

UAW BENEFIT FREQUENTLY ASKED QUESTIONS

MEDICAL COSTS

What are the current cost sharing provisions?

At this time, UAW employees have no medical, dental, or vision pay deduction cost sharing, regardless of tier (employee only, employee + spouse, employee+ child(ren), and family).

What are the cost sharing provisions for other unions?

On average, unions located in Michigan have a 21% cost share of the medical plan premium for both single and family coverage. Unions across the U.S. have an average cost share of 21% for single coverage and 23% for family coverage.

How much does GDLS pay for UAW medical costs?

In 2014, GDLS spent \$17.3 million on medical & prescription claims for active UAW employees and their families. On average, this amounts to GDLS spending \$20,785 per UAW enrolled employee, and each employees' out of pocket costs totaling \$871. Therefore, GDLS currently pays 96% of all UAW medical and prescription claims, and UAW employees pay 4%.

What proportion of LS active medical & prescription claims are attributed to the UAW?

The UAW membership accounts for approximately 25% of the active LS population and 36% of LS total medical and prescription costs for active employees.

Certain Preventive medications are covered in the PHA plan for free. Why aren't they also covered in the PPO?

The premise behind Personal Health Account (PHA) plans is consumerism and employee cost share. Because employees enrolled in this plan share in their medical costs, the plans are much more affordable, and allow GDLS to be cost competitive. In addition to being competitive, the PHA also establishes a strong wellness platform. Essentially, by offering some preventive drugs at no cost, employees have access to what they need to treat chronic conditions, which left untreated would result in very expensive claims. Because the PHA is a competitive plan, we are able to periodically reassess what we can offer in the preventive category and add those drugs in the plan at no cost to the employees enrolled in the PHA.

On the other hand, the PPO that you are enrolled costs substantially more than any other plan offered to GDLS employees. The increased cost is driven by the minimal deductible and co-pay in the plan design, coupled with the fact that you pay no premiums to have this plan.

COVERAGE / ELIGIBILITY

When am I eligible for coverage?

- 1st of the month following date of hire- Basic Life, Supplemental Life, Transition & Bridge, and Basic AD&D
- 91st day of employment- Medical, Dental, and EAP
- 1st of the month following 4 months of hire- STD and Extended Disability
- 1st of the month following 1 year of hire- Dependent Life

If I have coverage through another health care plan, (i.e. spouse’s employer-sponsored plan) and waive coverage under GDLS—can I enroll at a later date?

Yes, if you are an eligible employee covered under another plan, you can enroll in LS benefits outside of Annual Enrollment if there is a qualifying event.

What are some examples of qualifying events?

Example qualifying events include:

- your spouse losing access to their medical plan,
- birth of a child,
- death,
- divorce,
- marriage,

How long do I have once a qualifying event occurs to make a change to my benefits?

You have 31 days from the date of the qualifying event to make applicable changes.

How do I make changes to my benefits once a qualifying event occurs?

Changes to benefits can be made by contacting the GD Service Center by phone (888) 432-3633 (GDBENEFITS) or online: www.gdbenefits.com

DEPENDENTS

Can I cover my spouse/same-sex partner?

Yes. Your legal spouse or same-sex partner is eligible for coverage, as long as that person meets the defined requirements as specified in the plan’s Summary Plan Description (SPD).

Some requirements include:

- **Your legal spouse:** The opposite-sex person to whom you are married (including as a result of common-law marriage) under applicable law; or
- **The same-sex person to whom you are married** (including as a result of common-law marriage) under applicable law,
- **Your same-sex partner:** The same-sex person with whom you have a relationship, and also meets all requirements as specified in the Summary Plan Document:

My spouse and I are both employees of GDLS. Can we cover each other on our health plans?

You can carry your own coverage individually or one of you can cover the other as a dependent, however, you cannot both cover each other.

If my spouse is eligible for coverage under LS non-UAW medical plans, but they elect to be covered under my UAW benefits, can they receive an opt-out credit?

No. The intent of an opt-out credit is to incentivize employees from being on LS medical plans, since medical claims add significant cost to the business. Since UAW employees do not have a payroll cost share to subscribe to their benefits, it would not be cost-effective for the company to pay the non-UAW spouse an opt out credit on top of that.

Can I cover my children, and for how long?

Your eligible children can remain on coverage until the end of the year in which they turn 26

years of age provided they meet the defined requirements as specified in the plan's Summary Plan Description (SPD). Eligible children include:

- Your natural-born child, legally adopted child, stepchild or legal guardian child:
- Your same-sex partner's natural-born child, legally adopted child, or legal guardian child:
- Your or your same-sex partner's disabled adult child:
- Your natural-born child, legally adopted child, stepchild or legal guardian child:
- Your same-sex partner's natural-born child, legally adopted child, or legal guardian child:
- Your or your same-sex partner's disabled adult child:
- Qualified Medical Child Support Order (QMCSO) child:

How will you verify if my dependents are eligible for coverage under the plan(s) I elect?

You may be required to prove that your spouse (or same-sex partner) and children (including children of your same-sex partner) are eligible for coverage under the plan through the *Dependent Verification* process.

What information will I be asked for during the Dependent Verification process?

You may be asked to verify the eligibility of your dependents under the plan, and this can occur when they are initially added to your plans, as well as periodically. Failure to comply with this process may lead to a loss of coverage for your dependents. The following lists the information which could be required according to the type of dependent:

- Your spouse
 - Proof of marital status.
 - Proof of joint ownership.
- Your same-sex partner
 - Proof of common residence.
 - Proof of joint ownership.
- Your natural-born child, legally adopted child, stepchild or legal guardian child.
 - Proof of relationship.
- Your same-sex partner's natural-born, legally adopted, or legal guardian child.
 - Proof of relationship.
- Your or your same-sex partner's disabled adult child.
 - Proof of relationship.
 - Proof of financial support
 - Proof of disability.
- QMCSO child.
 - Proof of relationship.

GD SERVICE CENTER

How do I make my benefit elections?

All benefit elections and changes are made by contacting the General Dynamics Benefits Service Center. Fidelity is the Third Party Administrator (TPA) and sends eligibility information to our various benefit vendors.

The GD Benefits Service Center can be accessed by calling (888) GDBENEFITS (432-3633) or visiting www.gdbenefits.com.

What password do I use to access my account?

To access your account, you will need a password for the General Dynamics Service Center. If you've lost or forgotten yours, you may obtain a new one by contacting the GD Service Center at (888) GDBENEFITS (432-3633) or www.gdbenefits.com. A new password can be provided by email within 15 minutes if you have an email address on file, or you may obtain one by mail, and it will be sent the next business day.

What can I expect to receive after I enroll?

After you have completed your benefits enrollment, you will receive a confirmation statement from the GD Benefit Service Center with your elections listed. You can expect to receive insurance cards for plans you enrolled in approximately 1-2 weeks.

Will I receive an ID card for all the benefits I elect?

If you enroll in a Health Alliance Plan (HAP) or Blue Cross Blue Shield of Michigan (BCBS MI) medical plan, you will receive an ID card. Delta Dental of Michigan and Vision Service Plan do not send out ID cards.

Who do I call with a question about a claim?

Specific questions about a claim can best be answered by contacting your health plan carrier.

The customer service numbers for some of our benefit vendors are the following:

BCBSM Customer Service for MI and Non-Michigan residents- (877) 354-2583

BCBSM Worldwide Service Center- 1-800-810-2583 or collect 1-804-673-1177

Delta Dental of Michigan: (800) 524-0149

Vision Service Plan: (800) 877-7195

How do I request a Summary Plan Description (SPD)?

SPDs can be accessed online by visiting www.gdbenefits.com. In addition, they can be requested by mail by calling The GD Benefits Service Center at (888) GDBENEFITS (432-3633)

MEDICARE

If I have Medicare, how will my medical claims be processed?

While you are an active employee, your GDLS-sponsored coverage will pay primary and Medicare secondary.

DISABILITY

I'm going out on disability and would like to receive Sickness & Accident Benefits. What do I need to do and what forms do I need?

Sedgwick CMS manages Sickness and Accident benefits claims for all non-work-related illnesses/injuries.

If you are unable to work due to a non-work-related illness/injury, you must report your absence with the General Dynamics Absence Reporting Center (800-817-2872) and file a claim with Sedgwick CMS (800-416-1808). If you do not file a claim, you may not be eligible for Sickness and Accident benefits.

If you have any questions regarding Sedgwick or Short Term Disability please consult your [Human Resources representative](#).

Does Sedgwick share information regarding my disability with my supervisor?

No, Sedgwick does not share details of your disability, but will share first date of absence, claim status, and expected return (if available) with Human Resources.

INDEFINITE LAYOFF QUESTIONS

What happens to my medical and vision benefits in the event that I'm laid off from GDLS?

Your medical, prescription drug and vision benefits will end at the end of the month following the month in which the layoff begins. The company will subsidize contributions for coverage based on your union seniority based on the following table:

<i>Yrs of Seniority on Date Of Layoff</i>	<i>Max. # of months Insurance will be continued at no cost to the employee</i>
<i>Less than 1 Year</i>	<i>0</i>
<i>1 but less than 2 years</i>	<i>2</i>
<i>2 but less than 3 years</i>	<i>4</i>
<i>3 and over</i>	<i>6</i>

You are eligible to continue these benefits through COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). You will be sent Cobra information from the GD Service Center. Call 1-888-432-3633 for additional information on your COBRA eligibility.

What happens to my dental benefits in the event that I'm laid off from GDLS?

Your dental benefits will end at the end of the month following the month in which the layoff begins. You are eligible to continue these benefits through COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). You will be sent Cobra information from the GD Service Center. Call 1-888-432-3633 for additional information on your COBRA eligibility.

What happens to my Basic Life and Transition & Bridge Life Insurance Benefits?

Your basic life and transition & bridge benefits will end at the end of the month following the month in which the layoff begins. The company will subsidize contributions for coverage based on your union seniority following the same table used for medical benefits above.

What happens to my optional group life and dependent life insurances, and AD&D?

Optional group life, dependent life, and AD&D end at the end of the month in which the layoff occurs, however during the first 12 months of your layoff, you can continue your optional group life and dependent life by continuing to pay the contribution. Thereafter these benefits may be converted to individual policies through the Aetna Life Insurance Company at 1-888-584-2983 to a group plan maintained by the carrier.

What happens to my Employee Assistance Program (EAP) benefits?

Confidential assistance will be available for 3 months following your last day of employment. Free 24-7 Telephone and/or personal counseling (up to 8 sessions) are available. Other helpful services including financial and legal are also available. Call 1-800-634-6433 or on line at www.mylifematters.com. The password is GDL1.

What happens to my disability benefits, salary continuation, short term and long term disability?

Salary Continuation, Sickness and Accident, and Long Term disability coverage's terminate on date of layoff. If employee becomes disabled after being notified of layoff but prior to last scheduled work day, salary continuation terminates on date of layoff.

I am going to school and have been approved for Joint Job Assistance and Training Program funds. Will I still be eligible for reimbursement?

Tuition refund for laid off employees will be funded from the Joint Job Assistance and Training Program. Qualifying programs are related to normal job placement, specific job-related skills, modified work assignments, and new technology skills. This is available for up to 5 years after the date of layoff.

I am going to school and have been approved for Tuition Refund Program funds. Will I still be eligible for reimbursement?

Employees who have already been approved for and have already begun a course(s) under the Tuition Refund Program prior to layoff notification, are authorized to complete the current course and will receive reimbursement provided that the other requirements are met. Upon receiving layoff notification, employees are not authorized to enroll in any future courses under the program.

What happens to my existing vacation accrual?

Accrued vacation will be paid by check approximately two weeks after layoff. Contact your local Human Resources for more information.

What happens to the money that I have in my SSIP account?

Any money not previously vested will be automatically vested. Various distribution options will be available to you. Contact the General Dynamics Service Center for additional information: 1-888-432-3633.

I have an outstanding SSIP loan. What happens to that?

You can make repayment arrangements. If no payments are made the loan will be defaulted and will be reported as income and subject to the applicable IRS tax regulations. Contact the General Dynamics Service Center for additional information or to make arrangements: 1-888-432-3633.

What happens to my UAW pension benefit (DB) plan?

If you are currently eligible for a pension benefit, 5 years of service is required for vesting. Retirement age is 60 with 10 years of service, 30 years of service and any age, 85 points (age 55 or older with enough years to equal to 85), or age 65 and any number of years.

If indefinitely laid off after attainment of age 50 with at least 10 years of Credited Service, you will be eligible for a special early retirement benefit commencing at age 55 or following your date of layoff, if later. You may apply for the special early retirement under these provisions after having been on an indefinite layoff for at least 60 days, but not prior to attainment of age 55.

Employees, who terminate employment due to a reduction in force (layoff), will incur a Break in Service on the earlier of the following two dates:

1. The date you refuse a request to return to work (you will not incur a Break in Service if you are re-employed within 12 months of the day you first went on layoff.
2. The date in which you exhaust your parity rights.

You may commence your retirement benefit upon eligibility or later by contacting the General Dynamics Service Center at: 1-888-432-3633

Employees not eligible to retiree at the time of layoff or after parity expires will be considered vested and eligible to collect a future benefit. Reductions will apply for collecting benefits prior to age 65