UAW RETIREE Medical Benefits Trust

2025 HEALTH CARE BENEFIT HIGHLIGHTS

At the UAW Retiree Medical Benefits Trust (the "Trust"), we know healthcare access and quality are priorities for people across their lifespan. But as we age, our health needs change and become more complex. Our risk for chronic conditions increases and these situations often require special care.

This is why the Trust works to provide access to valuable programs that support your needs. You've come to expect strong value, and the most cost-efficient retiree benefits possible. As you review our changes in this booklet, you'll see for 2025, we lowered costs and added benefits that matter to you. The Trust has one mission—to provide every Trust member with access to quality, affordable health benefits today and in the future.

Highlights for 2025

- **No cost share changes for Blue Cross or UnitedHealthcare MA-PD plans**
- **Reduced in-network family deductible***
- **Increase of OTC benefit to $350 per person**
- **No increases to drug copays**
- **Lower prescription out-of-pocket maximum for tier 2 drugs****
- **Mental health and substance use disorder benefit $0 for all plans**
- **Added human organ transplant program travel & lodging reimbursement benefit±**

*** For plans with family deductibles—HMOs (commercial and MA), BCBS ECP and TCN plans**
**** Does not apply to Kaiser plan**
± For BCBS ECP and TCN plans

Read through the information on the following pages carefully to learn about your 2025 benefits. For additional resources, including a link to videos regarding these changes, visit **uawtrust.org/annualenrollment.**

If you have any further questions or need to make changes to your coverage, contact Retiree Health Care Connect (RHCC) **at 866-637-7555**, Monday through Friday, 8:30 a.m. to 4:30 p.m., Eastern Time. **For benefit changes to be effective January 1, 2025, be sure to contact RHCC between Tuesday, September 3, and Wednesday, November 27, 2024.**

We wish you the best in retirement and a healthy year ahead.

UAW Retiree Medical Benefits Trust

Medicare Cost Share for All General Members[1]

2025

	MA PPO Medicare Advantage PPO	TCN Traditional Care Network	HMO Health Maintenance Organization
Monthly Contribution	$0 Single $0 Family	$0 Single $0 Family	$0 Single $0 Family
Deductible (Amount you pay annually before the plan covers 100% of covered costs)	$0 / Person	$175 Single **$350 Family**	$250 Single **$500 Family**
Primary Care Physician (PCP) Office Visit	$0 Copay / Visit	$0 Copay / Visit	$15 Copay / Visit± **$0 MH/SUDΔ**
Specialist Office Visit	$10 Copay / Visit $0 MH/SUDΔ	$10 Copay or 20% (lesser of) $0 MH/SUDΔ	$25 Copay / Visit± **$0 MH/SUDΔ**
Urgent Care (Includes retail health clinics)	$15 Copay / Visit	$40 Copay / Visit	$15 Copay / Visit±
Emergency Room (Waived if admitted)	$50 Copay / Visit	$125 Copay / Visit	$50 Copay / Visit

Shaded boxes indicate lower 2025 cost

[1]Reflects in-network costs

±Members in Kaiser plans may have different copays

ΔMH/SUD applies to mental health/substance use disorder outpatient visit
(See page 6 for information about enhanced benefit)

Non-Medicare Cost Share for All General Members[1]

2025

	ECP Enhanced Care PPO	HMO Health Maintenance Organization
Monthly Contribution	$0 Single $0 Family	$0 Single $0 Family
Deductible (Amount you pay annually before the plan covers 100% of covered costs)	$175 Single **$350 Family**	$250 Single **$500 Family**
Primary Care Physician (PCP) Office Visit	$0 Copay / Visit	$15 Copay / Visit[±] **$0 MH/SUD[Δ]**
Specialist Office Visit	$10 Copay / Visit $0 MH/SUD[Δ]	$25 Copay / Visit[±] **$0 MH/SUD[Δ]**
Urgent Care (Includes retail health clinics)	$40 Copay / Visit	$40 Copay / Visit[±]
Emergency Room (Waived if admitted)	$125 Copay / Visit	$125 Copay / Visit

Shaded boxes indicate lower 2025 cost

[1]Reflects in-network costs

[±]Members in Kaiser plans may have different copays

[Δ]MH/SUD applies to mental health/substance use disorder outpatient visit
(See page 6 for information about enhanced benefit)

Medicare Cost Share for All Protected Members[1]

2025

Protected status is based on annual pension benefit income and/or retirement date.

	MA PPO	TCN	HMO
Monthly Contribution	$0 Single $0 Family	$0 Single $0 Family	$0 Single $0 Family
Deductible (Amount you pay annually before the plan covers 100% of covered costs)	$0 / Person	$0 Single $0 Family	$0 Single $0 Family
Primary Care Physician (PCP) Office Visit	$0 Copay / Visit	$0 Copay / Visit	$15 Copay / Visit± **$0 MH/SUDΔ**
Specialist Office Visit	$0 Copay / Visit	$10 Copay or 20% (lesser of) $0 MH/SUDΔ	$15 Copay / Visit± **$0 MH/SUDΔ**
Urgent Care (Includes retail health clinics)	$15 Copay / Visit	$0 Copay / Visit	$15 Copay / Visit*±
Emergency Room (Waived if admitted)	$50 Copay / Visit	$0 Copay / Visit	$50 Copay / Visit*

Shaded boxes indicate lower 2025 cost

*Does not apply to Ford Protected members – Ford Protected pay $0 Copay / Visit

±Members in Kaiser plans may have different copays

[1]Reflects in-network costs

ΔMH/SUD applies to mental health/substance use disorder outpatient visit
(See page 6 for information about enhanced benefit)

Non-Medicare Cost Share for All Protected Members[1]

2025

Protected status is based on annual pension benefit income and/or retirement date.

	ECP	HMO
Monthly Contribution	$0 Single $0 Family	$0 Single $0 Family
Deductible (Amount you pay annually before the plan covers 100% of covered costs)	$0 Single $0 Family	$0 Single $0 Family
Primary Care Physician (PCP) Office Visit	$0 Copay / Visit	$15 Copay / Visit± **$0 MH/SUDΔ**
Specialist Office Visit	$10 Copay / Visit $0 MH/SUDΔ	$15 Copay / Visit± **$0 MH/SUDΔ**
Urgent Care (Includes retail health clinics)	$0 Copay / Visit	$40 Copay / Visit*±
Emergency Room (Waived if admitted)	$0 Copay / Visit	$100 Copay / Visit*

Shaded boxes indicate lower 2025 cost

*Does not apply to Ford Protected members – Ford Protected pay $0 Copay / Visit

±Members in Kaiser plans may have different copays

[1]Reflects in-network costs

ΔMH/SUD applies to mental health/substance use disorder outpatient visit
(See page 6 for information about enhanced benefit)

Prescription Drug Coverage* 2025

No Change

	Retail (One Month)	Mail-Order (90-Day)
Tier 1	$0	$0
Tier 2	$33	$33
Tier 3	$115	$115

Specialty medications dispensed in one-month increments

*Members in Kaiser plans have different copays

Lower Prescription Drug Out-of-Pocket Max (OOPM) for Tier 2 Drugs

In 2025, the annual out-of-pocket maximum (OOPM)—the maximum dollar amount you may be required to pay during a given calendar year—will be $1,000 for tier 2 prescription drugs. The current OOPM is $1,500. The prescription drug OOPM **does not apply to tier 3 medications.** This means once you have paid tier 2 copays that add up to $1,000, you will no longer have a tier 2 copay for the remainder of the year. Tier 3 drugs do not accumulate towards the OOPM.

This benefit change does not apply to members in the Kaiser plan. Kaiser has different copays and drug tiers. Refer to your Kaiser material for information on your prescription drug coverage.

Mental Health and Substance Use Disorder Benefit $0

You have coverage for mental health and substance use disorder services under all medical plans. For 2025, mental health and substance use disorder benefits will be covered at no cost both in- and out-of-network for outpatient services. This includes in-person and telehealth visits with a primary care physician or specialist visits. **HMO plans do not have coverage out-of-network.**

Over-the-Counter (OTC) Benefit Enhancements

Beginning January 1, 2025, the annual allowance for the over-the-counter (OTC) benefit **will increase to $350 per member**. There are no additional changes to the program. You continue to have the option to order by phone or online through CVS. You can also purchase in-store at any participating OTC Network retail locations.

New flex cards and catalogs **will not** be mailed. Your current card will be reloaded with funds on January 1. Use your current flex card and catalog for purchases in 2025. The website and in-store are the easiest way to find a current list of qualifying items. To order products, visit the online portal at uawtrust.org/otcbenefit or call 844-487-2770. You can also purchase items at more than 68,000 retail stores with the OTC Network logo. You are not limited to CVS stores for in-store purchases.

Don't forget—any unused dollars as of December 31, 2024, will not roll over to 2025.
Be sure to use all your annual allowance before the end of the year.

For BCBS ECP and TCN Members: Human Organ Travel & Lodging Reimbursement Benefit

For the Blue Cross ECP and TCN plans, a human organ travel and lodging reimbursement benefit will be added. Under this benefit, if the transplant provider is located outside of a member's community, Blue Cross will reimburse for appropriate lodging and transportation costs for the member and one (1) companion/caregiver. Coverage is limited to $150 per day up to $10,000 throughout treatment for an organ transplant event and up to $5,000 for bone marrow transplants. Outside of the service area is defined as 100 miles or more, one-way to the facility, from the member's home address.

For Blue Care Network Advantage (BCNA) Members: Refraction Services Not Covered

There was an error in the 2024 Blue Care Network Advantage (BCNA) Evidence of Coverage (EOC). Refraction services are **not covered** under Medicare. The 2025 EOC has been corrected indicating refraction services will not be covered even when billed as part of a medical eye exam. Accordingly, the second bullet on page 70 of the EOC has been replaced in its entirety with:

"Under the BCNA plan, there is coverage for outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts."

Please use your Davis Vision benefits for routine eye exams and refractory services.

Medicare Prescription Payment Plan (M3P)

Beginning in 2025, the prescription drug law—known as the Inflation Reduction Act (IRA)—requires all Medicare prescription drug plans to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments instead of all at once at the pharmacy or through home delivery. The Medicare Prescription Payment Plan, often referred to as 'M3P,' is a voluntary payment option that works with your current drug coverage to spread costs across the calendar year (January through December). **This payment option does not save you money or lower overall drug costs.**

If you opt into the program, you will no longer pay your copay amount at the retail pharmacy or check-out when you order through home delivery. Instead, your plan will pay and send you a pro-rated monthly bill based on how many months are left in the calendar year. Your bill is based on what you owe for your prescriptions divided by the number of months left in the year.

You won't pay any interest or fees on the amount you owe.

It's important to note that your future payments increase as you continue to fill your prescriptions throughout the remainder of the year. If you fill prescriptions at various intervals throughout the year, your largest payments will be due in the last quarter of the year.

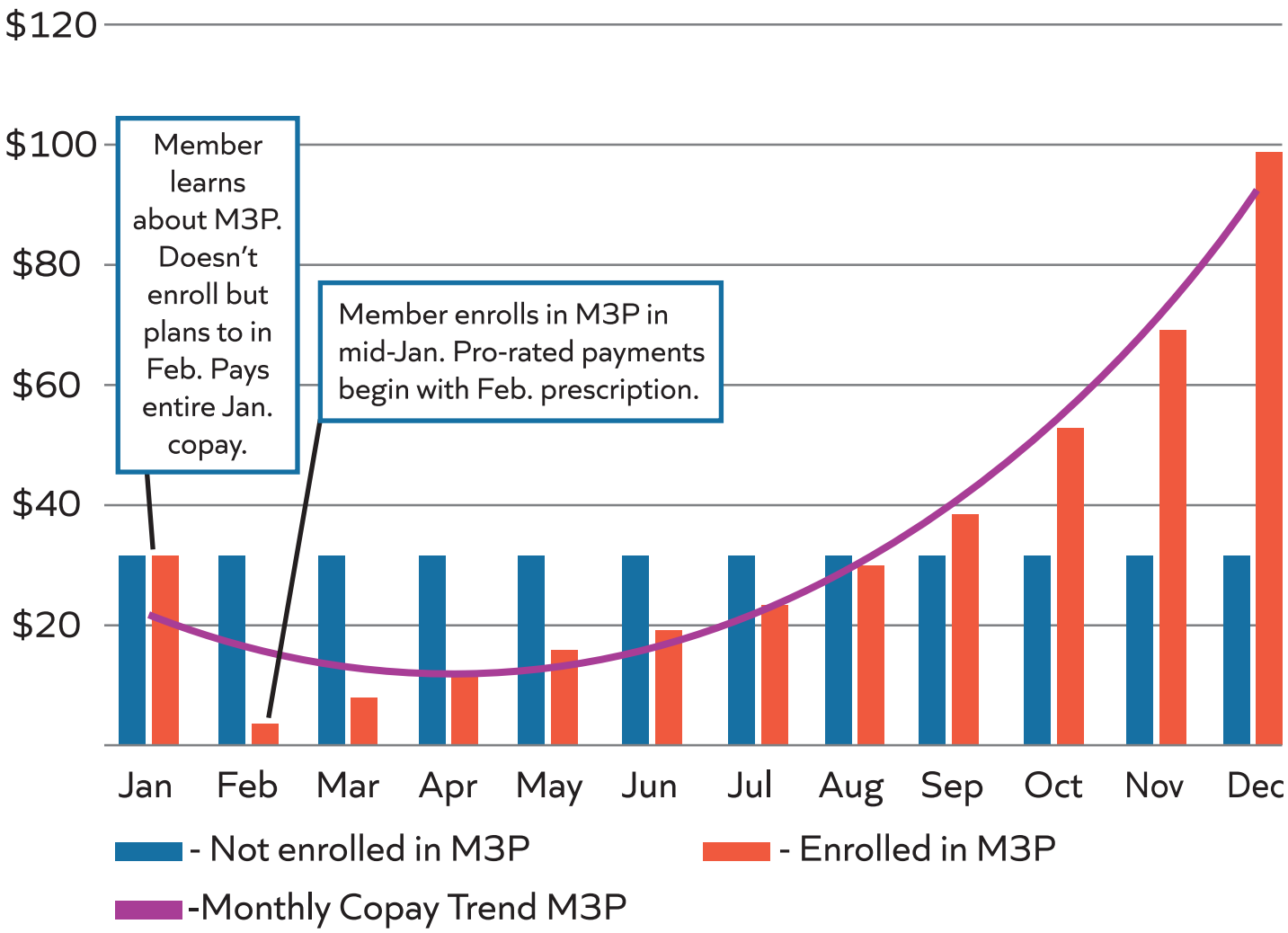
Remember, the M3P might help manage costs but it won't save you money or lower your drug costs.

You will not be automatically enrolled in the program. You are required to take action and call to opt-in to the program. If you do enroll and later decide you want to opt-out, you can call to dis-enroll from the program at any time throughout the year. You will be responsible for any outstanding balance at the time you dis-enroll.

This program is NOT likely to benefit most Trust members.

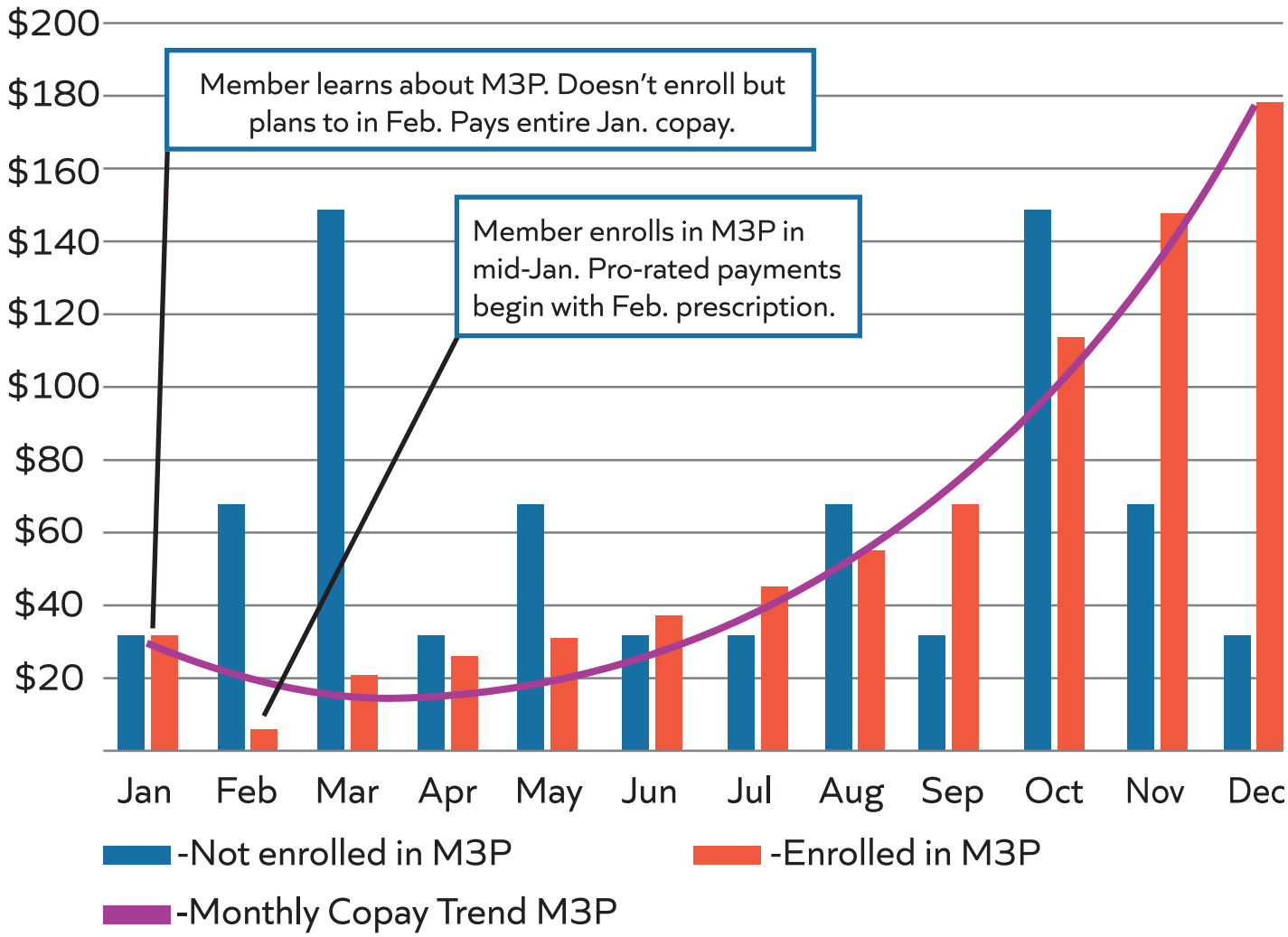
Copays for drugs under the Trust plan are relatively low and costs are mostly stable from month-to-month. Additionally, most Trust members do not reach the annual prescription out-of-pocket maximum (OOPM). The variance in payments each month is difficult for people on fixed incomes. You will want to make sure you know what to expect before signing up for the plan.

Here are some examples to show how the program would work. Please note, these examples are for illustrative purposes only.



For this example, meet Tom. Tom takes one (1) tier 2 prescription drug medication that he has filled at a one-month supply every month at the retail pharmacy. Tom is responsible for a $33 copay for his drug each month—which equals $396 for the year.

In January, Tom goes to the retail pharmacy and fills his prescription. The pharmacist fills the prescription and charges him the entire $33 copayment. While at the pharmacy, Tom learns about the M3P program and decides to call and enroll. In February, he goes to the pharmacy, fills his prescription and is not charged. Instead, later that month, he receives an invoice from his plan for the pro-rated copay amount of $3. In March, again, he fills the prescription and is not charged. His next monthly invoice is $6.30 because of his additional refill and previous costs. Each month as he fills his prescription, his monthly charge increases. By September, the monthly payment through the program is more than the $33 fixed (tier 2) copay. In fact, the final payment for the year in December is nearly $100—which is a quarter of his annual drug costs.



For this example, meet Angela. Angela takes four (4) tier 2 prescription drugs that she fills through 90-day home delivery. The drugs weren't prescribed at the same time, so she fills them at different intervals throughout the year. She also has one (1) tier 3 medication that she has to have filled twice per year. Angela's overall copay amounts vary each month but her overall drug costs are $758 for the year.

In January, Angela has not signed up for the program. She gets a 90-day home delivery fill for one of her tier 2 prescriptions. She is charged for her $33 copayment. Angela learns about the M3P program and decides to call and enroll. In February, she fills two (2) tier 2 medications through home delivery. Because she enrolled in M3P she is not required to pay when she checks out. Instead, later that month, she receives an invoice for the pro-rated copay amount of $6. In March, she fills another tier 2 medication and her tier 3 prescription. She is not charged at check-out. Her next monthly invoice is $20.80 because of her additional refills and previous costs. Each month as she fills her prescriptions, her monthly charge increases. By the month of October, her costs are over $100 per month. Under this program, she is responsible for nearly 60% of her annual costs in the last quarter of the year.

Notice of Nondiscrimination and Accessibility

The UAW Retiree Medical Benefits Trust is committed to ensuring our members are protected from unlawful discrimination. This notice provides you with an overview of your rights under the Patient Protection and Affordable Care Act.

Discrimination is against the law. The UAW Retiree Medical Benefits Trust complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (consistent with the scope of sex discrimination described at 45 C.F.R. § 92.101(a)(2)). The UAW Retiree Medical Benefits Trust does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The UAW Retiree Medical Benefits Trust:

- Provides our members with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - o Qualified sign language interpreters
    - o Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language assistance services to people whose primary language is not English, which may include:
    - o Qualified interpreters
    - o Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Compliance Department at 866-637-7555 for assistance.

If you believe that the UAW Retiree Medical Benefits Trust has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Compliance Department by mail at P.O. Box 14309, Detroit, MI 48214 or fax at 313-324-5850. If you need help filing a grievance, call the Compliance Department at 866-637-7555, TTY: 800-325-0778. The Compliance Department is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
(45 C.F.R. § 92.11)

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 866-637-7555 (TTY: 1-800-325-0778) or speak to your provider.

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Need Help?

Retiree Health Care Connect (RHCC) is available at 866-637-7555
Monday through Friday, 8:30 a.m. – 4:30 p.m., Eastern Time

Update your contact information, including your email address

Ask questions and compare plans

Make changes to your health care plan. For plan changes to be effective January 1, call between **September 3** and **November 27**

Addendum to the Benefit Highlights, Schedule of Benefits and Summary Plan Description Previously Published

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.

UAW RETIREE
Medical Benefits Trust