

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

		Non-Medicare	Medicare
COPAYS	<b>Primary Care Physician (PCP) Office Visit<sup>1</sup></b>	<b>\$25 copay per visit for six (6) routine PCP visits</b>	<b>Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%</b>
	<b>Specialist Office Visit</b>	<b>Specialist office visits not covered</b>	<b>Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%</b>
	<b>Urgent Care<sup>1</sup></b> (including Retail Health Centers)		<b>\$50</b>
	<b>Emergency Room</b> (waived if admitted)		<b>\$125</b>

<sup>1</sup> 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**

<b>Single</b>	<b>\$0</b>
<b>Family</b>	<b>\$0</b>

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

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

\* 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 <sup>1</sup>	\$400 Single \$675 Family

COPAYS	Primary Care Physician (PCP) Office Visit	\$25 per visit	
	Specialist Visit	\$35 per visit	
		Non-Medicare	Medicare
	Urgent Care <sup>1</sup> (including Retail Health Centers)	\$50	\$25
	Emergency Room <sup>1</sup> (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.

<sup>1</sup> 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 <sup>±</sup>	Covered at 50% coinsurance	After Medicare Part B deductible is met, member pays 50% coinsurance for remaining 20%
	Specialist Visit <sup>±</sup>	Covered at 50% coinsurance	After Medicare Part B deductible is met, member pays 50% coinsurance for remaining 20%
	Urgent Care <sup>±</sup> (including Retail Health Centers)	\$50	
Emergency Room (waived if admitted)	\$125		

<sup>±</sup> Reflects in-network costs. Refer to plan materials for out-of-network costs.

\*Protected Population: Single or Family \$17