

2024 HEALTH CARE BENEFIT HIGHLIGHTS

At the UAW Retiree Medical Benefits Trust (the “Trust”), we know that comprehensive, quality and affordable healthcare is important to you. Knowing more about your plan can help you get the most from your benefits and covered services.

The Trust is continuing to work aggressively to ensure we provide strong value, and the most cost-efficient retiree benefits possible. We understand how critical this is to you, which is why we’ve looked closely at our medical options for 2024, and lowered costs while preserving coverage levels and access. Our goal is to provide healthcare coverage that supports your needs.

Highlights for 2024

- **No monthly contributions for all plans**
- **Lower medical deductibles**
- **Lower copay for tier 1 and 2 prescription drugs***
- **Elimination of in-network coinsurance**
- **Lower copays for PCP and specialist office visits, and urgent care‡**
- **Added coverage for office visits for TCN plan**
- **New coverage for dental implants**

*Does not apply to Kaiser plans

‡Lower urgent care copay may not apply to Kaiser plans

Read through the information on the following pages carefully to learn about your 2024 benefits. For additional resources, including a link to videos regarding these changes, visit uawtrust.org/annualenrollment.

If you have 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, 2024, be sure to contact RHCC between September 5 and November 22, 2023.**

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

Medicare Cost Share for All General Members¹

2024

MA PPO Medicare Advantage PPO

TCN Traditional Care Network

HMO Health Maintenance Organization

	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	\$175 Single \$450 Family	\$250 Single \$525 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

Shaded boxes indicate lower 2024 cost

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays.

Non-Medicare Cost Share for All General Members¹

2024

ECP

Enhanced Care
PPO

HMO

Health Maintenance
Organization

	\$0 Single \$0 Family	\$0 Single \$0 Family
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 \$450 Family	\$250 Single \$525 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

Shaded boxes indicate lower 2024 cost

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays.



Medicare Cost Share for All Protected Members¹

2024

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*

Shaded boxes indicate lower 2024 cost

*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

2024

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*

Shaded boxes indicate lower 2024 cost

*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*

2024

	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

Shaded boxes indicate lower 2024 cost

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.

Over-the-Counter (OTC) Benefit Enhancements



Beginning January 1, 2024, the annual allowance for the OTC benefit will be **increased to \$200** for all members regardless of healthcare plan. For 2024, this benefit also will be added for non-Medicare Trust members enrolled in an HMO plan. Non-Medicare HMO members will be automatically enrolled; **no action is required.**

Elimination of In-Network Coinsurance

Effective January 1, 2024, coinsurance will be eliminated for all medical plans that currently have in-network coinsurance (MA-PD, TCN and ECP). Coinsurance is the percentage of costs for a covered healthcare service a member pays after reaching the deductible. This means that once a member reaches the deductible, the plan will pay 100% of covered services.

Coinsurance still applies for out-of-network services.

It is important to remember that copay services such as office visits, urgent care and ER, **DO NOT** count toward the deductible. However, for the MA-PD and MA HMO plans, the true out-of-pocket (TrOop) maximum remains. Office visit, urgent care and ER copays apply toward the TrOop. Once a member of one of the plans mentioned above reaches the TrOop, copay services are covered 100%.

Changes for Protected Class Health Plans



Effective January 1, 2024, there will be two changes to the Protected healthcare plans.

- **GM and Chrysler Protected members will have the same cost share for ECP and TCN plans that Ford Protected members have.** Currently, Ford Protected members have lower cost share in the ECP and TCN plans than GM and Chrysler Protected members. In 2024, the ECP and TCN Protected plans will be aligned for all Protected members regardless of the auto from which they retired. The cost share for these plans can be found on page 4 and page 5.
- **An out-of-network out-of-pocket maximum will be added to the Ford Protected ECP and TCN plans.** There is currently no out-of-pocket maximum on the Ford Protected ECP and TCN plans. This means that members pay a 10% coinsurance for all out-of-network services without any cap. In 2024, members will only be responsible for the 10% out-of-network coinsurance until they reach their out-of-pocket maximum. Out-of-network costs can be found in the Blue Cross Blue Shield benefit materials sent later this fall. This will also align with the GM and Chrysler Protected ECP and TCN plans.

Acupuncture Coverage Added for Blue Cross ECP Plan

Beginning January 1, 2024, acupuncture (for lower back pain only) will be 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.

Coverage for Dental Implants

Beginning January 1, 2024, the Trust is adding 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.

New Medical ID Cards—Watch Your Mail!

Members in the plans below will receive new medical ID cards for 2024:

- UnitedHealthcare MA-PD
- Health Alliance Plan (HAP) and HAP Senior Plus HMO
- Humana Medicare Advantage HMO



Be sure to watch your mailbox and replace your current medical ID card with the new one. Beginning January 1, 2024, make sure you show the new card to providers when you receive any services.

Elimination of Trust “Extra Help” Assistance Program

Effective January 1, 2024, the Trust will no longer offer 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.

NOTES

NOTES

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 5** and **November 22**

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.

