

Prescription drugs

	Your cost	
Initial coverage	Network pharmacy (31-day retail supply)^	Mail Service Pharmacy (90-day supply)^ and Retail
Tier 1	\$0	\$0
Tier 2	\$33 copay	\$33 copay
Tier 3	\$115 copay	\$115 copay
Pharmacy Out-of-Pocket Maximum	When your Total Out-of-Pocket costs (what you pay) for Tier 2 drugs reach \$1,500, you will not pay any copay for Tier 2 drugs.	

^Most specialty drugs are limited to a 31-day supply through retail and mail order.

Common vaccines covered under Medicare Part D

- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Hepatitis A
- Hepatitis B for individuals at low risk for hepatitis

Select Part D vaccines are covered at Pharmacy. Please see your Evidence of Coverage for detailed information.

Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies. Not all network providers offer virtual care.

Real Appeal Weight Management is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available if you have a BMI ≥ 25 (BMI ≥ 23 for Asian Americans), prediabetes, and no previous diagnosis of type 1 or type 2 diabetes. If you're pregnant, please speak with your primary care physician before joining the program. Limitations and restrictions apply.

Refer to your Evidence of Coverage for eligibility requirements.

The 24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to Terms of Use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp® is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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Get to know your UnitedHealthcare® Group Medicare Advantage (PPO) plan benefits

Take advantage of benefits designed to help you live a healthier life

United
Healthcare®

UAW RETIREE
Medical Benefits Trust

Benefit Features

UAW Retiree Medical Benefits Trust

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

There is no deductible or coinsurance so the plan begins to pay 100% of covered services (excluding copay services) on 1/1/2024.

	In-Network and Out-of-Network
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care including copay services.)	Your Total out-of-pocket maximum is \$1,500. The plan pays 100% of all costs after you meet your total annual out-of-pocket maximum. See your Evidence of Coverage (EOC) to find out what is included in each out-of-pocket maximum category.

Medical benefits

This is what you pay for services.

	In-Network and Out-of-Network
Doctor's office visit	\$0 Primary care provider (PCP) \$0 using Amwell®, Doctor on Demand™ and Teladoc™ Health. \$0 using other in-network or out-network providers that have the ability and are qualified to offer virtual medical visits. \$10 Specialist (General population), \$0 (Protected population)
Preventive services Medicare-covered	\$0
Inpatient hospital care	\$0
Skilled nursing facility (SNF)	\$0
Outpatient surgery	\$0
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$0
Mental health Outpatient and virtual	\$0 Group therapy \$0 Individual therapy \$0 Virtual visits

Medical benefits continued


This is what you pay for services.

	In-Network and Out-of-Network
Diagnostic radiology services such as MRIs, CT scans	\$0
Lab services	\$0
Outpatient X-rays	\$0
Therapeutic radiology services such as radiation treatment for cancer	\$0
Ambulance	\$0
Emergency care	\$50 copay (worldwide)
Urgently needed services	\$15 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-Network and Out-of-Network
Routine physical	\$0 copay; 1 per plan year*
Foot care – routine	\$10 copay, 6 visits per plan year* (General population), \$0 copay (Protected population)
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Routine transportation	\$0 copay for 24 one-way trips to approved medically-related appointments. No referral required.
Vision – routine eye exam	\$10 copay, 1 exam every 12 months* (General population), \$0 copay (Protected population)
Fitness program Renew Active® by UnitedHealthcare®	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Coaching Programs Rally™	\$0 copay for the Rally coach programs: Real Appeal ® – online weight loss program, Wellness Coaching – online and live coaching support program on topics that promote whole person health and the Tobacco cessation program .

Questions?

 Call toll-free at 1-844-320-5021, TTY 711,
8 a.m.-8 p.m. local time, Monday-Friday

 retiree.uhc.com/UAWTrust

*Benefits are combined in and out-of-network