

2027 HEALTH CARE BENEFIT HIGHLIGHTS

At the UAW Retiree Medical Benefits Trust, our mission is to serve our members by providing quality healthcare benefits that support your health and well-being throughout retirement. We remain committed to offering plan options that meet the diverse needs of our members while delivering value, access, and peace of mind.

As we prepare for the 2027 plan year, we're pleased to continue providing stable, comprehensive benefits while introducing several enhancements designed to improve your coverage. These updates reflect our ongoing commitment to listening to our members and making thoughtful improvements that help you get the care you need when you need it.

What's New for 2027

- **No increase to drug copays**
- **Trust HRA benefit annual allowance increased to \$1,500**
- **\$500 Medicare Part B out-of-pocket max eliminated for MA PPO plans**
- **Increased chiropractic visit limit to at least 48 visits per year***
- **TruHearing added to eligible HMO plans***
- **Increased dental annual maximum to \$2,000 per member**
- **Increased dental implant coverage to \$4,000 lifetime maximum**
- **New vision carrier for 2027**

*** Does not apply to Kaiser plans**

Inside this Benefit Highlights booklet, you'll find important information about your 2027 healthcare options, benefit enhancements, and any updates that may affect your coverage. We encourage you to review the booklet carefully. You can also watch informative videos and access additional enrollment resources by visiting uawtrust.org/annualenrollment.

If you have questions about your benefits or need assistance, please contact Retiree Health Care Connect (RHCC) at **866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.**

If you would like to make changes to your healthcare plan for the 2027 plan year, please contact Retiree Health Care Connect between **Tuesday, September 8, 2026, and Friday, October 30, 2026.** Any changes made during this period will become effective **January 1, 2027.**

We wish you the very best in your retirement and a healthy year ahead.

UAW Retiree Medical Benefits Trust

Medicare Cost Share

2027

No CHANGE

MA PPO¹
Medicare Advantage
PPO

TCN¹
Traditional Care
Network

HMO
Health Maintenance
Organization

Deductible (Amount you pay annually before the plan covers 100% of covered costs)	\$0 / Person	\$175 Single \$350 Family	\$250 Single \$500 Family
Primary Care Physician (PCP) Office Visit	\$0 Copay / Visit	\$0 Copay / Visit	\$15 Copay / Visit [±]
Specialist Office Visit	\$10 Copay / Visit	\$10 Copay or 20% (lesser of)	\$25 Copay / Visit [±]
Urgent Care (Includes retail health clinics)	\$15 Copay / Visit	\$40 Copay / Visit	\$15 Copay / Visit [±]
Emergency Room (Waived if admitted)	\$50 Copay / Visit	\$125 Copay / Visit	\$50 Copay / Visit

 **No changes to cost share for Protected members in 2027, refer to plan materials**

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays

Non-Medicare Cost Share

2027

No CHANGE

ECP¹
Enhanced Care
PPO

HMO
Health Maintenance
Organization

Deductible (Amount you pay annually before the plan covers 100% of covered costs)	\$175 Single \$350 Family	\$250 Single \$500 Family
Primary Care Physician (PCP) Office Visit	\$0 Copay / Visit	\$15 Copay / Visit [±]
Specialist Office Visit	\$10 Copay / Visit	\$25 Copay / Visit [±]
Urgent Care (Includes retail health clinics)	\$40 Copay / Visit	\$40 Copay / Visit [±]
Emergency Room (Waived if admitted)	\$125 Copay / Visit	\$125 Copay / Visit



No changes to cost share for Protected members in 2027, refer to plan materials

¹Reflects in-network costs

[±]Members in Kaiser plans may have different copays

Prescription Drug Coverage*

2027

No CHANGE

Retail
(One Month)

Mail-Order
(90-Day)

Tier 1	\$0	\$0
Tier 2	\$33	\$33
Tier 3	\$115	\$115

Specialty medications dispensed in one-month increments

*Members in Kaiser plans have different copays

Medicare Advantage (MA) PPO Plans: \$500 Medicare Part B Out-of-Pocket Max Eliminated

Beginning January 1, 2027, the annual Medicare Part B \$500 out-of-pocket maximum will be removed for members enrolled in the Blue Cross Blue Shield or UnitedHealthcare Medicare Advantage (MA) PPO plans. As a result, Medicare Part B-covered drugs will no longer be subject to a \$500 out-of-pocket maximum.

Increased Chiropractic Visit Limit to at Least 48 Visits Per Year*

Beginning January 1, 2027, the chiropractic visit limit will increase to 48 visits per year for eligible medical plans. Office visit copays may apply. There is no change for medical plans that already provide unlimited chiropractic visits.

* Does not apply to Kaiser plans

Blue Cross TCN and ECP Change Effective Jan. 1, 2026: Coverage for Cooling Caps

Effective January 1, 2026, Blue Cross began covering cooling caps as a covered benefit for eligible members undergoing certain cancer treatments. Cooling caps are designed to help reduce hair loss that can occur during chemotherapy by cooling the scalp before, during, and after treatment. Members should refer to their plan materials or contact their healthcare provider or Blue Cross for information about eligibility and coverage requirements.

2027 Health Reimbursement Arrangement (HRA) Plan Annual Allowance



The 2027 annual allowance for the Trust Health Reimbursement Arrangement (HRA) will increase to \$1,500 for eligible members. This amount is available to reimburse eligible medical expenses including Medicare premiums incurred between January 1, 2027, and December 31, 2027. It is important to note, any balance that remains at the end of the plan year will be forfeited if unused.

Expenses covered under the HRA generally include medical expenses like office visit copays, deductibles and coinsurance, dental and vision costs, hearing aids, prescription drug copays, and Medicare premiums, including Part B premiums.

Reminders:

- The HRA benefit is issued to the Trust healthcare contract holder only; there is only one HRA benefit per eligible household (dependents, including spouses, do not have a separate benefit).
- Requests for reimbursement for expenses incurred in 2026 must be submitted no later than April 30, 2027.
- If you use your HRA funds for reimbursement of your Medicare premiums, you will be required to submit a new Recurring Reimbursement Request form through WEX for 2027.
- You will not be issued a new WEX debit card in 2027. **If you use your debit card for qualified medical expenses, you will continue to use your current card** and new funds will be available beginning January 1.
- If you have questions about your HRA benefit, please contact WEX at **844-440-4300**, Monday through Friday, 7 a.m. to 10 p.m., ET.
- Learn more about the HRA benefit at uawtrust.org/hrabenefit.

HRA Run-Out Period for Deceased Members

Beginning January 1, 2027, surviving spouses and estates will have until April 30 of the year following the contract holder's death to submit eligible HRA reimbursement requests. Eligible expenses must still be incurred before the member's date of death. This change extends the timeframe for submitting eligible reimbursement requests and does not change the types of expenses that qualify for reimbursement.

Previously, HRA reimbursement requests were required to be submitted within 120 days from the member's date of death.

2027 Over-the-Counter (OTC) Annual Allowance

The 2027 annual allowance for the Trust Over-the-Counter (OTC) benefit will remain at \$400 per member. There are no additional changes to the program. You continue to have the option to order by phone or online through CVS. You can also purchase in-store at any participating OTC Network retail location.

New flex cards and catalogs will not be mailed. Your current card will be reloaded with funds on January 1. Use your current flex card and catalog for purchases in 2027. The website and in-store are the easiest ways to find a current list of qualifying items. To order products, visit the online portal at uawtrust.org/otcbenefit or call 844-487-2770. You can also purchase items at more than 68,000 retail stores with the OTC Network logo. You are not limited to CVS stores for in-store purchases.

Don't forget—any unused dollars as of December 31, 2026, will not roll over to 2027. Be sure to use all of your annual allowance before the end of the year.

HEARING

TruHearing Benefits Added to HMO Plans*



Beginning January 1, 2027, TruHearing will provide hearing benefits for members enrolled in eligible HMO plans.* The benefit includes coverage for a hearing exam and two (2) mid-level hearing aids every 36 months at no cost when obtained through the TruHearing network. Coverage also includes follow-up visits and hearing aid batteries.

New members enrolled in the plan will receive a welcome kit from TruHearing in November or December with additional information about the benefit.

*** Does not apply to Kaiser plans**

DENTAL

Increased Dental Benefit Maximums



Beginning January 1, 2027, the annual dental benefit maximum through Delta Dental will increase to \$2,000 per member. The lifetime maximum for covered dental implants will also increase to \$4,000.

For members who have already received covered dental implants, amounts previously applied toward the lifetime implant maximum will continue to count toward the new \$4,000 lifetime maximum. The lifetime maximum does not reset on January 1, 2027.

If you have questions or would like more information about your dental benefits, call Delta Dental at **800-524-0149** or visit deltadentalmi.com/uawtrust.



VISION



New Vision Carrier for 2027

VSP will become the vision benefit administrator for eligible Trust members. Members will have access to vision care services through VSP's nationwide network of participating eye care providers.

Watch your mail later this fall for additional information about your vision benefits and a welcome kit from VSP (look for the VSP logo shown on this page). The welcome kit will include information about your vision benefits, participating providers, and helpful resources on using your benefits.



ELIGIBILITY

Totally and Permanently Disabled Children (TPD)

Effective January 1, 2027, the maximum amount that a dependent child can earn while still qualifying as totally and permanently disabled will increase from \$10,000 per year to \$20,280, which corresponds with the Social Security Administration (SSA) definition of totally and permanently disabled. This amount will be adjusted annually to track the SSA definition of total and permanent disability and will allow adult children greater flexibility in securing work experience.

Don't Miss These Important Reminders

Watch Your Mail for Health Plan Outreach



Your health plan may contact you throughout the year about important health-related activities, such as scheduling recommended screenings or completing a survey. These reminders are designed to help you stay on top of your health and make the most of your benefits.

Taking a Prescription That Requires Prior Authorization?



Some medications require prior authorization (PA) from your prescription drug plan. PA approvals are generally effective for one year, and some require re-authorization. **Watch your mail!** If you're taking a medication requiring re-authorization, you may receive a letter explaining what you need to do to continue your medication.

Watch & Learn About Your Benefits



Did you know you can watch short, easy-to-understand videos about your Trust benefits online? Learn about your medical, dental, vision, prescription coverage—and how to use your benefits—all from the comfort of home. These on-demand videos are just a few minutes long and an easy way to get the information you need, when you need it.

Keep Your Contact Information Up to Date



Have you moved or changed your phone number or email address? Make sure Retiree Health Care Connect (RHCC) has your most current contact information so you don't miss important updates about your Trust benefits. Contact RHCC at **866-637-7555**, to update your information.



Good Tips

Know Your Health Plan's Provider Network

When considering your healthcare plan, it's important to **understand how provider networks work**. Carriers—such as Blue Cross, UnitedHealthcare, and others—operate with different networks for each of their plans. This means the list of participating providers may vary depending on the plan you select.

Providers, including doctors, hospitals, and clinics, **can join or leave a network at any time**. That's why it's essential to regularly verify your provider's network status. If a provider agrees to see you but is not in your plan's network, you may be responsible for higher out-of-pocket costs.

And keep in mind, providers who are not part of your plan's network are not obligated to treat you. This means **they can refuse to treat you** even at higher costs. To avoid unexpected costs or denied visits, always **confirm your provider's participation** by using the online provider lookup tool or by contacting your health plan directly.

Utilize Your OTC and HRA Annual Allowance

Remember, any unused dollars from your Trust OTC benefit as of December 31, 2026, will **not roll over** to 2027. **Be sure to use all of your annual allowance before the end of the year**.

Your HRA balance will be available to reimburse eligible medical expenses incurred through December 31 of this year. Any 2026 unused dollars from your Trust HRA benefit will not roll over to your 2027 annual allowance. You will have until April 30, 2027, to submit reimbursement claims to the HRA administrator for any eligible 2026 qualified health care expenses.

Need Help?



Retiree Health Care Connect (RHCC) is available at 866-637-7555
Monday through Friday, 8:30 a.m. – 4:30 p.m., Eastern Time



Update your contact information, including your email address



Ask questions and compare plans



Make changes to your health care plan. For plan changes to be effective January 1, call between **September 8** and **October 30**

NOTES

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NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Addendum to the Benefit Highlights, Schedule of Benefits and Summary Plan Description Previously Published

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 healthcare benefits at any time.

