



UAW Retirees of ACC Benefit Trust

PO Box 1708 ♦ Troy MI 48099-1708
Phone: (248) 641-4911 or Toll Free: (855) 641-4911

November, 2016

****PLEASE READ CAREFULLY****

IMPORTANT INFORMATION REGARDING YOUR HEALTH AND WELFARE BENEFITS EFFECTIVE JANUARY 1, 2017

Dear Participant:

As you know from previous mailings, your health and welfare benefits are provided by plans that are funded and administered through a Voluntary Employee Beneficiary Association (VEBA) trust fund known as the UAW Retirees of ACC Benefit Trust ("Trust"), which was established as part of a class action settlement. The VEBA and your health benefit plan are administered by a Committee consisting of independent members and UAW-appointed members.

The ability to provide benefits to the participants is based on the funding level of the VEBA which is subject various factors such as medical inflation, utilization and investment returns. **We are pleased to inform you that the Committee has concluded that no benefit changes are necessary for 2017 and your monthly contribution will remain unchanged.**

The following summarizes the current benefits which will remain in force through 2017.

Medical Coinsurance and Deductibles for Pre-Medicare Participants

There will be no changes to your medical plan provisions at January 1, 2017, and your coinsurance and deductibles will remain the same. As a

reminder, your in-network coinsurance is 20% for services you receive. This means that for in-network services the Trust will pay 80% of covered expenses and you will be responsible for the remaining 20%. For out-of-network services the Trust will pay for 60% of covered expenses and you will be responsible for 40%. In addition, your annual deductible will be \$500 per individual and \$1,000 per family for in-network services, and an annual deductible of \$1,000 per individual and \$2,000 per family will apply to out-of-network services.

Prescription Drug Copayment for Pre-Medicare Participants:

There will also be no changes in your prescription drug coverage effective January 1, 2017. Your benefits are based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether you order from a retail pharmacy or use mail order, and on whether your prescription is for a generic drug or a brand name drug. In addition, brand name drugs have a different copayment depending on whether they are “preferred” or “non-preferred.” Generally, “preferred” brand drugs are those on Blue Cross Blue Shield of Michigan’s “formulary” drug list, and non-preferred drugs with a higher copayment are not on the formulary list. You can get the formulary drug list on the Blue Cross Blue Shield of Michigan website at:

http://www.bcbsm.com/member/prescription_drugs/custom_formulary.shtml
or by calling the Blue Cross Blue Shield customer service number on the last page of this letter.

The prescription drug copayments are:

Retail (1-month supply):

Your copayment for generic drugs will continue to be \$15
Your copayment for preferred brand drugs will continue to be \$50
Your copayment for non-preferred brand drugs will be \$100

Mail Order (3-month supply):

Your copayment for generic drugs will continue to be \$30
Your copayment for preferred brand drugs will continue to be \$100
Your copayment for non-preferred brand drugs will be \$200

Out of Pocket Maximums for Pre-Medicare Participants

The out-of-pocket maximum is the maximum amount you are responsible for paying each calendar year, ***in addition to the deductible and any prescription drug copayments (which do not count toward the out-of-pocket maximum)***. The out-of-pocket maximum for in-network services each calendar year continues to be \$1,000 per individual, and \$2,000 per family, and the out-of-pocket maximum for out-of-network services each calendar year is \$2,000 per individual, and \$4,000 per family. Once you have paid the annual out-of-pocket maximum, the Trust will then pay the remainder of covered expenses incurred during that calendar year at 100% (other than certain Excluded Charges as explained in the Summary Plan Description you received from ACC). ***The required deductible amounts and prescription drug copayments described above do not count toward your annual out-of-pocket maximum.***

EXAMPLE: For your claims on and after January 1, 2017, if you are a single retiree or surviving spouse, once you have paid \$1,000 during the calendar year for your 20% coinsurance on in-network services, you will have reached your out-of-pocket maximum and the Trust will cover the remainder of your covered expenses during that calendar year in full. If a retiree and spouse are covered, the same will apply once they have paid \$2,000 in coinsurance for in-network services. The amounts they pay out-of-pocket for annual deductible and for prescription drug copayments will not count towards the out-of-pocket maximum.

Additional Information for Pre-Medicare Participants

Key parts of the new health care law, the Affordable Care Act (ACA), took effect on January 1, 2014. You should have received information about one part of the ACA -- a new way to buy health insurance called the "Health Insurance Marketplace." You may be able to purchase coverage at a lower cost through the Marketplace. Depending on your income, you may also qualify for a subsidy. However, if you purchase coverage through the Marketplace, you will lose the health coverage provided by the Trust. Please keep this in mind if you decide to purchase coverage elsewhere.

Medical Coinsurance and Deductibles for Medicare Eligible Participants

In 2017, benefits will continue to be provided through a fully insured Medicare Advantage plan through Blue Cross Blue Shield of Michigan (BCBSM). Under the plan, your in-network coinsurance will continue to be 20% for services you receive on or after January 1, 2017. This means that for in-network services the Trust will pay 80% of covered expenses and you will be responsible for the remaining 20%. For out-of-network services, on and after January 1, 2017, the Trust will pay for 70% of covered expenses and you will be responsible for 30%. In addition, your annual deductible will remain at \$500 per individual for both in-network and out of network services.

Office visits are covered at a \$25 copayment in network, and at 30% coinsurance out of network.

Prescription Drug Copayment for Medicare Eligible Participants:

Your prescription drug benefit will continue to be offered through BCBSM using a Medicare prescription drug plan. Only those medications that traditional Medicare Part D includes are covered under this plan. Your benefits continue to be based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether you order a 31-day or 90-day supply, and on whether your prescription is for a generic drug or a brand name drug. In addition, brand name drugs have a different copayment depending on whether they are “preferred” or “non-preferred.” Generally, “preferred” brand drugs are those on Blue Cross Blue Shield of Michigan’s “formulary” drug list, and non-preferred drugs with a higher copayment are not on the formulary list. You can get the formulary drug list on the Blue Cross Blue Shield of Michigan website at:

http://www.bcbsm.com/member/prescription_drugs/custom_formulary.shtml
or by calling the Blue Cross Blue Shield customer service number on the last page of this letter.

The prescription drug copayments are:

Type of Drug	Network Retail or Mail Order (31-day supply) Copayment	Preferred Retail or Mail Order (90-day supply) Copayment
Generic	\$15	\$30
Preferred Brand	\$50	\$100
Non-Preferred Brand	50% Coinsurance	50% Coinsurance
Specialty Drugs (not available through mail order or for more than 31 days)	50% (\$70 min/ \$100 max)	50% (\$70 min/ \$100 max)

Out of Pocket Maximums for Medicare Participants

The out-of-pocket maximum is the maximum amount you are responsible for paying each calendar year, ***in addition to any prescription drug copayments (which do not count toward the out-of-pocket maximum)***. The out-of-pocket maximum for in-network services each calendar year will remain at \$1,500 per individual for in-network services, and \$3,000 per individual for out of network services. Once you have paid the annual out-of-pocket maximum, the Trust will then pay the remainder of covered expenses incurred during that calendar year at 100% (other than certain Excluded Charges as explained in the Summary Plan Description you received).

You will be receiving various informational mailings from BCBSM explaining your benefits. Please read the material carefully and contact BCBSM or the Trust office with any questions. You are also encouraged to attend the informational meeting noted below.

As a reminder, the Committee implemented Silver Sneakers® Fitness Program for our Medicare eligible members. Members are able to access free or low cost gym memberships at participating facilities, senior-specific exercise classes and other ways to keep you healthy. Information about Silver Sneakers® can be found at www.my.silversneakers.com or by calling (888) 423-4632.

Monthly Participant Contributions

The monthly contribution you make to maintain your coverage in 2017 will be:

Coverage Status:	Total 2016 Monthly Contribution Amount	2017 Total Monthly Contribution Amount
Retiree only	\$50	\$50
Retiree and Spouse	\$150	\$150
Family (Retiree, Spouse and/or Dependents)	\$150	\$150
Medicare Eligible Retiree	\$50	\$50
Medicare Eligible Retiree and Medicare Eligible Spouse	\$100	\$100
Medicare Eligible Retiree and non-Medicare Eligible Spouse	\$150	\$150

Informational Meeting

An informational meeting has been set at the date, time and location listed below to answer any of your questions:

Date	Location
December 6, 2016 - 9:30 am	UAW Local 659 4549 Van Slyke Road Flint, MI 48507

Important Phone Numbers

Should you have any questions, below is a list of important phone numbers.

If You Have a Question About.	You Should Contact.
Eligibility	BeneSys: (855) 641-4911 Hours: 7:30 a.m. - 4:30 p.m. ET
Medicare Medical/Prescription Drug Coverage	Blue Cross Blue Shield of MI: (866) 684-8216 TTY - (800) 579-0235
Locating a participating provider in the Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield: (800) 810-Blue (2583)

If you have any questions, please contact the UAW Retirees of ACC Benefit Trust Office at (855) 641-4911 Monday through Friday from 7:30 a.m. until 4:30 p.m., Eastern Standard Time. You will receive a notice if any additional changes are made to the plan in the future.

New Participant Website

As a reminder, the Participant Website is available to all eligible participants. The website will provide key contact information, forms and documents that will help you get the most out of your benefits.

The address is: www.ourbenefitoffice.com/uawaccretirees

Please take some time and familiarize yourself with all it has to offer.

Final Note

The Committee recognizes that your retiree benefits provide important protections for you and your dependents. Accordingly, the Committee seeks to make available to eligible UAW ACC retirees comprehensive and cost effective retiree benefit programs with the funds that it manages.

Our goal is to maintain the highest possible level of benefits at a reasonable cost to our membership.

The Committee encourages you to attend an Informational Meeting on December 6, 2016 at the UAW Local 659 Union Hall in order to understand your benefits, premium rates and enrollment procedures.

Sincerely,

The Committee of the UAW Retirees of ACC Benefit Trust

NOTICE OF NONDISCRIMINATION

The UAW Retirees of ACC Benefit Trust ("Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UAW Retirees of ACC Benefit Trust cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-641-4911.

بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو

يلتزم الأصل الوطني أو السن أو الإعاقة أو الجنس The UAW Retirees of ACC Benefit Trust

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-641-4911.

The UAW Retirees of ACC Benefit Trust erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-641-4911.