of retirees who retired before 10/1/1999 will now qualify for Protected classification.

Provisions for being a Protected member will also apply to all eligible dependents of Protected members.

Moving to a simplified and expanded date-based eligibility criteria ensures current Protected members will continue to maintain this status while allowing additional lower pension income retirees to qualify.

This means that some members currently classified as General may later qualify for Protected status in the future based on this new eligibility criteria.

This is a Protected version of Benefit Highlights

so the cost-share amounts reflected in this document are **applicable to Protected members only**. If you are newly Protected, you may notice significant differences in cost-share for the plan in which you are enrolled.

Additionally, we have added a new **Protected Medicare Advantage plan design for 2020 (see page 6 for details)**. The plan is only available to our Protected Medicare members. If you are currently enrolled in our Medicare Advantage PPO plan with Blue Cross Blue Shield or Aetna, this new cost share will be automatically applied to your plan on January 1, 2020.

If you are a Medicare member and not currently enrolled in the Medicare Advantage PPO plan and would like to enroll, you will need to call:

Retiree Health Care Connect (RHCC) at 866-637-7555, Monday through Friday, 8:30 a.m. – 4:30 p.m., Eastern Time.

If you are making any plan change that you want to be effective for January 1, 2020, you will need to call RHCC before November 29, 2019.

Prescription Drug Benefits

The Trust recognizes that pharmacy benefits are the most utilized benefits and represent a large portion of out-of-pocket costs for our members. As part of our focus to increase affordability for all members, we are pleased to announce the following changes for our members using Express Scripts* and Express Scripts Medicare*.

Effective 1/1/2020:



- Tier 1 copay for medications and immunizations **reduced from \$14 to \$5** for 30-day retail supply, and **reduced from \$24 to \$5** for 90-day mail order supply.



- **All mail order copays in all tiers** will be reduced to the same amount as the retail copay. That means you can get a **90-day supply at mail order** for the same amount as what you would pay for a **30-day supply at retail** (66% savings!)



- An annual out-of-pocket copay maximum of \$1,500 will be in place for all tier 1 and tier 2 drugs to limit expenses for members on multiple medications. Please note that tier 3 medications are excluded, as there are lower cost options available in tier 1 and tier 2.



\$20 for 2020

In 2020, each covered tier 1 medication you take will only cost **\$20** for the entire year through Express Scripts mail order.

Switch to mail order and save!

*Members enrolled in Kaiser or HealthPartners do not have pharmacy coverage through Express Scripts and therefore there is no change to the current pharmacy benefit. All other medical plans have prescription drug coverage provided by Express Scripts.

The following tiers and copays apply to members with Express Scripts coverage.



Prescription Drug Benefits 2020 COPAY FOR MEDICATIONS IN EACH TIER

Retail
(One Month)

Mail-Order
(90-Day)*

Tier 1: Generic and Select immunizations	\$5	\$5
Tier 2: Preferred	\$45	\$45
Tier 3: Non-preferred	\$115	\$115

*Specialty medications are dispensed in one-month increments

If you get your maintenance medications at a retail pharmacy, you will want to use mail order to take advantage of huge savings opportunities in 2020.



Switch to mail order and save!

2020 Copay
(90-day Retail)**

2020 Copay
(Mail-Order)

SAVINGS

Tier 1: Generic and Select immunizations	\$15	\$5	\$10
Tier 2: Preferred	\$135	\$45	\$90
Tier 3: Non-preferred	\$345	\$115	\$230

**Retail 90-day supply only available for Medicare members

MEDICARE

2020

NEW MA PPO Medicare Advantage PPO

TCN BCBS Traditional Care Network

HMO* Health Maintenance Organization

Monthly Contribution	\$0 Single Family	\$17 Single \$17 Family	\$0 Single \$0 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$0 / Person	\$400 Single \$675 Family	\$0 Single \$0 Family
Coinsurance (Amount you pay after your deductible is met)	N/A	10%	N/A
Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs)	N/A	\$800 Single \$1,475 Family	N/A
Primary Care Physician (PCP) Office Visit	\$0 Copay	Covered by Medicare at 80%, after Part B deductible is met; You pay remaining 20%	\$25 Copay
Specialist Office Visit	\$0 Copay	Covered by Medicare at 80%, after Part B deductible is met; You pay remaining 20%	\$25 Copay
Urgent Care (Including Retail Health Clinics)	\$25 Copay	\$50 Copay	\$25 Copay
Emergency Room (Waived if admitted)	\$50 Copay	\$125 Copay	\$50 Copay

Reflects in-network costs
* HMO plan availability limited

NON-MEDICARE

2020

ECP BCBS Enhanced Care PPO

HMO* Health Maintenance Organization

Monthly Contribution	\$17 Single \$17 Family	\$17 Single \$17 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$400 Single \$675 Family	\$0 Single \$0 Family
Coinsurance (Amount you pay after your deductible is met)	10%	N/A
Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs)	\$800 Single \$1,475 Family	N/A
Primary Care Physician (PCP) Office Visit	\$25 Copay	\$25 Copay
Specialist Office Visit	\$35 Copay	\$25 Copay
Urgent Care (Including Retail Health Clinics)	\$50 Copay	\$50 Copay
Emergency Room (Waived if admitted)	\$125 Copay	\$100 Copay

Reflects in-network costs
* HMO plan availability limited

HELPFUL RESOURCES

For access to information from the Trust, including the latest news on your health and prescription drug benefits, health and wellness information, a downloadable document center, ways to contact us and more, visit us at uawtrust.org.

To help navigate your healthcare benefits, you have several resources at your fingertips.

RETIREE HEALTH CARE CONNECT

Trust Eligibility and Customer Service Center

 **866-637-7555**

 **digital.alight.com/rhcc**

- Add/remove dependent(s)
- Plan confirmation/eligibility
- Qualified status changes (reporting dependent changes, deaths, etc.)
- Address change
- Add/update an email address or phone number

EXPRESS SCRIPTS

Prescription Drug Coverage

 **866-662-0274**

 **express-scripts.com**

 **uawtrust.org/prescriptiondrugcoverage**

HEALTH PLANS

Contact your health plan by calling the phone number on the back of your medical ID card or visiting their online portal.

 **uawtrust.org/healthplancarriers**

DELTA DENTAL

 **800-524-0149**

 **deltadentalmi.com**

DAVIS VISION

 **888-234-5164**

 **davisvision.com**

TRUHEARING

 **844-394-5420**

 **truhearing.com/uawtrust**



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

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