2012 Health Care Benefit Highlights

Addendum to the 2011 Benefit Highlights, Schedule of Benefits, and Summary Plan Description previously published.

Dear UAW Trust Member,

The UAW Retiree Medical Benefits Trust (the "Trust") provides health care benefits for all current and future eligible UAW retiree members of General Motors, Ford, and Chrysler. The Trust is an independent entity and not administered by the autos or the UAW.

The Trust is pleased to provide a variety of health care options designed to meet the unique needs of our diverse retiree population. When designing benefits for 2012, we expressly aimed to address retiree-specific needs, encourage preventive care, and account for rising health care costs.

Effective January 1, 2012, Your Benefit Plan Includes

- **NO INCREASE** in Monthly Contributions to the Trust
- **NO INCREASE** in Prescription Drug copays
- **NO INCREASE** in copays for Urgent Care, Emergency Room Visits or HMO Office Visits
- **Increase** to Deductible and Out-of-Pocket Maximum

Benefit and Administrative Changes

- Skilled Nursing Facility – 100 days per year
- Durable Medical Equipment Suppliers
- Case Management for Transplants
- And More

➢ **NEW COVERAGE**
Four (4) Primary Care Physician Office Visits for non-Medicare members and dependents enrolled in the Traditional Care Network (TCN) Plan
- 1 Wellness Visit
- 3 Routine Visits

➢ **NEW COVERAGE**
Preventive Dental
- Cleanings twice yearly
- X-rays
- Fillings

➢ **NEW COVERAGE**
Routine Vision Exam
- Every 24 months with $25 copay

Details on these benefits are included in the following pages and in the Trust Plan Document. If there is a conflict, the terms of the Plan Document will control. Additional information, the Plan Document, as well as a video presentation of these benefits are available on our website at www.uawtrust.org.

If you have specific questions about these benefits, contact Retiree Health Care Connect (RHCC) at 866-637-7555 or online at www.resources.hewitt.com/rhcc/

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

Office Visits and Routine Vision Exam – Effective January 1, 2012

New Coverage

The Trust is pleased to announce that we are adding primary care office visit coverage for non-Medicare members enrolled in the Traditional Care Network Plan.

	Description

Office Visits
 	
For non-Medicare* members and their dependents enrolled in the TCN plan
	• Four (4) office visits for each person on contract
	  ○ 1 Wellness Visit
	  ○ 3 Routine Visits
	  ○ Conducted in a physician's office setting
	  ○ Covered with $25 copay per visit
	
	• Coverage must be obtained from an **in-network** provider
	
	• Covered Providers include Family Practice, General Medicine, Internal Medicine, Geriatrician, OB/GYN, Pediatrician, Nurse Practitioner and Physician Assistant
	
	• Specialists are <u>not covered</u> under this benefit
	
	• Trust will **not** pay facility fees for office visit coverage, if assessed
	
	**Medicare currently provides Office Visit Coverage for members enrolled in Medicare*

You and your family should take advantage of office visits for wellness check-ups and annual physicals. During these visits, we encourage you to review your medical history and prescription medications with your doctor. This is also an opportunity for you and your doctor to have an open dialogue about your health status, treatment options, and to answer any questions you may have.

We encourage you to discuss with your physician the need for any age-related tests such as mammograms, colonoscopies, and cancer screenings. It is important to have your doctor do a routine check of your blood pressure and cholesterol levels.

NEW Vision Benefit

Recognizing the important role eye health plays in maintaining overall health, the Trust is pleased to provide a new routine vision benefit for UAW-GM members. This vision benefit is provided through your medical carrier.

Vision Exam	• Covers one (1) routine eye exam every 24 months • Covered with $25 copay • Hardware not included in coverage – does not include coverage for glasses or contacts

New Preventive Dental Benefit – Effective January 1, 2012

The Trust is pleased to announce a new Preventive Dental benefit for UAW-GM retiree members. This coverage is provided by the Trust at no additional cost to you. This benefit will be administered by Delta Dental effective January 1, 2012.

Attention members who have COBRA or self-paid continuation coverage for dental through GM (referred to throughout jointly as "COBRA"):

You can retain your COBRA dental benefit from GM and have the new Trust Preventive Dental Benefit simultaneously, as these benefits will be coordinated for you by the plan. You will still need to continue to make your monthly COBRA payments to retain the benefit.

Should you decide to discontinue your COBRA dental benefit and rely exclusively on the Trust Preventive Dental benefit, you may do so at any time. **Before making the decision** to terminate your COBRA coverage, you are strongly encouraged to review the information outlined on pages 7-8 to make an informed decision about coverage that best meets your individual needs.

2012 Preventive Dental Benefit Summary and Limitations

	Plan Paid Coverage Amounts		
Service	**PPO Dentist**	**Premier Dentist**	**Non-Participating Dentist**
Exams	100%	75%	50%
Cleanings (routine or periodontal cleanings twice per year)	100%	75%	50%
Fluoride Treatments	100%	75%	50%
X-Rays	100%	75%	50%
Brush Biopsy	100%	75%	50%
Emergency Treatment	100%	100%	100%
Fillings (non-white; metallic)	100%	75%	50%
Annual Plan Maximum: $800 per person			

Limitations:

- Any combination of cleanings and periodontal maintenance procedures are payable twice per calendar year.
- Two additional cleanings are payable for two consecutive calendar years with documented history of periodontal disease.
- Preventive fluoride treatments are payable twice per calendar year for people under age 19.
- Bitewing X-rays are payable once every 24 months for adults, once per calendar year for children under age 15.
- Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) fillings are not a covered service on posterior teeth.

2012 Retiree Benefits – Cost Share Tables

No Changes for 2012

There are no changes in Monthly Contributions, Prescription Drug Copays, HMO Office Visit Copay, Urgent Care Copay, and Emergency Room Copay

Monthly Contributions	$15 Single/$30 Family General Population $15 Single/ $15 Family Protected Population
Urgent Care Copay	$50 TCN/PPO/HMO $25 Medicare Advantage
Emergency Room Copay (Waived if admitted)	$100 TCN/PPO/HMO $50 Medicare Advantage

Prescription Drug Copays	Retail *(30–day Supply)*	Mail Order *(90–day Supply)*
Tier 1: Generic	$10	$20
Tier 2: Preferred Brand	$30	$60
Tier 3: Non-Preferred Brand	$80	$160

Deductibles, Co-Insurance, and Out-Of-Pocket Maximums for 2012	Traditional Care Network (TCN) and Preferred Provider Organization (PPO) Plans		Medicare Advantage (MA) PPO Plans	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible This is the amount you pay annually before the Plan begins to pay a portion of costs (in-network and out-of-network amounts shown)	$300 Single $500 Family	$600 Single $1,000 Family	$200 Single $400 Family	$400 Single $800 Family
Co-insurance The amount you pay after your deductible is met	10%	30%	10%	30%
Out-Of-Pocket Maximum The total amount you pay annually (deductibles, co-insurance, and copays) before the Plan covers 100% of the costs	$600 Single $1,100 Family	$1,350 Single $2,500 Family	$500 Single $1,000 Family	$1,150 Single $2,300 Family

Increased for 2012

No change to these amounts

Increased for 2012

New Plan Options for Medicare Members in Eight States

We continue to review opportunities to bring new health plan options to our members. We are pleased to announce that all health plan offerings for 2011 will continue for the 2012 plan year. **In January 2012, there will be new Medicare Advantage PPO plan options for Medicare-eligible members in Ohio, New York, Indiana, Tennessee, Florida, Illinois, Wisconsin and Missouri.** Medicare-eligible members in these states have received a separate notification of the new plan available in their area (see page 4 for cost share for these plans). You may contact Retiree Health Care Connect for more information about specific plan availability in your area. The Trust will continue to seek out opportunities to offer new plan options to members.

Other Plan Changes – Effective January 1, 2012

Skilled Nursing Facility – Benefit Change

In 2012, the Skilled Nursing Facility benefit will be reduced. The benefit will now cover up to 100 days per year, renewable after 60 consecutive days of non-confinement. This change in benefit is more consistent with Medicare, which covers 100 days per lifetime.

Case Management

Medical Case Management is a collaborative process that facilitates recommended treatment plans to assure the appropriate medical care is provided; it refers to the planning and coordination of health care services appropriate to achieve the goal of rehabilitation.

The Trust recognizes the important role case management can play for complex medical issues. For this reason, we are making this benefit available to all of our members should they need it. Utilizing a case manager can assist you and your family in receiving and coordinating proper care. The Trust, working through your health plan, may require that you participate in Case Management in order for payment to be made for certain conditions that are complex, severe or rare.

Organ Transplants

The Trust provides coverage for a variety of transplant procedures and services. A small number of these transplants are highly specialized or complex. In these cases, the Trust has worked with certain health plans to coordinate care through a carrier-approved Center of Excellence for such transplants.

Effective January 2012, for transplant services to be paid, patients must be enrolled in case management and will be required to obtain services through a Center of Excellence. **This change applies to all transplants except cornea, kidney, and skin.**

For Medicare enrollees, coverage is limited to transplants approved by Medicare. Even with Medicare, Case Management is required for the Trust to pay its portion of the benefit.

Durable Medical Equipment (changes for Medicare enrollees only)

On January 1, 2011, Medicare phased in a new competitive bidding program for Durable Medical Equipment (DME) in select areas. The program changed who can supply these items and the amount Medicare pays suppliers for DME. Medicare now requires Medicare recipients to obtain DME from a contracted supplier. Because of this change, if you do not use a Medicare contract supplier, the Trust will not be able to pay covered amounts in coordination with Medicare and you will incur the full cost. These changes apply to all plans.

To find an approved supplier near you, please call your health plan for assistance, using the number provided on the back of your insurance card.

Non-Participating Hospital Coverage

The Trust has contracted with health plans that provide a wide range of in-network providers and hospitals. By using a participating in-network provider or hospital, you benefit from enhanced care coordination, simplified administration, and the cost to both you and the Trust are less.

Treatment at a non-participating hospital may result in a significant financial obligation on your part. You should determine which hospitals participate with your carrier before hospital care is needed.

Effective January 1, 2012, the coverage level for non-participating hospitals will change.

Elective Services

Coverage for elective services received at a non-participating hospital will not be provided. This impacts both Medicare and non-Medicare members. However, members enrolled in Medicare may have coverage provided by Medicare, if services are received at an approved Medicare facility. Any remaining payment will be the member's responsibility.

Emergency Services

If you utilize a non-participating facility for emergency services, you will only be required to pay the emergency room copay.

For any emergency service that results in an inpatient admission, services will be paid at the usual and customary rate. If you are enrolled in Medicare, services will be covered up to the Medicare allowed amount. However, you may be responsible for any additional fees not covered by Medicare. Whether you are enrolled in Medicare or not, any costs you incur will apply toward your in-network deductible and out-of-pocket maximum.

Please refer to the Plan Document for additional information regarding this benefit.

Fraud

A member may be terminated from Trust coverage if that member intentionally gives out fraudulent information in an attempt to enroll an ineligible person, or deliberately does not inform the Trust (through Retiree Health Care Connect) that a person is no longer eligible for coverage. Members who are terminated will have the right to appeal such terminations.

Considerations for Members with COBRA Dental Coverage

Members with COBRA or self-paid continuation coverage through GM (referred to throughout jointly as "COBRA") must carefully consider their options regarding their dental benefit. Members with COBRA coverage should check with their COBRA dental plan for specific information about their plan.

Option 1:

Members who have COBRA dental may continue to retain their benefits along with the Trust Preventive Dental benefit.

- No action is required to initiate Trust dental coverage. Benefits will be coordinated between COBRA and the Trust plan.
- Members must continue to make their COBRA payments to retain these benefits through GM.
- Members must also continue to make the standard monthly contributions to the Trust.

Please note: The Trust Preventive Dental benefit is not an electable benefit. Members who decide to keep their COBRA or other dental coverage will not receive money from the Trust to offset their costs.

Option 2:

Members may elect to discontinue the COBRA coverage they currently purchase and rely exclusively on the Trust provided Preventive Dental benefit.

Before choosing this option and cancelling COBRA coverage, members should consider the following:

- The dental benefits through the Trust are for preventive and diagnostic services only and do not have the same level of coverage provided by COBRA – the coverage levels are not equal (**see Comparison Chart on page 8**).

- **Members who drop their COBRA coverage cannot re-enroll** in the COBRA plan, even if the Trust were to terminate or modify its plan.

    - Members who have COBRA coverage for a dependent who is not otherwise eligible for Trust provided coverage (i.e. divorced spouse as part of a court settlement) will need to retain COBRA or seek other coverage in such instances where dependents do not meet eligibility requirements for Trust coverage.

- The Trust Preventive Dental benefit may change or could be terminated in future years.

After noting the above, if a member wants to drop their COBRA dental coverage, they may do so by calling GM Benefits & Service Center at 1-800-489-4646.

Comparison of Trust Preventive Dental Benefit and COBRA Dental Benefit	Trust Preventive Dental Benefit			Current COBRA Coverage		
	PPO Dentist	Premier Dentist	Non-Participating Dentist	PPO Dentist	Premier Dentist	Non-Participating Dentist
	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic						
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	75%	50%	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%	100%	100%	100%
Radiographs - X-rays	100%	75%	50%	100%	90%	90%
Basic						
Minor Restorative Services - fillings	100%	75%	50%	100%	90%	90%
Endodontic Services - root canals	**No Coverage**			100%	90%	90%
Periodontic Services - to treat gum disease	**No Coverage**			100%	90%	90%
Extractions - removal of teeth	**No Coverage**			100%	90%	90%
Relines and Repairs - to bridges and dentures	**No Coverage**			100%	90%	90%
Other Oral Surgery - dental surgery other than extractions	**No Coverage**			90%	90%	90%
Major Restorative Services - crowns	**No Coverage**			90%	90%	90%
Class III						
Prosthodontic Services - includes bridges and dentures	**No Coverage**			70%	50%	50%
Class IV						
Orthodontic Services - includes braces	**No Coverage**			60%	50%	50%
Orthodontic Lifetime Maximum	**No Coverage**			$2,000 per person		
Annual Maximum	$800 per person			$1,700 per person		
Annual Deductible	No deductible			No deductible		

Learn more about Your Trust via 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 2012 benefit changes to help members better understand changes in their benefits for 2012. You may also download the Plan Document, Summary Plan Description (SPD), Schedule of Benefits, and other communications from the Trust. 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.