

JULY 2021 INDEFINITE LAYOFF
IMPORTANT BENEFIT INFORMATION FOR UNIT 1 MEMBERS

Due to the second shift not physically returning to work in July as expected, the end dates of the healthcare coverages have changed. Make sure you read the charts below.

The Benefit Department office hours are from 4:00 am to 1:30 pm, Monday thru Friday. The information provided will give you insight on how your benefits are impacted by the layoff. All information referenced will be posted on the UAW Local 1268 Facebook page and website at www.uaw1268.org.

HEALTH CARE

- **Hospital, Surgical, Medical, Vision, Hearing, and Drug Coverage** will be active until April 30, 2021 **if laid off on March 27, 2021**. There after benefits will be continued through subsidized COBRA per the chart below.

Years of Seniority on Date of Layoff	Number of Months	Coverage ends
Less than 1	0	April 30, 2021
1 but less than 2	3	July 31, 2021
2 but less than 3	5	September 30, 2021
3 but less than 4	7	November 30, 2021
4 but less than 5	9	January 31, 2022
5 but less than 10	12	April 30, 2022
10 and over	24	April 30, 2023

HEALTH CARE

- **Hospital, Surgical, Medical, Vision, Hearing, and Drug Coverage** will be active until July 31, 2021 **if laid off on June 5, 2021**. There after benefits will be continued through subsidized COBRA per the chart below.

Years of Seniority on Date of Layoff	Number of Months	Coverage ends
Less than 1	0	July 31, 2021
1 but less than 2	3	October 30, 2021
2 but less than 3	5	December 31, 2021
3 but less than 4	7	February 28, 2022
4 but less than 5	9	April 30, 2022
5 but less than 10	12	July 31, 2022
10 and over	24	July 31, 2023

- **Dental**
 - Dental coverage will terminate on April 30, 2021 **if laid off on March 27, 2021**. You may continue your dental coverage through **COBRA** by contacting Benefit Connect (1-888-409-3300).
 - Dental coverage will terminate on July 31, 2021 **if laid off on June 5, 2021**. You may continue your dental coverage through **COBRA** by contacting Benefit Connect (1-888-409-3300).
- **COBRA**
 - After the subsidized period, **COBRA** continues at full cost to the member.
 - **COBRA** requires employers to offer qualified persons the opportunity for an extension of health care coverage for thirty-six (36) months following layoff.
 - If you are eligible and choose to continue **COBRA** coverage, you will have to pay the applicable premium including an administrative fee.

The **COBRA** administrator is Benefit Connect. If you do not receive a **COBRA** notice within thirty (30) days after your layoff transaction, contact Benefit Connect at 1-888-409-3300.

2021 Medical COBRA Rates

<u>501 - Supplemental PPO</u>	<u>101 - SCN Trad</u>
Single \$522.69	single \$1,120.64
2- party \$1,254.45	2- party \$2,414.74
family \$1,568.06	family \$2,615.64

2021 Vision COBRA Rates

<u>640 – Davis Vision – BU Active</u>
single \$2.58
2- Party \$4.35
family \$6.50

2021 Dental COBRA Rates

<u>700 - Delta Dental PPO - BU Active</u>
single \$37.45
2- party \$84.25
family \$123.57

<u>732- Aetna DMO-BU</u>
single \$34.78
2- party \$78.47
family \$115.08

AMERICAN RESCUE ACT

There were provisions in the American Rescue Act to help employees with monthly **COBRA** premiums who lost healthcare (medical and/or dental) coverage. You probably have already received paperwork from the Benefit Connect **COBRA** department. You will need to contact Benefit Connect at 1-888-409-3300 and ask to be transferred to the **COBRA** department to see if you are eligible for assistance with **COBRA** monthly premiums through September 30, 2021.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- **Dependent Care Flexible Spending Account:** Contributions cease on the date of your layoff. You may submit claims for expenses incurred up to the balance of your account as of the date of layoff. The balance is not the total annual amount that you elected, but rather the deductions withheld prior to your layoff date. **Coverage cannot be continued through COBRA.**

GROUP, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) AND OPTIONAL LIFE INSURANCE

- **Group Life:** coverage continues based on the chart located under healthcare. If you wish to continue coverage after the coverage ends, you will be able to do so for an additional 12 months when you pay the required premium directly to Benefit Connect. After the 12 months, you may port or convert coverage directly with MetLife to an individual policy upon a written application within 31 days after the cessation date. No conversion for AD&D.
- **Optional Group Life:** coverage for self, spouse or children continues until the end of the month of your last payroll deduction. If you are eligible for SUB, premiums should be deducted from your SUB. If you do not qualify or receive more than 74% of your base rate on UIB (Unemployment Insurance Benefit) for SUB, you will need to contact Benefit Connect to set up direct billing at 1-888-409-3300.

Optional Group Accident: continues until the end of the month of your last payroll deduction. Premiums should be deducted from your SUB benefit. **If it is not, contact Benefit Connect immediately!** If you do not qualify for SUB, contact Benefit Connect to set up direct billing at 1-888-409-3300.

Group and Optional insurances will not be in effect after the dates listed in the chart located under healthcare. You must contact Benefit Connect to cancel the direct billing. If you do not and keep making payments, you will not be reimbursed. Please keep your beneficiaries updated.

- **Voluntary Extended Disability Benefit (VEDB):** once you have exhausted all your SA benefits when you are employed, this benefit becomes available. This is not needed once you are on the indefinite layoff. You will need to decide if you want to keep this active during the layoff. To cancel, you will need to contact Benefit Connect at 1-888-409-3300.

RETIREMENT AND SAVINGS PLAN

- **Company Contributions:** To be 100% vested in the 401k for the FCA Chrysler contributions, you must have three (3) years of corporate service. If you terminate employment before being vested, company contributions will be forfeited. If you are subsequently rehired within five (5) years of your termination date, forfeitures will be restored. Your contributions are immediate and payroll deductions will cease with your final paycheck.
- **401k Loan Repayment:** Loans with Merrill Lynch, you will need to contact the customer service center (1-800-483-7283) for making regular monthly payments, to pay off the balance, or to request repayment paperwork. If payments are not made during the layoff, your loan will go into default and will be subject to income tax and a penalty.

SUPPLEMENTAL UNEMPLOYMENT BENEFITS (SUB)

- SUB and Unemployment compensation combined is seventy-four percent (74%) of a worker's gross weekly pay. Eligible after one (1) year of seniority.

Note: You must have your one year of seniority by the Sunday prior to the layoff. You may want to exhaust all your eligible SUB weeks before you request your vacation or PAA payout. If you choose to payout any vacation or PAA during your eligible SUB weeks, you will not receive SUB.

Years of Seniority on Date of Layoff	Maximum Benefit
Less than 1 Year	No SUB
1 Year but less than 3 years	13 weeks Per contract
3 Years or more	26 weeks Per contract

- **SUB Request:** Start a folder and keep all unemployment paperwork during this layoff! We may need something from you if you are having problems with your SUB!! If you are **not** serving a "Waiting Week", your SUB will payout automatically. Allow two (2) weeks for payment. If you do not receive your SUB after two (2) weeks, please contact our office. Part-time employment gross earnings will need to be reported when you submit your manual request for SUB. Part-time earnings will reduce your SUB benefits dollar for dollar. Contact our office if you have exhausted UIB (Unemployment Insurance Benefits) or the State of IL denies you UIB.

NOTE: Instructions on how to submit a manual SUB request will be on all kiosks and UAW Local 1268 website at www.uaw1268.org.

PERSONAL CONTACT INFORMATION

It is very **important** to keep your contact information updated at all times! There is no way of knowing if you relocated, moved, changed your phone number or email address. Unless you update the Company of your personal contact information changes.

IMPORTANT CONTACT INFORMATION

Benefit Connect**1-888-409-3300 Hours 7 am to 3:00 pm www.fcabenefits.ehr.com

BCBS of Michigan**Customer Service 1-800-521-0488 Hours 7 am to 4 pm

Confirm In-Network Providers outside of Michigan 1-800-810-2583 www.bcbsm.com

Beacon Health/Mental Health Providers**Customer Service 1-800-346-7651

www.beaconhealthoptions.com

CVS Caremark**Customer Service 1-866-329-4448 Help Desk (if at pharmacy and have no ID card) 1-800-364-6331 www.caremark.com phone app is available

Davis Vision**Customer Service 1-800-282-8975 www.davisvision.com Enter Client Code 3711

Delta Dental**Customer Service 1-800-524-0149 www.deltadentalmi.com

Edgepark**1-800-321-0591

Medtronic**1-800-646-4633

Diabetic Suppliers for Test Strips, Lancets, Glucose Meters/Have your BCBS insurance ID card and doctor's information (provider's name, phone and fax number)

401K Merrill Lynch**Customer Service 1-800-483-7283

MetLife**1-888-892-5472 www.metlife.com/mybenefits

Sedgwick/Sickness and Accident**1-888-322-4462/Fax for S/A 1-888-244-6261

Have doctor's information (provider's name, phone and fax number)

Attendance/Absentee Reporting**1-800-810-2271

TheraMatrix/Outpatient Physical Therapy**Customer Service 1-888-638-8786
www.theramatrix.com

SUPPLEMENTAL EMPLOYEE BENEFITS

Per the Contract: The Company will pay the monthly premium for the applicable coverage for each employee while he is at work. An employee is considered “at work” in any month if he receives pay for any time during such month. If you do not work in that month, you do not have coverage. Blue Cross Blue Shield of Michigan is the provider for Healthcare. Supplemental employees will have basic medical coverage (NO OFFICE VISIT COVERAGE, DENTAL, VISION, OR HEARING).

Standard Care Network Plan key points:

1. Deductibles - \$300 individual/\$600 family
2. Co-Insurance & Out of Pocket Maximum – 10% In-Network/\$1,000 individual/\$2,000 family 35% Out-of-Network/Maximum Out-of-Pocket is Unlimited
3. It is your responsibility to make sure that you are using participating providers
4. Participating Hospitals in Blue Cross Blue Shield Standard Care network are St. Anthony, Mercy Health (formerly known as Rockford Memorial) and Swedish American

PRESCRIPTION – CAREMARK- Generic \$7.50/ Name brand \$15.00

LIFE INSURANCE– As a Supplemental employee you will be provided \$3,750 Term Life insurance and \$1,875 Accidental Death and Personal Loss insurance. It is important that you choose your beneficiaries. Coverage becomes effective the first day of the following month from your date of hire. As long as you receive pay from STELLANTIS in a month, coverage will be in force. The coverage will terminate at the end of the month in which you last receive pay from STELLANTIS. If you are discharged, resign or are terminated for other reasons, the coverage terminates on your last day worked.

401K PLAN-NO STELLANTIS CONTRIBUTIONS. Self-contributions only from your paycheck. Up to 50% weekly contribution.

PARTICIPATING PROVIDERS

Blue Cross Blue Shield 1-800-810-2583 / www.bcbsm.com download the phone app (BCBS of Michigan) to find participating providers.

Important Phone Numbers & Websites

Benefit Connect – 1-888-409-3300/<https://fcabenefits.ehr.com>

Blue Cross Blue Shield – 1-800-521-0488/www.bcbsm.com

Caremark– 1-866-329-4448/www.caremark.com

Merrill Lynch – 1-800-483-7283/www.benefits.ml.com

MetLife Insurance-1-888-892-5472/www.metlife.com/mybenefits

TheraMatrix-1-888-638-8786/www.theramatrix.com

If you have additional questions or concerns, please do not hesitate to stop by or call us. The Benefits Office is located directly across from Medical. Hours are 4:00 am to 1:30 pm Monday through Friday.

Note: **STELLANTIS** reserves the right to amend, modify, suspend or terminate all or part of its employee benefits plans or programs, subject to the terms of any applicable collective bargaining agreements.

UAW BENEFITS REPRESENTATIVES

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