

2023 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. We want to make health coverage simple and clear for all Trust members.

We strive to understand your unique healthcare needs and learn what’s important to you and your family. That’s why, for 2023, you’ll see some healthcare enhancements that address the specific needs of our retiree population. We’ve also teamed up with new health plan carriers who meet the high standard of quality and customer service that we expect for our members.

While you’ll see a lot of changes for 2023, these new plans and benefits are aimed at improving your healthcare experience.

Highlights for 2023

- Lower monthly contributions*
- Lower deductibles and out-of-pocket maximums*
- Lower copay for tier 2 prescription drugs*
- New Medicare Advantage plan carrier
- New prescription drug carrier

*For certain plans

Read through the information on the following pages carefully to learn about your 2023 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, 2023, be sure to contact RHCC between **September 6** and **November 30, 2022**.

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

Sincerely,



Debbie Rittenour
CEO, UAW Retiree Medical Benefits Trust

Medicare Cost Share for All General Members¹

2023

| | MA PPO Medicare Advantage PPO | TCN Traditional Care Network | HMO Health Maintenance Organization |
|--|--|---|--|
| Monthly Contribution | \$0 Single \$0 Family | \$15 Single \$30 Family | \$0 Single \$0 Family |
| Deductible (Amount you pay annually before the plan begins to pay a portion of the costs) | \$150 / Person | \$325 Single \$600 Family | \$400 Single \$675 Family |
| Coinsurance (Amount you pay after your deductible is met) | 10% | 10% | N/A |
| Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs) | \$500 / Person | \$650 Single \$1,325 Family | N/A |
| Primary Care Physician (PCP) Office Visit | \$10 Copay / Visit | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$25 Copay / Visit |
| Specialist Office Visit | \$20 Copay / Visit | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$35 Copay / Visit |
| Urgent Care (Includes retail health clinics) | \$25 Copay / Visit | \$50 Copay / Visit | \$25 Copay / Visit |
| Emergency Room (Waived if admitted) | \$50 Copay / Visit | \$125 Copay / Visit | \$50 Copay / Visit |

¹Reflects in-network costs

- Lower for 2023

Non-Medicare Cost Share for All General Members¹

2023

ECP Enhanced Care PPO

HMO Health Maintenance Organization

| | | |
|--|--|--|
| Monthly Contribution | \$15 Single \$30 Family | \$15 Single \$30 Family |
| Deductible (Amount you pay annually before the plan begins to pay a portion of the costs) | \$325 Single \$600 Family | \$400 Single \$675 Family |
| Coinsurance (Amount you pay after your deductible is met) | 10% | N/A |
| Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs) | \$650 Single \$1,325 Family | N/A |
| Primary Care Physician (PCP) Office Visit | \$10 Copay / Visit | \$25 Copay / Visit |
| Specialist Office Visit | \$20 Copay / Visit | \$35 Copay / Visit |
| Urgent Care (Includes retail health clinics) | \$50 Copay / Visit | \$50 Copay / Visit |
| Emergency Room (Waived if admitted) | \$125 Copay / Visit | \$125 Copay / Visit |

¹Reflects in-network costs

- Lower for 2023



Cost Share for GM and Chrysler Protected Members¹

2023

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

Medicare

Non-Medicare

MA PPO

TCN

HMO

ECP

HMO

| | MA PPO | TCN | HMO | ECP | HMO |
|--|--------------------------|---|--------------------------|--|--|
| Monthly Contribution | \$0 Single \$0 Family | \$10 Single \$10 Family | \$0 Single \$0 Family | \$10 Single \$10 Family | \$10 Single \$10 Family |
| Deductible (Amount you pay annually before the plan begins to pay a portion of the costs) | \$0 | \$325 Single \$600 Family | \$0 | \$325 Single \$600 Family | \$0 |
| Coinsurance (Amount you pay after your deductible is met) | N/A | 10% | N/A | 10% | N/A |
| Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs) | \$0 | \$650 Single \$1,325 Family | N/A | \$650 Single \$1,325 Family | N/A |
| Primary Care Physician (PCP) Office Visit | \$0 | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$25 Copay / Visit | \$10 Copay / Visit | \$25 Copay / Visit |
| Specialist Office Visit | \$0 | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$25 Copay / Visit | \$20 Copay / Visit | \$25 Copay / Visit |
| Urgent Care (Includes retail health clinics) | \$25 Copay / Visit | \$50 Copay / Visit | \$25 Copay / Visit | \$50 Copay / Visit | \$50 Copay / Visit |
| Emergency Room (Waived if admitted) | \$50 Copay / Visit | \$125 Copay / Visit | \$50 Copay / Visit | \$125 Copay / Visit | \$100 Copay / Visit |

¹Reflects in-network costs

- Lower for 2023



Cost Share for Ford Protected Members¹

2023

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

Medicare

Non-Medicare

MA PPO

TCN

HMO

ECP

HMO

| | | | | | |
|--|--------------------|---|--------------------|--------------------|--------------------|
| Monthly Contribution | \$0 | \$0 | \$0 | \$0 | \$0 |
| Deductible (Amount you pay annually before the plan begins to pay a portion of the costs) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Coinsurance (Amount you pay after your deductible is met) | N/A | N/A | N/A | N/A | N/A |
| Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs) | \$0 | \$0 | N/A | \$0 | N/A |
| Primary Care Physician (PCP) Office Visit | \$0 | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$25 Copay / Visit | \$10 Copay / Visit | \$25 Copay / Visit |
| Specialist Office Visit | \$0 | Covered by Medicare at 80%, after Part B deductible is met, you pay remaining 20% | \$25 Copay / Visit | \$20 Copay / Visit | \$25 Copay / Visit |
| Urgent Care (Includes retail health clinics) | \$25 Copay / Visit | \$0 | \$0 | \$0 | \$0 |
| Emergency Room (Waived if admitted) | \$50 Copay / Visit | \$0 | \$0 | \$0 | \$0 |

¹Reflects in-network costs

- Lower for 2023

Prescription Drug Coverage*

2023

| | Retail (One Month) | Mail-Order (90-Day) |
|---|------------------------------|-------------------------------|
| Tier 1: Generic and select immunizations | \$5 | \$5 |
| Tier 2 : Preferred Brand | \$40 | \$40 |
| Tier 3: Non-Preferred Brand | \$115 | \$115 |

Specialty medications dispensed in one-month increments

* Members in Kaiser plans have different copays

 - Lower for 2023

New Medicare Advantage Plan Carrier—UnitedHealthcare

The Aetna Medicare Advantage (MA) PPO plan will be **eliminated for 2023**. On January 1, 2023, Aetna Medicare members will be automatically enrolled in a new MA plan offered through UnitedHealthcare.

Structure of Plan

The UnitedHealthcare® MA PPO plan will be the **primary plan** for Medicare members in all U.S. states except for Michigan. The plan offers several benefits:

- **Extended Service Area (ESA):** Members can see any provider as long as the provider accepts Medicare and is willing to bill UnitedHealthcare. In an ESA plan, the member pays the same cost share regardless if the provider participates in the carrier's network.
- **Similar structure to current Aetna plan:** Members of the UnitedHealthcare plan do not need to carry their red, white and blue Medicare card. **Additionally for 2023**, the medical card will also have prescription drug coverage information on it so there is no separate card for the retail pharmacy.

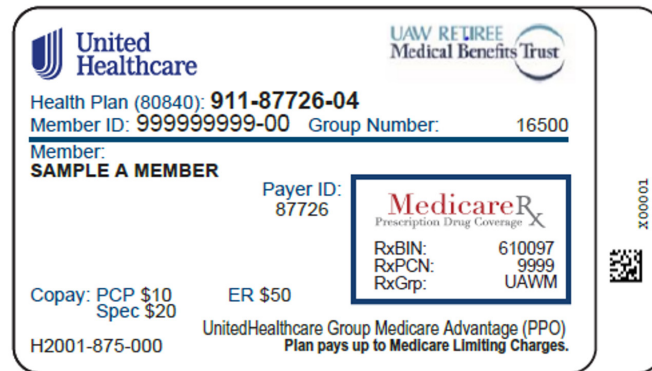
New Prescription Carrier—Optum Rx®

This is a MA-PD plan, which means it's a Medicare Advantage plan with prescription drug coverage. The new prescription carrier for this plan is Optum Rx. This means members will only have one ID card for medical and pharmacy services.

Prescription drug coverage will no longer be with Express Scripts beginning January 1, 2023. There will still be a three-tier copay structure, access to 90-day mail-order, along with a national network of retail pharmacies. The formulary through Optum Rx will be similar to the current Express Scripts formulary.

A drug list – which will not include the entire formulary but will show the most prescribed drugs and their tiers – will be sent to members in their plan guide and will be available on the plan’s website.

The UnitedHealthcare ID card



Added Programs and Benefits

The UnitedHealthcare plan has many programs that can enhance members’ health and wellbeing. Some programs include:

- **Virtual visits covered with no copay:** For full coverage, the physician is required to use the programs, AmWell®, Doctors on Demand®, or Teledoc®. For behavioral health visits, the physician can use AmWell, Doctors on Demand, or be a local provider.
- **Renew Active® fitness program:** Renew Active is similar to the SilverSneakers program.
- **Healthy at Home, post-discharge program:** Meal delivery, transportation, and personal care after a hospital stay, surgery, etc.
- **Rally Coach™:** Weight management, wellness coaching and smoking cessation programs.

Resources and Other Healthcare Options

Members eligible for the UnitedHealthcare plan should have received a plan guide with additional details regarding the plan, benefits and programs later this fall. You also can call UnitedHealthcare at **844-320-5021 (TTY:711)**, 8 a.m. to 8 p.m. local time, Monday through Friday or visit the website retiree.uhc.com/UAWTrust to learn more.

UnitedHealthcare is hosting informational meetings throughout the country this fall. Medicare members in all states except Michigan should have received a meeting invite. We encourage you to attend those meetings to learn more about the plan and its network.

The Blue Cross Blue Shield Traditional Care Network (TCN) plan remains an option for all members. Also, the Blue Cross Medicare Advantage plan is an option for residents of Alabama, Indiana, Florida, Michigan, Missouri, and Tennessee. If you live in one of these states, you can also enroll in the Blue Cross MA plan.

Members who do not want to be enrolled in the UnitedHealthcare MA PPO plan need to call RHCC between September 6 and November 30 to choose another available option.

Blue Cross Medicare Advantage Plan Changes to MA-PD

The Blue Cross Blue Shield Medicare Advantage (MA) PPO plan will **change to a MA-PD plan for 2023**. Starting January 1, 2023, members enrolled in the Blue Cross MA PPO plan will no longer have prescription drug coverage through Express Scripts.

New Prescription Carrier—Optum Rx

This is a MA-PD plan, which means it's a Medicare Advantage plan with prescription drug coverage. The new prescription carrier for this plan is Optum Rx. This means members will only have one ID card for medical and pharmacy services.

Prescription drug coverage will no longer be with Express Scripts beginning January 1, 2023. There will still be a three-tier copay structure, access to 90-day mail-order, along with a national network of retail pharmacies. The formulary through Optum Rx will be similar to the current Express Scripts formulary.

Next Steps

No action is required by current Blue Cross MA PPO members. In December, members will receive new ID cards to use, beginning January 1, for medical and pharmacy services.

Blue Cross MA PPO plan members will receive a welcome kit with additional details regarding the plan, benefits and programs in December. You also can call Blue Cross at **888-322-5616 (TTY:711)**, 8 a.m. to 7 p.m. Eastern Time, Monday through Friday or visit the website **bcbsm.com/UAWTrust** to learn more.

Blue Cross is hosting informational meetings in states where members are eligible for this plan. Medicare members in Michigan, Alabama, Florida, Indiana, Missouri and Tennessee should have received a meeting invite. We encourage you to attend those meetings to learn more about this plan, its network and the added prescription coverage.

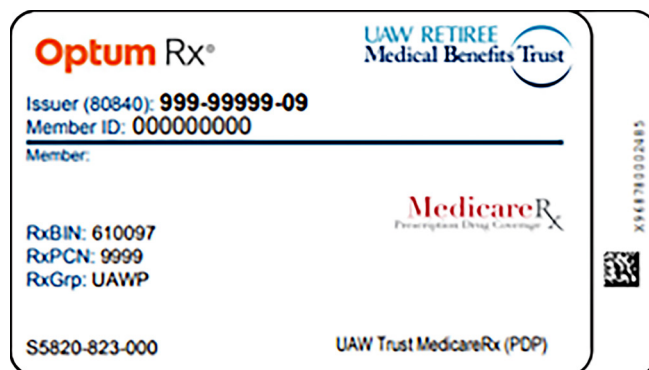
New Prescription Drug Carrier—Optum Rx

Medicare Members – TCN, BCNA, HAP and Humana

Beginning January 1, 2023, Optum Rx will be the new group sponsored Medicare prescription drug plan for members in the Blue Cross Traditional Care Network (TCN) and HMO plans (except Kaiser). Members in these plans will get a new prescription ID card in December. **No action is required.**

This Optum Rx prescription drug plan has a similar three-tier copay structure, access to a 90-day mail-order program, along with a national network of retail pharmacies. The formulary through Optum Rx will be similar to the current Express Scripts formulary. Members in these plans will be automatically dis-enrolled from the Express Scripts plan effective December 31, 2022, and enrolled in the Optum Rx plan effective January 1, 2023. You will receive a letter from Express Scripts confirming your disenrollment from their plan and you will also receive an enrollment letter from Optum Rx.

The Medicare Optum Rx ID card



Members do have the opportunity to “opt-out” of the Optum Rx plan. In order to opt-out, members need to contact RHCC at 866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m., Eastern Time. If you choose to opt-out, or later decide to terminate your enrollment in the Optum Rx plan **you will have no Trust provided prescription drug coverage** and will be responsible for all prescription drug costs incurred.

To learn more about other non-Trust prescription drug plan options, contact the Centers for Medicare and Medicaid Services (CMS) at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week for assistance. TTY users should call 877-486-2048.

Upcoming Communications:

| | |
|--------------------------|--|
| November/December | Optum Rx will send you an enrollment letter and welcome packet that will include your new ID card. |
| December | Express Scripts will send you a disenrollment letter that shows your coverage will be terminated effective December 31, 2022. No action is required by you. |

Remember, beginning January 1, 2023, please be sure to present your new Optum Rx prescription drug card to your pharmacy when filling prescriptions.

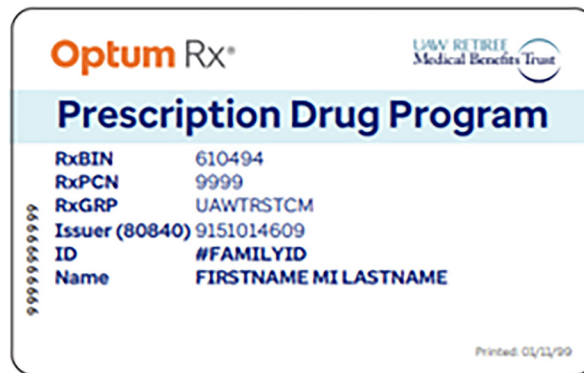
Non-Medicare Members – ECP, BCN, HAP and Humana

Beginning January 1, 2023, Optum Rx will be the new prescription drug plan for members in the Blue Cross Enhanced Care PPO (ECP) and HMO plans (except Kaiser). Members in these plans will get a new prescription ID card in December. **No action is required.**

The Optum Rx prescription drug plan has a three-tier copay structure, access to 90-day mail-order, along with a national network of retail pharmacies. The formulary through Optum Rx is similar to the current formulary through Express Scripts. Members in these plans will be automatically dis-enrolled from the Express Scripts plan effective December 31, 2022 and enrolled in the Optum Rx plan effective January 1, 2023.

Non-Medicare members in the Optum Rx plan will be required to use the mail order program for maintenance drugs. The plan will cover up to a 30-day supply through the retail pharmacy. On the fourth fill, the member will be required to fill their maintenance drugs through the mail order program or pay the full cost of the drug at retail.

The Non-Medicare Optum Rx ID card



Skilled Nursing Facility Care Expanded for All Medical Plans

Beginning January 1, 2023, the Skilled Nursing Facility (SNF) benefit will be expanded for in-network care under all Trust-sponsored medical plans. A SNF is a facility outside of the hospital that provides nursing care 24 hours a day under the supervision of a physician and/or registered nurse.

There will **no longer be a limitation on the allowed amount** of days of care provided per benefit period. Additionally, there will no longer be a non-confinement period required to reset the benefit.*

Additional Benefits Added to Blue Cross ECP and TCN Plans

Beginning January 1, 2023, the following benefits will be added to the Blue Cross ECP and TCN plans:



Cardiac, respiratory and pulmonary in-network rehabilitation services **covered at 100%**



Outpatient behavioral health visits **covered at 100%**



Inpatient hospital admissions **expanded to unlimited days***

* Only covered when it is determined to be medically necessary because the medical criteria and guidelines are met

IMPORTANT! What to Expect This Year

There are many changes impacting members on January 1, 2023. Because of this, members will receive numerous communications from the Trust, as well as current and future carriers this fall. Some of these communications are **required by law**, while others seek to advise members on their health and benefits, as well as tips for a smooth transition.

Please note, members will receive termination notices, as well as confirmation of coverages. Current health plans and carriers will remain in effect until December 31, 2022, and the new coverage will begin on January 1, 2023. **There will be no gap in coverage for members** unless they contact RHCC to opt-out or change their Trust coverage.

Reminder

 **Contact Retiree Health Care Connect (RHCC) 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 6** and **November 30**

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.

