



UAW St. Joseph Retirees Health and Welfare Trust

PO Box 1708 ♦ Troy MI 48099-1708
Phone: (248) 641-4909 or Toll Free: (877) 941-4909

October, 2014

****PLEASE READ CAREFULLY****

IMPORTANT INFORMATION REGARDING YOUR HEALTH AND WELFARE BENEFITS EFFECTIVE JANUARY 1, 2015

Dear Participant:

As you know, your health and welfare benefits are funded and administered through a Voluntary Employee Beneficiary Association (VEBA) trust fund known as the UAW St. Joseph Retirees Health and Welfare Trust (Trust). In order to maintain the Trust's ability to provide benefits into the future, the Committee that administers the Trust must continually monitor and analyze changing factors such as health care inflation, utilization and investment returns. **The Committee has concluded that no changes are necessary for 2015.**

Please carefully read the summary of benefits below.

An informational meeting is being held for you to learn more about your benefits and to answer your questions. Please refer to the **Section 3** of this letter "**Questions Regarding your Benefits**" for information on this meeting as well as telephone numbers that you can call for assistance.

Section 1. MEDICAL BENEFITS

Overview of Health and Welfare Benefits

An overview of the health and welfare benefits is indicated in the following table:

<u>Health Benefit</u>	<u>Deductible & Copayment</u>
Medical Coverage	A deductible of \$250 per person. The deductible will be charged on all services except office visits. Once the deductible has been satisfied, the plan will pay 100% of approved expenses. A co-payment of \$10 will be charged on in-network office visits and a co-payment of \$20 will be charged on out-of-network office visits. In addition, a co-payment of \$65 will be charged on any emergency room visits.

Section 2. Prescription Drug Copayment

There will be no changes in your prescription drug copayment for January 1, 2015. Your benefits are based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether your prescription is for a generic drug or a brand name drug (and on whether the brand name drug is “Preferred” or “Non-Preferred”) and on whether you order from a retail pharmacy or use mail order.

Also, the Plan includes a nationwide retail pharmacy network and mail order pharmacy administered by the Medicare Plus Blue Group PFFS. You may go to any pharmacy to have your prescription filled; however, you may pay more if you do not use a pharmacy that participates in the network (preferred pharmacy). The pharmacies included in the network can change at any time. To locate a network pharmacy, call Member Services at (866) 684-8216.

We encourage you to work with your physician to review your current medications to see where generic alternatives may exist.

Formulary Drug Type	Preferred Retail Pharmacy (30-day Supply)	Preferred Mail Order Pharmacy (90-day Supply)
Generic	\$10	\$25
Preferred Brand	\$20	\$50
Non-Preferred Brand	\$50	\$125
Specialty Drugs	25% Coinsurance	

Generic Drugs - \$10 Retail/\$25 Mail Order

If you are currently taking a **generic** medication – Your copay will continue to be \$10 for a 30-day retail supply and \$25 for a 90-day mail order supply.

Preferred Brand Drugs - \$20 Retail/\$50 Mail Order

If you are taking a *brand* medication that does not have a generic alternative or equivalent available it is called a **Preferred Brand** – Your copay will continue to be \$20 for a 30 day retail supply and \$50 for a 90 day mail order supply.

Non -Preferred Brand Drugs - \$50 Retail/\$125 Mail Order

If you are taking a *brand* medication that has at least one generic alternative or equivalent option available, it is called a **Non-Preferred Brand** – Your copay will continue to be \$50 for a 30 day retail supply and \$125 for a 90 day mail order supply.

Specialty Drugs

If you are taking a specialty medication, please be advised there will be a 25% coinsurance on these prescription drugs.

To verify the formulary type of medication you are currently prescribed, please refer to 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 in the Important Phone Number section on the next page.

Section 3. Questions Regarding your Benefits?

An informational meeting will take place at the date, time and location listed below:

Date:	Location:
October 17, 2014 - 9:00 a.m.	St. Joe Kickers Sport Club 2601 Hetler Drive St. Joseph, MI 49085

If you have any questions regarding your benefits, please contact the UAW St. Joseph Retirees Health and Welfare Trust Benefit Office at (877) 941-4909 Monday through Friday from 7:30 a.m. until 4:30 p.m., Eastern Standard Time.

Important Phone Numbers

If You Have a Question About	You Should Contact
Eligibility	BeneSys: (877) 941-4909 Hours: 7:30 a.m. - 4:30 p.m. ET
Medicare Medical and Prescription Drug Coverage	Medicare Advantage BlueCross BlueShield of MI: (866) 684-8216 TTY - (800) 579-0235
Locating a Provider that Participates in the Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield: (800) 810-Blue (2583)

Final Note

The Committee recognizes that your retiree benefits provide important protection for you and your dependents. Accordingly, the Committee seeks to make available to eligible UAW retirees comprehensive and cost effective retiree benefit programs with the funds that it manages. From time to time, the Committee may change the programs that it makes available and reserves the right to do so and to terminate such programs as it determines in its sole discretion.

The Committee's goal is to maintain the highest possible level of benefits at a reasonable cost to the membership.

The Committee encourages you to attend an Informational Meeting on October 17, 2014 at the St. Joe Kickers Sport Club in order to understand your benefits, premium rates and enrollment procedures.

Sincerely,

The Committee of the UAW St. Joseph Retirees Health and Welfare Trust