

**Proposed Changes In UAW-AAM Health Care Plan for Active Current and Future Retirees**  
Effective 1/1/2009

	Contribution <sup>c</sup>	Annual Deductible <sup>d</sup>	Co-Insurance <sup>e</sup> & OOPM <sup>f</sup>	Yearly Total Individual	Yearly Total Family	Physician Office Visit <sup>g</sup>	Prescription Drugs	
							Retail	Mail Order <sup>h</sup>
R E T I R E E S	Current <sup>a</sup>	N/A	N/A	N/A	N/A	Covered 100%, member-paid Co-insurance	No Change	No Change
	Future <sup>b</sup>	<u>Monthly pension deduction*</u> \$43 Single \$65 Adult plus child \$87 Couple \$108 Family  * amounts rounded to nearest dollar	\$150 Single \$300 Family (in-network)  \$600 Single \$1200 Family (out-network)	10% with \$250/\$500 Max * (in-network)  35% with \$1000/\$2000 Max * (out-network)	\$520 Month Contrib \$150 Yearly Deduct \$100 Co-Insurance \$770 MAXIMUM	\$1,300 Month Contrib \$300 Yearly Deduct \$200 Co-Insurance \$1,800 MAXIMUM	Covered 100%, member-paid Co-insurance	\$5 Generic \$12 Brand \$25 Non-preferred
A C T I V E	<u>Weekly payroll deduction</u> \$10 Single \$15 Adult plus child \$20 Couple \$25 Family	\$150 Single \$300 Family (in-network)  \$600 Single \$1200 Family (out-network)	10% with \$250/\$500 Max (in-network)  35% with \$1000/\$2000 Max (out-network)	\$520 Wkly Contrib \$150 Yearly Deduct \$100 Co-Insurance \$770 MAXIMUM	\$1,300 Wkly Contrib \$300 Yearly Deduct \$200 Co-Insurance \$1,800 MAXIMUM	Covered 100%, member-paid Co-insurance	\$5 Generic \$12 Brand \$25 Non-preferred	\$5 Generic \$12 Brand \$25 Non-preferred

<sup>a</sup> Any employee who is currently retired or anyone who retires prior to Jan. 1, 2009 and anyone who has or does participate in a voluntary retirement separation program offer prior to Jan. 1, 2009.

<sup>b</sup> Any employee who retires on or after Jan. 1, 2009, excluding any employee who has or will retire pursuant to any voluntary separation program offered prior to Jan. 1, 2009.

<sup>c</sup> Contributions are the amount you pay on a weekly (for actives) or monthly (for future retirees) basis to the Corporation. Contributions increase 3% per year starting 1/1/2010. For example, the \$10 single contribution in 2009 will increase to \$10.30 in 2010, \$10.61 in 2011, \$10.93 in 2012 etc.

<sup>d</sup> Deductible is the amount you pay before the plan pays anything. The amounts you pay for office visits, prescription drug copayments, and contributions do not count toward the deductible. The annual deductible applies to the OOPM (see below).

<sup>e</sup> Co-insurance is the percentage of costs you pay after the deductible has been met. Co-insurance does not apply to office visits and prescription drug copayments.

<sup>f</sup> OOPM is 'out-of-pocket maximum' and it represents the maximum amount you will pay under the plan, not including office visits, prescription drug copayments and contributions.

<sup>g</sup> Office visits are covered at 100% member paid co-insurance. Under the new Trust network, members will see a decrease in the amount charged for office visits by their provider because providers can only charge the 'allowed amount' to the member. Under the current plan, providers can charge whatever they want for office visits.

<sup>h</sup> 90 day supply

Note: This plan design also applies to the HAP and BCN HMOs. Univera HMO cannot administer this specific design, so Univera will offer a different, but equivalent design.