

HEALTH CARE BENEFIT HIGHLIGHTS

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

Dear UAW Trust Member,

2015

The UAW Retiree Medical Benefits Trust (the “Trust”) is pleased to offer its members health care that delivers comprehensive coverage, access and value. Each year, the level of benefits is evaluated to keep our available assets aligned with long-term liabilities. Since our launch, we have modified the benefits to focus on promoting access, prevention, and high quality care.

For 2015, we are pleased to offer additional enhancements that emphasize wellness and prevention.

Effective January 1, 2015 — Benefit Enhancements:

- **Comprehensive Dental and Vision Coverage** for you and eligible dependents
- **Primary Care Office Visits Increased from Four (4) to Six (6)** for Non-Medicare members in the TCN plan
- **Enhanced Urgent Care Coverage**
 - **Urgent Care Facility Fees** covered under all plans
 - **Retail Clinics** covered as an approved site for Urgent Care



**NEW
FOR
2015**

Mindful of affordability, your contribution for certain items remains unchanged. However, there are slight increases for select cost-share elements for 2015.

Effective January 1, 2015 — Your Benefit Plan Includes:

- **No Increase** in coinsurance
- **No Increase** in office visit copays
- **No Increase** in urgent care copays
- **No increase** in emergency room copays

- **Increase** in monthly contributions
- **Increase** to deductible and out-of pocket maximums
- **Increase** to prescription drug copays

Good health is important to you and your family. Please be sure to read through the information in the following pages carefully to learn about your 2015 benefit plan. The benefit information contained in this notice is brief and will be supplemented with additional information mailed from 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

If you are selecting a new health care plan for 2015, contact the UAW Trust Eligibility Center— Retiree Health Care Connect (RHCC) **between October 1 and November 26**, for your plan to be effective January 1, 2015. More detail about specific benefits can be found on the Trust website at www.uawtrust.org or by contacting **RHCC at 866-637-7555**.



VISION AND DENTAL COVERAGE

EFFECTIVE JANUARY 1, 2015

Effective January 1, 2015, the Trust is pleased to announce that it will offer comprehensive vision and dental coverage for members. Members will receive Welcome Kits from the carriers with full details on the coverage. Below and on the next page is a brief listing of the coverage for each benefit.



MEMBERS WITH COBRA COVERAGE

Attention members who have COBRA vision and/or dental coverage through GM or Chrysler:

The decision to retain COBRA coverage is completely up to you. COBRA will continue automatically while you are eligible unless you dis-enroll. If you do decide to dis-enroll, GM retirees call 800-489-4646 and Chrysler retirees call 888-409-3300. COBRA and Trust coverage are comparable. If you decide to keep your vision and/or dental COBRA coverage by continuing to pay the monthly premium, **COBRA will be primary**. Remember, if you drop COBRA coverage, you cannot re-enroll. For a list of Frequently Asked Questions about the vision and dental coverage, visit www.uawtrust.org.

VISION BENEFITS THROUGH DAVIS VISION

Beginning January 1, 2015, you and your eligible dependents will have comprehensive vision coverage provided by the Trust at no additional cost to you. This benefit will be administered by Davis Vision.

Below is a brief list of coverage. Your welcome kit will include full details.

Services	In-Network*
Annual Routine Vision Exam	Covered in Full
Re-examination by Ophthalmologist (within 60 days of initial Optometrist examination, when medically necessary)	\$45 Allowance Towards Total Cost
Standard Lenses (Glass or Plastic) ◆ Single Vision ◆ Bifocal/Trifocal ◆ Special (Lenticular, Aspheric, etc.)	Covered in Full Every 24 Months
Standard Frames	Covered in Full Every 24 Months
Designer Frames	\$40 Allowance Every 24 Month
Contact Lenses (Instead of Glasses)	\$75 Allowance Every 24 Months
Medically Necessary Contact Lenses	\$350 Allowance Every 24 Months

* Out-of-network coverage varies. Contact Davis Vision at 888-234-5164 or www.davisvision.com and enter Client Control Code 3642 for more information or to find an in-network provider.

DENTAL BENEFITS THROUGH DELTA DENTAL

We recognize the importance of quality dental coverage in maintaining your overall health. Beginning January 1, 2015, members will have comprehensive dental coverage. This coverage is provided by the Trust at no additional cost to you. This benefit will be administered by Delta Dental.

Below is a brief list of coverage. Delta will send a letter and package with full details of coverage.

Service	Plan Paid Coverage Amounts		
	PPO Dentist	Premier Dentist	Non-Participating Dentist
Diagnostic, Preventive and Minor Restorative Services			
Exams, Cleanings (Routine or Periodontal Twice Per Year), Fluoride Treatments	100%	100%	100%
Emergency Treatment	100%	100%	100%
X-Rays	100%	90%	90%
All Other Services			
Fillings (Non-White; Metallic)	100%	90%	90%
Endodontic (Root Canals), Periodontic (Gum Disease), Extractions (Removal of Teeth), Reline and Repair Services (to Dentures, Bridges and Implants)	100%	90%	90%
Major Restorative (Crowns) and 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		

Vision and Dental Contact Information

- Davis Vision: 888-234-5164 or www.davisvision.com, enter Client Control Code 3642
Hours: Monday through Friday, 8 a.m. - 11 p.m. | Saturday, 9 a.m. - 4 p.m. | Sunday, 12 p.m. - 4 p.m. (Eastern Time)
- Delta Dental: 800-524-0149 or deltadentalmi.com
Hours: Monday through Friday, 8:30 a.m. - 8 p.m. (Eastern Time)

MONTHLY CONTRIBUTION FOR ALL PLANS EFFECTIVE JANUARY 1, 2015

Enrollment in Trust coverage requires a monthly contribution. For 2015, the monthly contributions are as follows:

Single*	\$17
Family*	\$34

**WAIVED FOR
2015 FOR
MEMBERS
ENROLLED IN
A MA PPO
PLAN**

* Protected Population: Single or Family—\$17

PRESCRIPTION DRUG COPAYS FOR ALL PLANS EFFECTIVE JANUARY 1, 2015

For 2015, there are copay increases for all prescription drugs. These copay amounts apply to all plan types.

	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

URGENT CARE COVERAGE ENHANCEMENTS

**NEW FOR
2015**

The Trust is pleased to announce two efforts to improve access to Urgent Care facilities. Beginning January 1, 2015, retail clinics will be covered as an approved site for urgent care services and any urgent care facility fees will be covered under the \$50 copay (\$25 copay for Medicare Advantage plan members).

Retail Clinics as Approved Site of Care

Retail clinics will be an approved site of care for **Urgent** services and treatment. Retail clinics are usually open seven days a week and located mostly in grocery and pharmacy store chains. Staffed by clinicians and set up to diagnose and treat Urgent Care conditions such as bladder infections, strep throat and minor wounds or abrasions, these clinics provide prompt Urgent Care services on a walk-in basis, usually after hours when your primary care physician is not available. Please note that the retail health clinic networks are limited and evolving in various areas. Coverage is available for in-network clinics only. Contact your health plan for in-network clinic availability in your area.

Urgent Care Facility Fees Covered Under All Plans

For members who use an urgent care facility that charges facility fees, beginning January 1, 2015, urgent care facility fees will be covered.

COST SHARE FOR TCN & MA PPO PLANS

EFFECTIVE JANUARY 1, 2015

For 2015, there are **no changes** to coinsurance percentages or copays for office visits, urgent care and emergency room visits. Deductibles and out-of-pocket maximums have increased. Remember, copays services generally do not count toward meeting your plan deductible.

It is always important to use in-network providers for better coordination of care and lower cost to you. **If you choose to use out-of-network providers, the 2015 deductible and out-of-pocket maximum will be higher.** Less than one-percent of members go out-of-network and most who do choose to as a personal choice. Using an out-of-network provider in an emergency does not impact your cost.

Cost Share Elements	Traditional Care Network (TCN) Plans		Medicare Advantage (MA) PPO Plans	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (the amount you pay annually before the Plan begins to pay a portion of the costs)	\$385 Single \$650 Family	\$1,000 Single \$1,700 Family	\$245 per person	\$490 per person
Coinsurance (the amount you pay after your deductible is met)	10%	30%	10%	30%
Out-of-Pocket Max (the TOTAL amount you pay annually before the Plan covers 100% of costs)	\$755 Single \$1,395 Family	\$3,000 Single \$5,550 Family	\$630 per person	\$1,395 per person
Primary Care Physician (PCP) Office Visit Copay	Non - Medicare	Medicare	Available to Medicare Members Only	
	 <p>\$25 copay per visit for six (6) routine visits</p> <p>Specialists not covered</p>	<p>Covered by Medicare at 80%, <u>after</u> Part B deductible is met; Member pays remaining 20%</p>	<p>\$20 Copay</p> <p>\$25 copay for Specialists</p>	
Urgent Care Copay (including Retail Clinics)	\$50		\$25	
Emergency Room Copay (waived if admitted)	\$125		\$50	

NO CHANGES

NO CHANGES



TWO ADDITIONAL OFFICE VISITS FOR TCN PLAN NON-MEDICARE MEMBERS NOW HAVE SIX OFFICE VISITS

The Trust has added two additional primary care office visits for non-Medicare members enrolled in the Traditional Care Network Plan at a \$25 copay per visit. Members now have a total of **six annual primary care visits** covered under the plan. Coverage must be obtained from an in-network provider. Primary care providers include family practitioners, internists, obstetricians/gynecologists and nurse practitioners. Specialists are not covered under this plan.

Regular health exams and tests can help find problems before they start. They also can help find problems early, when your chances for treatment and cure are better. By getting the right health services, screenings, and treatments, you are taking steps that help your chances for living a longer, healthier life. These additional covered office visits are an opportunity for you and your doctor to have an open dialogue about your health status, treatment options and to answer any questions you might have.

COST SHARE FOR PPO PLANS EFFECTIVE JANUARY 1, 2015

When the Trust launched, it contracted with several existing “regional” PPO plans. Although we have continued to offer these plans to members already enrolled, they are generally not open to new members. In order to continue to offer these PPO plans, there is an increase to the deductible and out-of-pocket maximums. Members enrolled in these plans should have received a letter in August explaining the changes and other plan options available in their area.

		Preferred Provider Organization (PPO) Plans	
Cost Share Elements		In-Network	Out-of-Network
Increased for 2015 → NO CHANGE Increased for 2015 →	Deductible (the amount you pay annually before the Plan begins to pay a portion of the costs)	\$425 Single \$720 Family	\$1,000 Single \$1,700 Family
	Coinsurance (the amount you pay after your deductible is met)	10%	30%
	Out-of-Pocket Max (the TOTAL amount you pay annually before the Plan covers 100% of costs)	\$1,200 Single \$2,220 Family	\$3,000 Single \$5,550 Family
		Non-Medicare	Medicare
NO CHANGE NO CHANGE NO CHANGE	Primary Care Physician Office Visit	Covered at 50% coinsurance	Covered by Medicare at 80%, <u>after</u> Part B deductible is met; Member pays 50% coinsurance for remaining 20%
	Urgent Care Copay (including Retail Clinics)	\$50	
	Emergency Room Copay (waived if admitted)	\$125	

COST SHARE FOR HMO PLANS

EFFECTIVE JANUARY 1, 2015
NOT AVAILABLE IN ALL AREAS

Increased for 2015	Deductible (Does not apply to Protected Populations)	\$385 Single \$650 Family	
	Primary Care Physician Office Visit	\$25	
NO CHANGE	Specialist Visit Copay	\$35	
NO CHANGE	Urgent Care Copay (including Retail Clinics)	Non - Medicare	Medicare
		\$50	\$25
NO CHANGE	Emergency Room Copay (waived if admitted)	\$125	\$50

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 unless subject to a copay.

LEARN MORE ABOUT YOUR TRUST ON THE WEB

Go to www.uawtrust.org for information about the Trust and specific information about member benefits. You can browse the site to get information about medical and prescription drug benefits, eligibility, Medicare, wellness and prevention topics, and more. The Trust has posted a video version of the 2015 benefit changes to help members better understand changes in their benefits for the coming year. Additionally, an in-depth video explains the history of the Trust, including how it was formed, how the fund works and what it means to your future benefits. You may also download the Benefit Highlights, Summary Plan Description (SPD), Schedule of Benefits, Plan Document, and other communications from the Trust.

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

Use our search bar at the top of the home page to get results that match your search terms. It scans through relevant pages and documents throughout the website.

Check back in the months ahead as we continue to update the website with helpful information and links for our retiree members.

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

The logo features the text "UAW RETIREE" in a smaller, blue, sans-serif font above "Medical Benefits Trust" in a larger, blue, serif font. To the right of the text is a circular graphic composed of two overlapping blue arcs, one above and one below, creating a partial circle.