

# HEALTH CARE BENEFIT HIGHLIGHTS

ADDENDUM TO THE BENEFIT HIGHLIGHTS, SCHEDULE OF BENEFITS,  
AND SUMMARY PLAN DESCRIPTION PREVIOUSLY PUBLISHED.

Dear UAW Trust Member,

## 2016

At the UAW Retiree Medical Benefits Trust (the "Trust"), we remain committed to making quality health care available to you and your eligible dependents, and to providing you the information you need to make informed choices. In the five years since our launch, we've made great strides in finding ways to control costs while improving health care benefits and focusing closely on the needs of our retiree members. **Because of these efforts, we are pleased that member costs and benefit levels will remain unchanged for 2016.** In other words, you will not see any increases to your cost share for 2016. You can see the current cost share for all health care plans on pages 2 - 5 of this newsletter.



### What's Staying the Same for 2016

- No change in the benefits
- No increase to the monthly contribution
- Copayments, deductibles and coinsurance remain the same
- No changes to prescription drug copays

### Healthy Decisions Start Now! Choose Wisely!



*An initiative of the ABIM Foundation*

When you're actively engaged in your health care, you can live a longer, higher-quality life. We are pleased to launch *Choosing Wisely*<sup>®</sup>, a campaign encouraging conversations between you and your doctor. You should have received information on the *Choosing Wisely* campaign this summer. We have dedicated a section of our website to *Choosing Wisely* resources with articles and videos on topics that will make you a better health care consumer. Visit [www.uawtrust.org](http://www.uawtrust.org) for details.

### How Do You Get Involved?

Whether you're in the best health, have risk factors you want to work on, or are managing a chronic condition, there's no better time to take charge of your health. Understand your health care benefits. Review the Summary Plan Description (SPD) that was mailed to you this summer. The SPD provides a detailed explanation of the health care benefits available to eligible UAW Trust members and their dependents. Visit us at [www.uawtrust.org](http://www.uawtrust.org), to learn more about the Trust.

As we work together with you, our members, through campaigns such as *Choosing Wisely*, we continue to look for ways to address the challenges of rising health care costs. Your engagement can help protect the Trust's financial health, and help the Trust provide good medical benefits to you and your fellow UAW retirees for many years into the future.

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

# MONTHLY CONTRIBUTION FOR ALL PLANS

EFFECTIVE JANUARY 1, 2016

No Changes

Enrollment in Trust coverage requires a monthly contribution. There is no change to the monthly contribution for 2016. It remains as follows:

Single*	\$17
Family*	\$34

2016: WAIVED FOR MEMBERS ENROLLED IN A MEDICARE ADVANTAGE PPO PLAN

\* Protected Population: Single or Family — \$17

# PRESCRIPTION DRUG COPAYS FOR ALL PLANS

EFFECTIVE JANUARY 1, 2016

No Changes

For 2016, there are no changes to copays for all prescription drugs. These copay amounts apply to all plan types and all individuals.

	Retail (One-Month Supply)	Mail-Order (90-Day Supply)
Tier 1 Generic	\$12	\$24
Tier 2 Preferred Brand	\$40	\$80
Tier 3 Non-Preferred Brand	\$100	\$200

# DENTAL AND VISION PLANS

EFFECTIVE JANUARY 1, 2016

No Changes

For 2016, there are no changes to the Trust-sponsored dental or vision plans. Coverage and copay amounts remain the same.

# TRADITIONAL CARE NETWORK (TCN)

EFFECTIVE JANUARY 1, 2016



There are **no changes** in cost share to the Traditional Care Network (TCN) plan for 2016.

The TCN plan is the base plan option available to **all** plan members in all 50 states.

This plan is based on a nationwide network of providers and allows services to be performed both in-network and out-of-network.

## Who is eligible?

All Trust members—both **Non-Medicare and Medicare**.

	In-Network	Out-of-Network
<b>Deductible</b> (amount you pay annually before the Plan begins to pay a portion of the costs)	<b>\$385 Single</b> <b>\$650 Family</b>	<b>\$1,000 Single</b> <b>\$1,700 Family</b>
<b>Coinsurance</b> (the amount you pay after your deductible is met)	<b>10%</b>	<b>30%</b>
<b>Out-of-Pocket Max</b> (the TOTAL amount you pay annually before the Plan covers 100% of costs)	<b>\$755 Single</b> <b>\$1,395 Family</b>	<b>\$3,000 Single</b> <b>\$5,550 Family</b>
	Non-Medicare	Medicare
<b>Primary Care Physician (PCP) Office Visit and Specialist Visit Copay</b>	<b>\$25 per visit for six (6) routine PCP visits</b>  <b>Specialist office visits not covered by copay</b>	<b>Covered by Medicare at 80%, after Part B deductible is met;</b>  <b>Member pays remaining 20%</b>
<b>Urgent Care Copay</b> (including Retail Clinics)	<b>\$50</b>	
<b>Emergency Room Copay</b> (waived if admitted)	<b>\$125</b>	

If you are selecting a new health care plan for 2016, contact the UAW Trust Eligibility Center—**Retiree Health Care Connect (RHCC) at 866-637-7555 before November 25** in order for your plan to be effective January 1, 2016.

# MEDICARE ADVANTAGE (MA) PPO

EFFECTIVE JANUARY 1, 2016



There are **no changes** in cost share to Medicare Advantage PPO (MA PPO) plans for 2016.

These plans are approved by Medicare and administered by private companies. They provide all of your Original Medicare Part A (hospital) and Part B (medical) benefits, and additional benefits. MA PPO Plans have provider networks, so in order to receive the highest level of benefits with the lowest out-of-pocket cost, you need to receive services from in-network providers.

## Who is eligible?

Trust members who are enrolled in Medicare Parts A and B (must continue paying the Part B premium to Medicare) and live in the one of the 30 states where MA PPOs are offered.

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

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

\* Reflects in-network costs. Refer to plan materials for out-of-network costs.

If you are selecting a new health care plan for 2016, contact the UAW Trust Eligibility Center—**Retiree Health Care Connect (RHCC)** at 866-637-7555 before **November 25** in order for your plan to be effective January 1, 2016.

# HEALTH MAINTENANCE ORGANIZATION (HMO)

EFFECTIVE JANUARY 1, 2016

*These plan options are only available in select areas.*

**No Changes**

<b>Deductible</b>	\$385 Single \$650 Family
<b>Primary Care Physician (PCP) Office Visit and Specialist Visit Copay</b>	\$25 per PCP visit \$35 per specialist visit

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.

	Non-Medicare	Medicare
<b>Urgent Care Copay (including Retail Clinics)</b>	\$50	\$25
<b>Emergency Room Copay (waived if admitted)</b>	\$125	\$50

# PREFERRED PROVIDER ORGANIZATION (PPO)

EFFECTIVE JANUARY 1, 2016

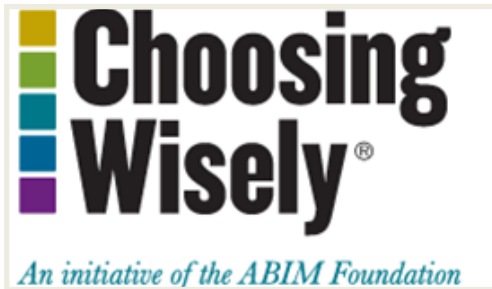
**No Changes**

*These plan options are not open to new enrollment.*

	In-Network	Out-of-Network
<b>Deductible</b>	\$425 Single \$720 Family	\$1,000 Single \$1,700 Family
<b>Coinsurance</b>	10%	30%
<b>Out-of-Pocket Max</b>	\$1,200 Single \$2,200 Family	\$3,000 Single \$5,550 Family

	Non-Medicare	Medicare
<b>Primary Care Physician (PCP) Office Visit and Specialist Visit Copay*</b>	Covered at 50% coinsurance	Covered by Medicare at 80%, after Part B deductible is met; member pays 50% coinsurance for remaining 20%
<b>Urgent Care Copay (including Retail Clinics)</b>	\$50	
<b>Emergency Room Copay (waived if admitted)</b>	\$125	

# CHOOSING WISELY®: RESOURCES AND NEW INFORMATION FOR YOUR HEALTH



At your fingertips is more medical advice than you'll ever need in a single lifetime. Every illness, condition or injury has been documented and discussed somewhere on the Internet.

But there's a catch. How do you know whether that advice is credible? Will it hurt more than help? Where do you go for more information? Now, you have a trusted resource.

## Advice From People You Can Trust

The *Choosing Wisely*® campaign, an initiative of the American Board of Internal Medicine (ABIM) Foundation in partnership with *Consumer Reports*, is a national effort to help patients and physicians have conversations to ensure the right care is delivered at the right time. Studies have shown that as much as 30 percent of health care in the U.S. is unnecessary and could be harmful to your health.

**30% of health care spending is wasted on unnecessary services, including some that may not improve people's health.**

*Choosing Wisely*® aims to change all that with articles and tip sheets that focus on everything from coping with serious illness, to preventive care, to the do's and don'ts of common tests. And it's information you can trust. Members involved with the initiative include dozens of national organizations representing medical specialists, consumer-focused organizations and *Consumer Reports*.

The Trust is pleased to collaborate with *Consumers Reports* to provide this information to you. You should have received a postcard with a wallet card on the "5 Questions to Ask Your Doctor." The more educated you are, the more prepared you will be to ask questions of your physician, understand recommendations, and weigh the pros and cons of different treatment options.

When you make the most of your doctor visits, you get better care and see better health results.

## Take an Active Role in Your Care—With Our Help

Health care is complicated. Physicians can give conflicting advice. The quality of care can vary depending on where you live or what facility you visit. What's covered and who's in your network can change at any time.

As a result, it can be difficult to get the right answers about the best treatment for you. When you're aware of the care you're receiving, you're able to take an active role in it. We want to help you take an active role in your health care by providing you with the right information. To learn more about the *Choosing Wisely*® campaign, visit us online at [www.uawtrust.org](http://www.uawtrust.org).

**If other prices had grown as quickly as health care costs since 1945, today a gallon of milk would cost \$48.**



# 2016 AFFORDABLE CARE ACT TAX REPORTING INFORMATION

Form **1095-B** Mailed to "Policy Holder," (i.e. retiree or surviving spouse)

Department of the Treasury Internal Revenue Service

OMB No. 1545-2016 2014

1 Name of responsible individual  
John Doe

2 Social security number (SSN)  
121-21-1212

3 Date of birth (if SSN is not available)  
New York

4 Street address (including apartment no.)  
1000 Boy St.

5 City or town  
New York

6 State or province  
New York

7 Country and ZIP or foreign postal code  
99999

8 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

9 Enter letter identifying Origin of the Policy (see instructions for codes):  
B

10 Employer name  
UAW Retiree Medical

11 Employer identification number (EIN)  
99-99999

12 Street address (including room or suite no.)  
200 Walker St., Suite 400

13 City or town  
Anytown

14 State or province  
Michigan

15 Country and ZIP or foreign postal code  
48207

17 Employer identification number (EIN)  
99-99999

18 Contact telephone number  
800-555-5555

19 Street address (including room or suite no.)  
200 Walker St., Suite 400

20 City or town  
Anytown

21 State or province  
Michigan

22 Country and ZIP or foreign postal code  
48207

23 Name of covered individual  
Jane Doe

24 SSN  
131-31-1313

(a) Name of covered individual	(b) SSN	(c) Covered all or none months	(d) Months of coverage												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Jane Doe	131-31-1313	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Only includes names of non-Medicare members in self-insured plans

Beginning in 2016, under the Affordable Care Act (ACA), individuals will be required to provide evidence of "minimum essential health coverage" or be subject to a penalty when they file their 2015 income tax return. **The Trust coverage meets all requirements of minimum essential health coverage.**

The Trust will provide member households with the 1095-B form. Forms will be mailed by January 31, 2016, in an envelope marked "Important Tax Information Inside."

For members enrolled in Medicare Part A, Medicare coverage is considered "minimum essential coverage" and you will receive a form from Medicare. Additionally, if you are enrolled in an HMO or MA PPO plan, you will receive forms from your health plan carrier.

Members can contact RHCC at 866-637-7555 for duplicate forms.

Form **1095-B** Health Coverage

Department of the Treasury Internal Revenue Service

OMB No. 1545-2016 2014

1 Name of responsible individual  
Tom King

2 Social security number (SSN)  
111-22-3333

3 Date of birth (if SSN is not available)  
Arizona

4 Street address (including apartment no.)  
Main St.

5 City or town  
Anytown

6 State or province  
Arizona

7 Country and ZIP or foreign postal code  
99999

8 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

9 Enter letter identifying Origin of the Policy (see instructions for codes):  
B

10 Employer name  
UAW Retiree Medical Benefits Trust

11 Employer identification number (EIN)  
99-99999

12 Street address (including room or suite no.)  
200 Walker St., Suite 400

13 City or town  
Detroit

14 State or province  
Michigan

15 Country and ZIP or foreign postal code  
48207

17 Employer identification number (EIN)  
99-99999

18 Contact telephone number  
800-555-5555

19 Street address (including room or suite no.)  
200 Walker St., Suite 400

20 City or town  
Detroit

21 State or province  
Michigan

22 Country and ZIP or foreign postal code  
48207

23 Name of covered individual  
Tom King

24 SSN  
111-22-3333

25 Name of covered individual  
Barbara King

26 SSN  
222-22-4444

27 Name of covered individual  
Paul King

28 SSN  
10/17/2015

(a) Name of covered individual	(b) SSN	(c) Covered all or none months	(d) Months of coverage												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Tom King	111-22-3333	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Barbara King	222-22-4444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Paul King	10/17/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Covered all 12 months

Covered only specified months

Forms shown as example. Actual 2015 forms may differ slightly.

## VISIT YOUR TRUST ONLINE



Go to [www.uawtrust.org](http://www.uawtrust.org) for information about the Trust and specific information about member benefits. You can browse the site to get information about:

- Medical benefits
- Prescription drug benefits
- Eligibility
- Medicare
- Wellness and prevention topics, and more

You may also download the Benefit Highlights, Summary Plan Description (SPD), Schedule of Benefits, Plan Document, videos and other communications from the Trust.

### Having trouble finding what you're looking for on the site?

Use our search bar at the top of the home page to get results that best match your search terms.

Remember to visit us frequently as we continue to update the website with helpful information.

**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 AND RESOURCES



Image courtesy of FreeDigitalPhotos.net

## Stay Connected!

Updating your contact information is necessary so that you can continue to receive important information from the Trust and your health plan carriers. If you move or change your phone number, be sure to contact Retiree Health Care Connect (RHCC) to make the update. Also, if you'd like to receive future email communications from the Trust, be sure to provide a current email address when you contact RHCC.

### Phone

### Online

**UAW Retiree  
Medical  
Benefits Trust**

***Retiree Health Care  
Connect (RHCC)***

**[www.uawtrust.org](http://www.uawtrust.org)**

**1-866-637-7555**

**Express Scripts  
Rx**

**1-866-662-0274**

**[www.express-scripts.com](http://www.express-scripts.com)**

**Delta Dental**

**1-800-524-0149**

**[www.deltadentalmi.com](http://www.deltadentalmi.com)**

**Medicare**

**1-800-MEDICARE**

**[www.medicare.gov](http://www.medicare.gov)**

**Social Security  
Administration**

**1-800-772-1213**

**[www.socialsecurity.gov](http://www.socialsecurity.gov)**

*or visit your local Social  
Security office*

UAW RETIREE  
**Medical Benefits Trust**