

2022 HEALTH CARE BENEFIT HIGHLIGHTS

Welcome to Your Benefits!

The UAW Retiree Medical Benefits Trust (the “Trust”) strives to provide benefit plans designed specifically for our members and their needs. Each year we evaluate our plans to protect the Trust’s financial health and ensure you and your family receive the best possible benefits.

The COVID-19 pandemic changed everyday life for us all. Its impact highlights the importance of health care benefits with flexibility, affordability, and access to care. Health care services and procedures may have been delayed or skipped entirely due to the pandemic. The 2022 benefit changes focus on improvements that provide a positive influence on your health and well-being and encourage preventive care.

Highlights of what’s changing effective January 1, 2022

- Lower deductibles and out-of-pocket maximums*
- Lower office visit copays*
- Expanded benefits*
- Dental preventive care services not limited to annual maximum
- Vision benefit enhancement
- New over-the-counter (OTC) program*

* For certain health care plans

Read through the information on the following pages carefully to learn about your 2022 benefits. For additional resources, including a video on 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. – 4:30 p.m., Eastern Time. For benefit changes to be effective January 1, 2022, be sure to contact RHCC between **September 7**, and **November 30, 2021**.

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

2022

	MA PPO Medicare Advantage PPO	TCN Traditional Care Network	HMO Health Maintenance Organization
Monthly Contribution	\$0 Single \$0 Family	\$17 Single \$34 Family	\$0 Single \$0 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$200 / Person	\$350 Single \$625 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)	\$530 / Person	\$700 Single \$1,375 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 2022

Non-Medicare Cost Share for All General Members¹

2022

ECP Enhanced Care Network

HMO Health Maintenance Organization

Monthly Contribution	\$17 Single \$34 Family	\$17 Single \$34 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$350 Single \$625 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)	\$700 Single \$1,375 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 2022



Cost Share for GM and Chrysler Protected Members¹

2022

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

Medicare

Non-Medicare

	Medicare			Non-Medicare	
	MA PPO	TCN	HMO	ECP	HMO
Monthly Contribution	\$0 Single \$0 Family	\$17 Single \$17 Family	\$0 Single \$0 Family	\$17 Single \$17 Family	\$17 Single \$17 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$0	\$350 Single \$625 Family	\$0	\$350 Single \$625 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	\$700 Single \$1,375 Family	N/A	\$700 Single \$1,375 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 2022



Cost Share for Ford Protected Members¹

2022

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 2022

No CHANGE

Retail (One Month)

Mail-Order (90-Day)

Tier 1: Generic and Select Immunizations	\$5	\$5
Tier 2: Preferred Brand	\$45	\$45
Tier 3: Non-Preferred Brand	\$115	\$115

* Specialty medications dispensed in one-month increments

Changes to TCN and ECP Plans Effective January 1, 2021

The Trust made important TCN and ECP plan changes that went into effect this year.

- **Medical emergency definition:** A change in the definition of a medical emergency and removal of the qualifying requirement that the onset of a condition must have occurred within 72 hours to be covered under an emergency room visit.
 - The updated description of a medical emergency is a serious or permanent health-threatening or disabling condition, including certain accidental injuries, that requires immediate medical attention and treatment. The condition must be such a nature that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect failure to render treatment immediately could result in significant impairment of bodily functions, cause permanent damage to the individual's health, or place the individual's life in jeopardy. Signs and symptoms verified by the treating physician at the time of treatment, and not the final diagnosis, must confirm the existence of a threat to life of bodily functions.
- **Behavioral health outpatient services limit and provider type:** Elimination of the limit of 35 visits on outpatient mental health and substance abuse visits. Additionally, the benefit includes physician assistants as a covered provider.
- **Tobacco cessation program requirement:** Removal of the requirement that members must participate in a carrier-approved tobacco cessation program to receive coverage for tobacco cessation prescription drugs.

New Over-the-Counter (OTC) Program

Beginning **January 1, 2022**, the Trust is adding an over-the-counter (OTC) benefit giving eligible members an annual allowance to order approved non-prescription medications and health-related items—such as bandages, aspirin, cold and sinus medicine, and vitamins and minerals—up to twice per calendar year. The dollar value of the allowance depends on your health plan.

Health Care Plan	Annual Allowance
Medicare Advantage (MA) PPO Medicare Advantage (MA) HMO Enhanced Care PPO (ECP)	\$150
Traditional Care Network (TCN)	\$50
Non-Medicare HMO	Not eligible

Eligible members will be automatically enrolled; **no action is required.**

There are **four ways** to order OTC products with your allowance:



PHONE



ONLINE



MAIL



MOBILE APP

All communications material on the new OTC benefit will have the UAW Trust OTC logo included on it:



More information and an OTC product catalog will be sent to eligible members in early January. For this benefit, OTC items are available through home delivery only. Products may not be purchased for reimbursement at a local retail pharmacy or through any source other than the Trust OTC program.

Expanded Health Benefits For Next Year

Several Trust health plans will have enhanced benefits effective **January 1, 2022**.
All enhancements listed are for in-network providers only.

- **Enhanced Care PPO (ECP)***

- **Allergy testing:** Covered, subject to deductible and coinsurance**
- **Ear wax removal:** Covered, subject to deductible and coinsurance**
- **Chiropractic care:** \$20 copay per visit, service must be completed by licensed provider †

- **Traditional Care Network (TCN)***

- **Acupuncture (for lower back pain only):** Covered, subject to deductible and coinsurance
- **Allergy testing:** Covered, subject to deductible and coinsurance**
- **Ear wax removal:** Covered, subject to deductible and coinsurance**
- **Chiropractic care:** \$20 copay per visit, service must be completed by licensed provider †

- **Medicare Advantage PPO**

- **Outpatient visits for mental health and substance use disorders:** Covered 100%, no limit on number of visits
- **Skilled nursing facility:** Covered 100% for days 1-50, \$20 copay per day for days 51-100
- **Diabetic eye exams:** Covered 100%
- **Diabetic shoes:** Coverage for two (2) pairs per year ‡

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

* All benefits listed covered 100% for Ford Protected members

** May be subject to office visit copay

† Limited to 24 visits per year

‡ Also applies to Protected members

Dental, Vision, and Hearing Enhancements for January 1, 2022

Dental Preventive Care Services No Longer Subject to Annual Max

Preventive care services, including exams and cleanings, will no longer count toward the annual benefit maximum of \$1,700 per person per calendar year. Members now have access to preventive care services even if they have reached the plan's maximum payment. Limitations on frequency of services still apply.

Additionally, members have 100% coverage for posterior composite (white) fillings in the PPO network. Coverage in the Premier network or non-participating dentists varies. Refer to Delta Dental plan materials for details.

For questions about your coverage or to find an in-network provider, visit deltadentalmi.com/uawtrust or call **800-524-0149**.

Vision Plan Covers Glasses Every Year

Davis Vision members will have coverage for glasses, frames and/or contact lenses (in lieu of eyeglasses) once every 12 months. This is an increase from the current allotment of hardware every 24 months.

For questions about your coverage or to find an in-network provider, visit davisvision.com or call **888-234-5164** and enter "client code" **3642**.

Hearing Coverage Enhancements

There will be enhancements to the TruHearing coverage:

- **Approved provider type:** Hearing instrument specialist covered under certain situations
- **Follow-up visits:** Time frame for \$0 visits extended from 6 months to 1 year
- **Trial period:** Expanded from 45 to 60 days
- **Battery supply:** Increased from 48 to 80 batteries per hearing aid

For questions about your coverage or to find a provider, visit truhearing.com/uawtrust or call **844-394-5420**.

NOTES

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



Make changes to your health care plan. For plan changes to be effective January 1, call between **September 7** and **November 30**

