



COMMON
QUESTIONS



ELIGIBILITY AND
DEPENDENT



HEALTH PLAN AND
PAYMENT OPTIONS

UAW RETIREE Medical Benefits Trust

THE INFORMATION IN THIS BROCHURE WILL HELP YOU UNDERSTAND THE UAW RETIREE MEDICAL BENEFITS TRUST. WE HAVE COMPILED A LIST OF THE COMMONLY ASKED QUESTIONS WE RECEIVE AND HOPE YOU FIND THEM USEFUL.

WHO WE ARE

The UAW Retiree Medical Benefits Trust (the “Trust”) is a VEBA or Voluntary Employee Beneficiary Association, a form of trust fund whose sole purpose is to provide health care benefits for retired UAW members of General Motors, Ford and Chrysler. The Trust was made possible through a provision in the 2007 collective bargaining agreements between the UAW and the three auto companies. Under the agreements, all of the retiree health care liabilities were transferred to this independent VEBA. It is governed by an 11 person Committee of Directors. Five of the Directors are appointed by the UAW, while the other six are independent of the UAW.

When the Trust launched in January 2010, it became the largest non-governmental purchaser of retiree health care in the United States. Currently, the Trust provides health care benefits to more than 800,000 people.

Learn more about the Trust by visiting www.uawtrust.org. This website will give you an overview of benefit options available, as well as details on the history of the Trust, important contact information for health plans and medical carriers, and a directory of the Trust board of directors and leadership team. The website also provides access to all benefit information previously mailed to Trust members. There is a library of videos including an overview of current health care benefit changes and details on the structure and funding of the Trust.

MEDICAL BENEFITS OVERVIEW

The Trust provides health care coverage for a wide range of health care services. However, the Trust does not cover all health care expenses, so you should seek guidance from your health care carrier (such as, Blue Cross Blue Shield) if you have questions as to whether a particular service is covered. If possible, you should contact your carrier prior to having a service performed.

When the Trust launched in 2010 or when you became eligible for Trust coverage, you were mailed a Summary Plan Description (SPD). The SPD is a summary, in everyday terms, of the main and common features of your benefit program. In the booklet, you will find relevant definitions, eligibility requirements, a general description of your benefits and administrative information that pertains to all of your benefits. You can also find a complete copy of the SPD in the Medical Benefits section of the Trust website at www.uawtrust.org.

COMMON QUESTIONS

Who do I contact to change an address?

To change your address for medical benefit purposes, you will need to contact the Retiree Health Care Connect service center. All retirees can call 866-637-7555 between 8:30 a.m. and 4:30 p.m. Eastern Time or go the website at <http://resources.hewitt.com/rhcc>.

Who do I contact if I want to change health care plans?

You are able to change health plans as part of the rolling enrollment process - as long as you have been in your current plan for a minimum of 12 months. To change your plan you will need to contact Retiree Health Care Connect at 866-637-7555 between 8:30 a.m. and 4:30 p.m. Eastern Time or go the website at <http://resources.hewitt.com/rhcc>.

Do I have any out-of-pocket expenses?

You are responsible for paying certain costs of health care coverage through monthly contributions, deductibles, co-insurance and copayments. For specific information on cost sharing for your plan option, consult your Schedule of Benefits or go to the Medical Cost Sharing section of the Trust website. Visit www.uawtrust.org for more information.

Who do I call with a question about a medical claim?

You should call your health plan carrier. The phone number is on the back of your ID card.

How was the Trust funded?

The money in the Trust came from the auto companies. The amount contributed was originally determined in 2007 National Bargaining between the UAW and the auto companies.

Are all auto UAW retirees in the same Trust?

No. Although the UAW Retiree Medical Benefits Trust provides coverage to UAW retirees from Chrysler, Ford and GM, each auto funds the Trust separately based on the terms of the settlement agreements.

Can the money from one auto Trust be used to fund another auto Trust?

No. There is a separate trust fund that pays benefits for retirees from each company. The assets in each account must be kept separate and the funds from one account cannot be used to pay for benefits for retirees from another company.

How can I help the Trust save money?

When you help save the Trust money you are helping to make sure that the Trust's assets will be protected and preserved to serve the needs of you, your family and your fellow retirees for many years into the future.

You play an important role in creating positive health outcomes and in making sure that the Trust is only paying for appropriate medical care:

- Be sure to use the generic drug program whenever possible. Always ask your doctor about generic drugs.
- The Trust provides coverage for a variety of preventive programs through your health plan. Be sure to use these and other Trust programs to help maintain your health. We urge you to see your doctor annually to make sure that you stay in the best possible health.
- Other administrative programs — like automatic pension deductions for monthly contributions and providing Express Scripts a credit card number for prescription drug copayments — can make the program more convenient for you and avoid the risk that an unpaid bill causes a disruption in your coverage.

ELIGIBILITY

If I have coverage with another health plan and waive Trust coverage, can I come back later?

Yes, if you are an eligible retiree or surviving spouse covered under another plan you can enroll in the Trust in the future. You should notify Retiree Health Care Connect when you want to return to Trust coverage. Your coverage will begin the first day of the following month after you enroll, as long as you are able to provide proof of continuous health care coverage.

My spouse and I both are UAW retirees - can we cover one another?

Yes, you can carry your own coverage individually or you can each cover the other as a dependent. However, if you decide to cover each other, both of you will be responsible for monthly family contribution rates. Also, it may not be in your best interest to enroll and pay for coverage for more than one plan. Coordination of Benefits rules do not allow payment to be made from the secondary plan for services in excess of what would have been paid if the plan was primary.

How do I know if I am eligible for medical coverage?

Generally, to be eligible for post-retirement health coverage under the Trust, you must be eligible for such coverage based on the terms of retirement from your auto company and must make any required payments for coverage. Retiree Health Care Connect can answer any questions you have about eligibility of coverage.

DEPENDENTS

Can I cover my spouse/domestic partner?

Yes. Spouses and domestic partners are eligible for coverage. A common-law spouse is eligible for coverage if the relationship is recognized by the laws of the state in which you are enrolled. New domestic partners cannot be added after retirement.

Can I cover my children?

You can cover your children as long as they remain eligible. Your eligible children can remain on coverage until the end of the month in which they turn 26 years of age. If your child is Permanent and Totally Disabled (PTD), coverage may be continued beyond age 26. (Contact Retiree Health Care Connect to obtain a Disabled Dependent Certification package.) Children must be unmarried, reside with you, and be eligible to be legally claimed as an exemption for federal tax purposes, unless you are responsible for their medical coverage due to a divorce decree or Qualified Medical Child Support Order.

The Trust covers natural born children, step children and adopted children. Children for which you have court ordered legal guardianship are eligible only until the end of the month in which they turn 18 years of age.

Can I cover my grandchildren?

No. However, children for which you have court ordered legal guardianship are eligible until the end of the month in which they turn 18 years of age.

Does the Trust have a student requirement for eligibility?

No. The Trust does not have a student requirement. Children must be unmarried, reside with you and be eligible to be legally claimed as an exemption for federal tax purposes, unless you are responsible for their medical coverage due to a divorce decree or Qualified Medical Child Support Order.

ABOUT HEALTH PLANS

Who should I call with a claim issue?

You should call your health care plan carrier. A customer service number can be found on the back of your ID card.

Can I change my health care plan?

You can change your health care plan as long as you have been in your current plan for at least 12 months. The 12-month restriction may be waived when a new health plan is offered in your service area.

Who do I contact to change to a different health care plan?

To change your health care plan, you will need to contact the Retiree Health Care Connect service center. All retirees can call 866-637-7555 between 8:30 a.m. and 4:30 p.m. Eastern Time or go to the website at <http://resources.hewitt.com/rhcc>.

How are Veterans' benefits coordinated?

If you have VA coverage, you need to be aware that VA coverage is generally considered secondary to Trust coverage. Only when you are being treated for a military service-related condition at a VA hospital will the VA insurance be primary. If you are in a VA hospital for a non-service related condition, the Trust coverage will be primary. When this occurs, the VA hospital must be part of your health plan's network for coverage to be paid at in-network levels. It is recommended that veterans requiring services related to a military condition get services performed at a VA hospital.

What happens if I have an HMO or Medicare Advantage plan and I travel?

HMO and Medicare Advantage plans continue to provide emergency and urgent care services while traveling. It is recommended that routine office visits be scheduled with your primary care physician during times when you are not traveling to assure good coordination of your care.

HEALTH CARE PAYMENT OPTIONS

If I don't get a pension, how can I pay my premiums?

If you currently receive monthly invoices, as a convenience to you and to prevent you from missing a premium payment, you can arrange for automatic bank withdrawal, which is the preferred method of payment. You can enroll for this service by contacting Retiree Health Care Connect at 866-637-7555 between 8:30 a.m. and 4:30 p.m. Eastern Time or go to the website at <http://resources.hewitt.com/rhcc>.

How do I sign up for pension deductions or direct debit payment options?

You can contact Retiree Health Care Connect to change payment options. Call 866-637-7555 between 8:30 a.m. and 4:30 p.m. Eastern Time or go to the website at <http://resources.hewitt.com/rhcc>.

Don't see an answer to your question here? Visit us online at www.uawtrust.org or call Retiree Health Care Connect at 866-637-7555.