

2010 UAW/GM Hourly **Retiree** Health Plans

Benefit Provision	Traditional Care Network General Retiree Plan
Group Number	New Group Number Based on VEBA Group
Enrollment Segments	UAW Hourly Retirees and Surviving Spouse with greater than \$8,000 in annual pension income
Network	PPO Network
Deductible	Combined In and Out-of-Network \$170 Single/\$340 Family Deductible subject to 3% annual increase.
Coinsurance	In-Network – 10% Out-of-Network – 30%
Out-of-Pocket Maximums	In-Network - \$285 Single/\$570 Family Out-of-Network – \$570 Single/\$1,140 Family Out-of-pocket maximums subject to 3% annual increase. Deductible, coinsurance and out-of-pocket maximum not applicable to OVs, DME*. SA/MA. D/V/H, ER Copay *DME in the physicians office applies to the deductible/coinsurance
Inpatient-Semiprivate Room and Board, X-ray, Lab, Other Hospital Services	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share <u>Cosmetic Admission</u> Effective 6/1/06 coverage was eliminated for inpatient and outpatient hospital services (e.g., room and board, lab, x-ray, and etc.) provided in conjunction with non-covered plastic, cosmetic and reconstructive surgeries.
Surgery	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share
Inpatient - Doctor Visits	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share
Physical/Functional Occupational and Speech Therapy	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share A combined total 60 physical, functional occupational and/or speech therapy visits per condition in any calendar year. Children under 6 years of age are entitled to separate 60 visit speech therapy benefit.
Maternity Care	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share

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Skilled Nursing Facility	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share Michigan does not have a PPO SNF network, therefore reimbursement is based on par/non-par. Par – Covered Apply to in-network cost share Non-Par - Not Covered
Home Health Care	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share Michigan does not have a PPO HHC network therefore reimbursement is based on par/non-par. Par – Covered Apply to in-network cost share Non-Par - Not Covered
Hospice Care	Entitled to 2 days of hospice care for each remaining inpatient hospital day. Lifetime maximum of 210 days. In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share Michigan does not have a PPO hospice network therefore reimbursement is based on par/non-par. Par – Covered Apply to in-network cost share Non-Par - Not Covered
Office Visits	In-Network – Patient pays 100% of the “Allowed Amount”. Out-of-Network – Not Covered
Routine Physicals	In-Network – Patient pays 100% of the “Allowed Amount” for the office visit. Out-of-Network – Not Covered
Well Baby Care	In-Network - 6 visits in the first year are covered at 100% Out-of-Network – Not Covered
Immunizations/ Vaccinations	In-Network – Covered 100% Out-of-Network – Not Covered
PSA Screening, Pap Smears, Mammogram	In-Network – Covered 100% Out-of-Network – Covered Apply to out-of-network cost share
Early Detection Screenings (Flexible Sigmoidoscopy, Barium Enema and Colonoscopy)	In-Network – Covered 100% Out-of-Network – Not Covered

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MRI	In-Network – Covered Apply to in-network cost share Out-of-Network – Covered Apply to out-of-network cost share 3 outpatient, per year, per condition, subject to Program precertification requirements.
Ambulance	<u>Ground</u> In-Network – Covered for Emergency transport. Apply to in-network cost share Out-of-Network – Covered Apply to in-network cost share <u>Air/Boat</u> In-Network – Covered 50% up to 100 miles Out-of-Network – Covered 50% up to 100 miles
Facility	In-Network – Covered \$55 copay per visit if emergency criteria met. \$55 copay waived if admitted. Out-of-Network – Covered \$55 copay per visit. \$55 copay waived if admitted. For Medicare secondary claims processed in Michigan, the \$55 copay applies to professional claims. Deductible, copay and out-of-pocket maximum not applicable.
Emergency Physician	In-Network – Covered 100% Out-of-Network – Covered 100% For Medicare secondary claims processed in Michigan, the \$55 copay applies to professional claims. Deductible, copay and out-of-pocket maximum not applicable.
Precertification	Centralized in Michigan Except: Anthem Midwest (IN, KY, OH) and MMO who will handle own precertification.
Case Management	Centralized at BCBS of Michigan except for Anthem Midwest (IN, KY, OH) and MMO who will handle own Case Management
Radiology Management	Radiology Management Program in Michigan, Ohio, Indiana and Kentucky
Laboratory Program	Quest in Michigan only Non Michigan apply to cost share
Hearing Care	Audiometric Examination, Hearing Aid Evaluation, and Hearing Aid-Covered 1 every 3 years Par – Covered 100% Non-par – Not Covered If carrier does not maintain agreements with hearing providers, reimbursements is based on par-non-par.