

# 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.