

## Chrysler Schedule of Benefits for 2016

This Schedule of Benefits is a supplement to your Summary Plan Description. This Schedule of Benefits also describes additional benefits not described in the Summary Plan Description.

### Medical Plan Provisions for Chrysler Retirees

The following table outlines the medical benefits offered by the UAW Retiree Medical Benefits Trust effective January 1, 2016. The amounts may be adjusted as determined by the Committee.

Monthly Contribution for Trust Participation*		
<b>Single:</b> \$17	<b>Family:</b> \$34	<b>Protected:</b> \$17

\*Enrollees in an MA PPO plan may have their contribution waived

Prescription Drug Copayments			
Retail Pharmacy Fills for 1-month supply		Mail Order Pharmacy Fills for 90-day supply	
<b>Tier 1</b> Generic	\$12	<b>Tier 1</b> Generic	\$24
<b>Tier 2</b> Preferred Brand (and select Generics)	\$40	<b>Tier 2</b> Preferred Brand (and select Generics)	\$80
<b>Tier 3</b> Non-Preferred Brand	\$100	<b>Tier 3</b> Non-Preferred Brand	\$200

Traditional Care Network (TCN) Cost Sharing	In-Network	Out-of-Network
<b>Deductible</b>	Single: \$385 Family: \$650	Single: \$1,000 Family: \$1,700
<b>Coinsurance</b>	10%	30%
<b>Out-of-Pocket Maximum</b>	Single: \$755 Family: \$1,395	Single: \$3,000 Family: \$5,550
<b>Office Visit – Primary Care Physician Copay</b>	Non-Medicare: 6 visits to a PCP with a \$25 copay per visit Medicare: Covered by Medicare at 80%, after Part B deductible is met; member pays remaining 20%	No Coverage
<b>Office Visit - Specialist Copay</b>	No Coverage	No Coverage
<b>Urgent Care Copay (per visit)</b>	\$50	No coverage
<b>Emergency Room Copay (per visit)</b> (waived if admitted)	\$125	

<b>Preferred Provider Organization (PPO) Cost Sharing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>	Single: \$425 Family: \$720	Single: \$1,000 Family: \$1,700
<b>Coinsurance</b>	10%	30%
<b>Out-of-Pocket Maximum</b>	Single: \$1,200 Family: \$2,220	Single: \$3,000 Family: \$5,550
<b>Office Visit – Primary Care Physician Coinsurance</b>	50%	No Coverage
<b>Office Visit – Specialist Coinsurance</b>	50%	No Coverage
<b>Urgent Care Copay (per visit)</b>	\$50	No Coverage
<b>Emergency Room Copay (per visit) (waived if admitted)</b>	\$125	

<b>HMO Cost Sharing</b>	<b>In-Network</b>	
<b>Deductible</b> <b>Note: Deductible does not apply to the Protected Class.</b>	Single: \$385 Family: \$650	
<b>Coinsurance</b>	None	
<b>Out-of-Pocket Maximum</b>	Varies by HMO	
<b>Office Visit – Primary Care Physician Copay</b>	\$25 per visit	
<b>Office Visit – Specialist Copay</b>	\$35 per visit	Protected Class: \$25 per visit
<b>Urgent Care Copay (per visit)</b>	Non-Medicare: \$50	Medicare: \$25
<b>Emergency Room Copay (per visit) (waived if admitted)</b>	Non-Medicare: \$125	Medicare: \$50
	Non-Medicare Protected Class: \$100	

<b>Medicare Advantage (MA) PPO Cost Sharing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>	\$245 per person	\$490 per person
<b>Coinsurance</b>	10%	30%
<b>Out-of-Pocket Maximum</b>	\$630 per person	\$1,395 per person
<b>Office Visit – Primary Care Physician Copay</b>	\$20 per visit	50% coinsurance after the deductible
<b>Office Visit – Specialist Copay</b>	\$25 per visit	50% coinsurance after the deductible
<b>Urgent Care Copay (including participating Retail Clinics)</b>	\$25 per visit	
<b>Emergency Room Copay</b>	\$50 per visit	

## PREVENTIVE SERVICES / SCREENINGS

The Trust encourages you to get preventive services and screenings to help identify a health risk. The list of covered services may be adjusted from time to time. Those services not listed that receive an “A” or “B” recommendation by the U.S. Preventive Services Task Force will also be covered. The following table captures the most commonly provided preventive services and screenings not covered by an “A” or “B” recommendation.

Service	Applications & Limitations
<b>PAP Smear</b>	1 per year
<b>Proctoscopic Exams Without Biopsy</b>	1 every 3 years, for participants age 40 and older
<b>Digital Rectal Exam</b>	1 every 3 years, for participants age 40 and older
<b>Mammogram</b>	1 per year, for participants age 40 and older
<b>PSA</b>	1 per year, for participants age 40 and older
<b>Fecal Occult Blood or Fecal Immunochemical Test</b>	1 per year, for participants age 50 and older
<b>Flexible Sigmoidoscopy, Barium Enema, Colonoscopy</b>	For participants age 50 or older: 1 Flexible Sigmoidoscopy or 1 Barium Enema every 5 years OR 1 Colonoscopy every 10 years
<b>Hepatitis C Screening</b>	For participants at risk, or who have signs or symptoms that may indicate a Hepatitis C infection
<b>Immunizations and Vaccinations</b>	Coverage is based on the recommendations and approvals of the Advisory Committee on Immunization Practices, including appropriate dosages, ages and frequency of administration (consult your Carrier for current provisions).

## HEARING COVERAGE IN THE TCN AND PPO

Retirees and their dependents in the Blue Cross Blue Shield of Michigan TCN or PPO, non-Medicare members in the Humana TCN or PPO, and Humana TCN Medicare options have their hearing coverage administered through AudioNet. Medicare retirees and their dependents in the Humana PPO option have their hearing coverage administered by Humana.

Before receiving a hearing aid, a retiree or dependent must receive a medical examination of the ear by a physician. Services must be with an in-network provider to receive full coverage. Dependents under age 18 must receive this medical examination before each service under this benefit. Call AudioNet at (800) 400-2619 for assistance in finding an in-network provider.

Plan Enrollment		Administrator
<b>Blue Cross Blue Shield of Michigan</b>	TCN or PPO Non-Medicare	AudioNet
	TCN or PPO Medicare	
<b>Humana</b>	TCN or PPO Non-Medicare	AudioNet
	TCN Medicare	
	PPO Medicare	Humana—See plan materials for hearing coverage description rather than description below.

Service	How Often Covered	Notes
<b>Audiometric Examination</b>	Once every 36 months	Must be performed by a physician or audiologist.
<b>Hearing Aid Evaluation Test (including Conformity Evaluation)</b>	Once every 36 months	Must be performed by a physician or audiologist. Conformity evaluations are a visit to the physician or audiologist after receiving a hearing aid to ensure that it is working properly and conforming to its description.
<b>Two (2) Mid-Level Standard Digital Hearing Aids</b>	Once every 36 months	A hearing aid includes: (1) the hearing aid unit; (2) ear mold, necessary cords, tubing, and connectors; (3) standard package of batteries; and (4) earphone (often referred to as a receiver) or oscillator.  Hearing aids come with a two-year repair warranty and a one-year loss and damage warranty.

#### PHYSICAL THERAPY IN THE TCN AND PPO

You have coverage for outpatient physical therapy up to 60 visits per condition per year. Before you can receive physical therapy, you must receive preapproval from the carrier. You will only receive preapproval if your condition is expected to improve in a reasonable and generally predictable period of time, or if you have improvement on a periodic basis. You **MUST** receive physical therapy at an in-network provider. **No coverage will be provided if therapy is received at an out-of-network provider.**

Carrier	Claim Inquiries	Appeals
<b>Blue Cross Blue Shield of Michigan</b> (administrator)  877-832-2829 <a href="http://www.bcbsm.com/uawtrust">http://www.bcbsm.com/uawtrust</a>	UAW Auto Retiree Service Center P.O. Box 311088 Detroit, MI 48231	UAW Auto Retiree Appeals Unit – Mail Code 2004 Blue Cross Blue Shield of Michigan 600 Lafayette East Detroit, MI 48226
<b>Humana</b> (administrator)  800-758-5002 <a href="http://www.humana.com">http://www.humana.com</a>	Humana Claims P.O. Box 14601 Lexington, KY 40512-4601	Grievance and Appeals P.O. Box 14546 Lexington, KY 40512-4546