

2025 HEALTH CARE BENEFIT SUMMARY

THE FOLLOWING INFORMATION IS AN ADDENDUM TO THE SUMMARY PLAN DESCRIPTION (SPD) PUBLISHED IN 2023

Dear Trust Member,

The UAW Retiree Medical Benefits Trust (the “Trust”) is committed to providing you access to quality, affordable health benefits. Annually, we focus on managing our health plan partners to provide you with the best-valued health care coverage in terms of quality, cost, and overall experience. Your health care benefits are there for you – so you can stay focused on moments that matter most to you.

The information in this document will assist you in making informed decisions about your health care plan, as well as serve you in the future.

We encourage you and your family to establish a relationship with a primary care physician (PCP) and visit them for wellness check-ups and an annual physical. During this time, discuss with your PCP age-related tests such as mammograms, colonoscopies, and cancer screenings. Also, be sure you are up-to-date on your immunizations.

Visit us online at uawtrust.org for additional helpful information and videos on your benefits. We continuously update our website to make it a valuable resource.

If you have questions about the information contained in this document, contact Retiree Health Care Connect (RHCC) at 866-637-7555.

We wish you the very best in health.

THE TRUST PROVIDES HEALTH CARE BENEFITS FOR CURRENT AND FUTURE ELIGIBLE UAW RETIREE MEMBERS OF CHRYSLER, GENERAL MOTORS, AND FORD. THE TRUST IS AN INDEPENDENT ENTITY AND NOT ADMINISTERED BY THE AUTOS OR THE UAW.

Medicare Cost Share for All General Members¹

2025

MA PPO Medicare Advantage PPO

TCN Traditional Care Network

HMO Health Maintenance Organization

	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 [±]
Specialist Office Visit	\$10 Copay / Visit	\$10 Copay or 20% (lesser of)	\$25 Copay / Visit [±]
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

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays

Non-Medicare Cost Share for All General Members¹

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 [±]
Specialist Office Visit	\$10 Copay / Visit	\$25 Copay / Visit [±]
Urgent Care (Includes retail health clinics)	\$40 Copay / Visit	\$40 Copay / Visit [±]
Emergency Room (Waived if admitted)	\$125 Copay / Visit	\$125 Copay / Visit

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays



Medicare Cost Share for All Protected Members¹

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 [±]
Specialist Office Visit	\$0 Copay / Visit	\$10 Copay or 20% (lesser of)	\$15 Copay / Visit [±]
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 [*]

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

±Members in Kaiser plans may have different copays

¹Reflects in-network costs



Non-Medicare Cost Share for All Protected Members¹

2025

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

ECP

HMO

	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 [±]
Specialist Office Visit	\$10 Copay / Visit	\$15 Copay / Visit [±]
Urgent Care (Includes retail health clinics)	\$0 Copay / Visit	\$40 Copay / Visit ^{*±}
Emergency Room (Waived if admitted)	\$0 Copay / Visit	\$100 Copay / Visit [*]

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

±Members in Kaiser plans may have different copays

¹Reflects in-network costs

Prescription Drug Coverage*

	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

Rx Mandatory Mail Order Program for Non-Medicare Members

For non-Medicare members, the Trust requires maintenance medications to be filled through the plan's mail order pharmacy. Under the mandatory mail order program, Optum Rx will only cover the first three (3) prescription drug fills at the retail pharmacy. On the fourth fill, a member must have the prescription filled through the plan's mail order pharmacy or pay the full cost of the drug at retail. More information about the mandatory mail order program can be found in your Summary Plan Description (SPD).

Note, due to recent drug shortages and out-of-stock medications, Optum Rx has, in some cases, provided temporary accommodations when medication is out of stock through the Optum Rx mail order pharmacy. Such accommodations are granted by Optum Rx and may be discontinued at any time. Optum Rx will continue to contact Trust members if their medication is out of stock through the Optum Rx mail order pharmacy.

DENTAL COVERAGE

Dental coverage is provided through Delta Dental. The dental coverage offered by the Plan varies by provider's participation in the network. By going to a PPO dentist, you will have the lowest cost-sharing. Here is a summary of the benefit and applicable percentage of cost-sharing.

Routine, Diagnostic and Emergency Services

Service	PPO Dentist	Premier Dentist	Non-Participating Dentist
Exams, Cleanings (Routine or Periodontal Twice per year) Fluoride Treatment	100%	100%	100%
Emergency Treatment	100%	100%	100%
Brush Biopsy	100%	100%	100%

DENTAL COVERAGE

All Other Services

Service	PPO Dentist	Premier Dentist	Non-Participating Dentist
Minor Restorative Services (Fillings)	100%	90%	90%
Endodontic (Root Canals), Periodontic (Gum Disease), Extractions (Removal of Teeth), Relines and Repair Services (to Dentures, Bridges, and Implants)	100%	90%	90%
Major Restorative (Crowns) or Other Oral Surgery	90%	90%	90%
Prosthetic Services (Bridges and Dentures)	70%	50%	50%
Orthodontic Services (Braces) Treatment must begin prior to age 19	60%	50%	50%
Orthodontic Lifetime Maximum	\$2,000 per person		
Annual Plan Maximum	\$1,700 per person		

- Preventive care services, including exams and cleanings, do not count toward the annual benefit maximum of \$1,700 per person per calendar year.
- Out-of-network dentists are not under contract or required to accept Delta Dental's fee and may charge additional out-of-pocket costs for services, including services covered at 100%.

Coverage for Dental Implants

Beginning January 1, 2024, the Trust added coverage for dental implants under the Delta Dental plan. This coverage has a **\$2,000 lifetime maximum** and includes implants and most implant-related services. This coverage does not count toward your annual \$1,700 maximum. Services may be provided by Delta Dental PPO, Premier and non-participating dentists.

Contact Delta Dental at 800-524-0149 or online at deltadentalmi.com/uawtrust for more information.

HEARING COVERAGE

Hearing coverage is provided through TruHearing. Services only available through audiologists in TruHearing's network. Here is a summary of the benefit and applicable cost-sharing.

Item/Service	Description/ Frequency	Your Cost Share*
Hearing Exam	Once every 36 months	\$0
Hearing Aid Evaluation Test	Once every 36 months for each ear	\$0
Conformity Evaluation	Once every 36 months for each ear	\$0
Covered Hearing Aid (Including dispensing fee) Eligible for one (1) hearing aid per ear every 36 months	Mid-Level Mid-High Level Advance Level Flagship Level	\$0 per hearing aid \$250 per hearing aid \$500 per hearing aid \$650 per hearing aid
Initial Hearing Aid Fitting	Initial fitting and programming of purchased hearing aid	\$0
Follow up visits	Provider visit after initial hearing aid fitting	First 12 months: \$0 After 12 months: \$20 per visit
Batteries	80 batteries included with purchase of each non-rechargeable hearing aid	\$0
60-Day Hearing Aid Trial Period	Hearing aid may be returned or exchanged for 60 days following initial hearing aid fitting	\$0 (additional charges may apply if hearing aid is exchanged for a more expensive hearing aid)
Warranty and Replacement Devices — Manufacturer Defect	Repair or replacement of hearing aid due to manufacturer defect (3 year warranty)	\$0
Warranty and Replacement Devices — Loss and Damage	Repair or replacement of hearing aid due to loss or damage (3 year warranty); available once per hearing aid	\$225 deductible per hearing aid

HEARING COVERAGE

Item/Service	Description/ Frequency	Your Cost Share*
Initial Ear Molds (children up to age 7)	Covered with purchase of hearing aid styles that require ear molds	\$0
Initial Ear Molds (enrollees over age 7)	Covered with purchase of hearing aid styles that require ear molds	\$0
Replacement Ear Molds (children up to age 7)	Children up to age 3: up to four (4) replacement ear molds each year Children ages 3-7: up to two (2) replacement ear molds each year	\$0 (cost of additional ear molds is your responsibility)
Replacement Ear Molds (enrollees over age 7)	Not Covered	Full cost of additional ear molds

- Approved provider type: Hearing instrument specialist covered under certain situations.

VISION COVERAGE

Vision coverage is provided through Davis Vision. Here is a summary of the benefit and applicable cost-sharing for in-network providers.

Service	In-Network Coverage
Routine Vision Exam	Covered in Full Every 12 Months
Re-examination by Ophthalmologist (within 60 days of initial Optometrist examination, when medically necessary and with a referral)	\$45 Allowance Towards Total Cost
Standard Lenses (Glass or Plastic) <ul style="list-style-type: none"> • Single Vision • Lined Bifocal/Trifocal • Standard Progressive Addition Lenses² • Special (Lenticular, Aspheric, etc.) 	Covered in Full Every 12 Months
Davis Vision Collection Frames	Covered in Full Every 12 Months
Frames from Provider Selection	\$40 Allowance Every 12 Months
Contact Lens Evaluations, Fitting and Follow Up Care (Instead of Glasses)	\$40 Allowance Every 12 Months
Contact Lenses (Instead of Glasses)	\$75 Allowance Every 12 Months
Medically Necessary Contact Lenses	\$350 Allowance Every 12 Months

Davis Vision Enhancements:

1. Two-year eyeglass breakage warranty.
2. 100% coverage on certain standard progressive lenses. Members should check with their eye care provider for which brands and lens types are covered.
3. Costco is in-network. Members can obtain services at Costco (must be a Costco member).

Dental, hearing and vision plans do not cover all expenses and include limitations and exclusions. Please refer to your carrier's plan documentation to determine which services are covered and to what extent.

Plan Changes & Other Info

Changes to TCN and ECP Plans

Human Organ Travel & Lodging Reimbursement Benefit

For the Blue Cross ECP and TCN plans, a human organ travel and lodging reimbursement benefit has been 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.

Acupuncture Coverage Added for Blue Cross ECP Plan

Beginning January 1, 2024, acupuncture (for lower back pain only) is covered for **in-network providers only** under the Blue Cross ECP plan. For General members, the coverage will be subject to the deductible. For Protected members, the services are covered 100%.

For specific details, including exceptions and limitations related to this coverage, please refer to the Blue Cross plan materials. For additional questions about coverage, contact your plan by calling the number on the back of your medical ID card.

Elimination of Trust "Extra Help" Assistance Program

Effective January 1, 2024, the Trust no longer offers the "Extra Help" assistance program through Public Consulting Group LLC (PCG). PCG will continue to be available to assist Trust members to obtain Social Security disability insurance and Medicare benefits at no cost.

Over-the-Counter (OTC) Benefit

Beginning January 1, 2025, the annual allowance for the over-the-counter (OTC) benefit is **\$350 per member**. Members are automatically enrolled in the OTC program; no action is required. The benefit is administered through CVS and allows you the option to order by phone, online or in-store.

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. More information, including a catalog and 'flex' card will be mailed to new members.

More info: uawtrust.org/otcbenefit

All OTC benefit information will have the UAW Trust OTC logo:



Ford Members Only

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 also receive this benefit 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.