

Health Care Benefit Highlights

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

2017

Dear Ford 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.

For 2017, there are increases to all prescription drug copays, except the Tier 1 (generic) 90-day mail order. These copay amounts apply to all plan types.

**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

Important Prescription Drug Coverage Changes

Generic drugs 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.

Specialty drugs are prescription medications requiring special handling, administration or monitoring. 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 either of these changes will receive a special letter in October with instructions on next steps.

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

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

Review the inside of this booklet for more information on these programs. 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

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