

## Ford Schedule of Benefits for 2015

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

### Medical Plan Provisions for Ford Motor Retirees

The following table describes the medical benefits offered by the UAW Retiree Medical Benefits Trust effective January 1, 2015. The amounts may be adjusted as determined by the Committee.

Monthly Contribution for Trust Participation*		
Single: \$17	Family: \$34	Protected Class: \$0

\*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
Deductible	Single: \$385 Family: \$650	Single: \$1,000 Family: \$1,700
Coinsurance	10% (Protected – 0%)	30% (Protected – 10%)
Out-of-Pocket Maximum (does not apply to the Protected Class)	Single: \$755 Family: \$1,395	Single: \$3,000 Family: \$5,550
Office Visit – Primary Care Physician Copay	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
Specialist Copay	No Coverage	No Coverage
Urgent Care Copay	\$50 per visit (Protected – \$0)	No coverage
Emergency Room Copay (waived if admitted)	\$125 per visit (Protected – \$0)	

<b>Preferred Provider Organization (PPO) Cost Sharing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Deductible	Single: \$425 Family: \$720	Single: \$1,000 Family: \$1,700
Coinsurance	10% (Protected – 0%)	30% (Protected – 10%)
Out-of-Pocket Maximum (does not apply to the Protected Class)	Single: \$1,200 Family: \$2,220	Single: \$3,000 Family: \$5,550
Office Visit – Primary Care Physician Coinsurance	50%	No Coverage
Office Visit – Specialist Coinsurance	50%	No Coverage
Urgent Care Copay	\$50 per visit (Protected – \$0)	No Coverage
Emergency Room Copay (waived if admitted)	\$125 per visit (Protected – \$0)	

<b>HMO Cost Sharing</b> (may vary by region)	<b>In-Network</b>	
Deductible Note: Deductible does not apply to the Protected Class.	Single: \$385 Family: \$650	
Co-Insurance	None	
Out-of-Pocket Maximum	Varies by HMO	
Office Visit – Primary Care Physician Copay	\$25 per visit	
Office Visit – Specialist Copay	\$35 per visit	Protected Class: \$25 per visit
Urgent Care Copay (per visit)	Non-Medicare: \$50	Medicare: \$25
	Protected Class: \$0	
Emergency Room Copay (per visit) (waived if admitted)	Non-Medicare: \$125	Medicare: \$50
	Protected Class: \$0	

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

## PREVENTIVE SERVICES / SCREENINGS

The Trust encourages you to get preventive services and screenings to 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	APPLICATION AND LIMITATIONS
PAP Smear	1 per year
Proctoscopic Exams Without Biopsy	1 every 3 years, for participants age 40 and older
Digital Rectal Exam	1 every 3 years, for participants age 40 and older
Mammogram	1 per year, for participants age 40 and older
PSA	1 per year, for participants age 40 and older
Fecal Occult Blood or Fecal Immunochemical Test	1 per year, for participants age 50 and older
Flexible Sigmoidoscopy, Barium Enema, Colonoscopy	For participants age 50 or older: 1 Flexible Sigmoidoscopy or 1 Barium Enema every 5 years OR 1 Colonoscopy every 10 years
Hepatitis C Screening	For participants at risk, or who have signs or symptoms that may indicate a Hepatitis C infection
Immunizations and Vaccinations	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 option have their hearing coverage administered through Audionet. Retirees and their Dependents in the Humana TCN or 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 with the Carrier. Dependents under age 18 must receive this medical examination before each service under this benefit.

Service	How Often Covered	Additional Notes
Audiometric Examination	Once every 36 months	Must be performed by a physician or audiologist.
Hearing Aid Evaluation Test (including Conformity Evaluation)	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.
Two (2) Mid-Level Standard Digital Hearing Aids	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.

## MEDICARE PART B PREMIUM SUBSIDY

For Ford Retirees retiring after October 1, 1979, a Medicare Part B Premium Subsidy is provided to help Retirees, Surviving Spouses, and Surviving Same Sex Domestic Partners pay for Medicare Part B. Those enrollees receiving a Retirement Plan due to a deferred vested benefit or a pre-retirement survivor benefit are not eligible. The enrollee must be receiving a pension from the pension plan in order to be eligible; those receiving survivor's insurance are not eligible. A Ford Retiree cannot receive an additional benefit if separately enrolled as a Surviving Spouse or Surviving Same-Sex Domestic Partner. The Medicare Part B Premium Benefit is \$76.20 per month.

Enrollees eligible for Medicare Part B must enroll and remain enrolled in Part B to be eligible to receive this benefit. Retirees under age 65 who are disabled or have End Stage Renal Disease are also eligible for this benefit, provided they have enrolled in Part B. If eligible, the Medicare Part B Premium Benefit will be included in the enrollee's pension check.

## PHYSICAL THERAPY IN THE TCN AND PPO

You have coverage for outpatient physical therapy for up to 60 visits per condition per year. Before you can receive physical therapy, you must receive preapproval from the physical therapy administrator. 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 noted on a periodic basis. You **MUST** receive physical therapy at a provider in the network of the physical therapy administrator. This network may be more restrictive than the network for other kinds of therapy, as well as compared to the covered locations under Medicare. **No coverage will be provided if therapy is received at an Out-of-Network Provider.**

### Blue Cross Blue Shield of Michigan Enrollees

Carrier Name	Claim Inquiries	Appeals
<b>Theramatrix</b> (Outpatient Physical Therapy Administrator)  888-638-8786 <a href="http://www.theramatrix.com">http://www.theramatrix.com</a>	Theramatrix Physical Therapy Network P.O. Box 321036 Detroit, MI 48342	Theramatrix Physical Therapy Network Attn: Appeals P.O. Box 321036 Detroit, MI 48342

### Humana Enrollees

Carrier Name	Claim Inquiries	Appeals
<b>Humana</b> (Outpatient Physical Therapy 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