

## SUMMARY OF BENEFITS FOR CERTAIN RETIREES ELIGIBLE FOR THE BASE PLAN

PLEASE REVIEW YOUR RETIREMENT SPD AS THERE WILL BE SOME SIGNIFICANT CHANGES TO YOUR HEALTH CARE BENEFITS.

### Eligibility:

You are eligible for this Navistar, Inc. Health Plan if you retired or will retire from Navistar with a benefit (except a deferred vested pension benefit) from one of the two following plans:

- ◆ The RPSE Component of the Navistar, Inc. Salaried Employees Pension Plan No. 1, or
- ◆ The RPSE Component of the Navistar, Inc. Salaried Employees Pension Plan No. 2.

And, you are either first hired between July 2, 1993 and December 31, 1995 or you were hired prior to July 2, 1993, but were not a U.S. employee as of July 1, 1993 nor an employee with grow-in rights to one of the plans listed above as of July 1, 1993.

<b>Benefit Summary</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Monthly Contribution</b>			
Plan 1	\$300.43	\$318.46	\$337.56
Plan 2	\$145.92	\$154.68	\$163.96
<b>Type of Plan</b>	Indemnity	Indemnity	Indemnity
<b>Deductible</b>	\$859 per individual	\$910 per individual	\$964 per individual
<b>Out-of-Pocket Maximum (includes deductible)</b>			
Plan 1	\$2,147 per individual	\$2,275 per individual	\$2,411 per individual
Plan 2	\$859 per individual	\$910 per individual	\$964 per individual
<b>Prescription Drug Co-pays</b>			
<u>Retail (30 Day Supply)</u>			
Generic	\$10	\$15	\$15
Brand/Formulary	25%(\$30 max)	25%(\$30min \$50max)	25%(\$30min \$50max)
Brand/Non-Formulary	50% coinsurance	50% coinsurance	65% coinsurance
<u>Mail Order (90 Day Supply)</u>			
Generic	\$20	\$30	\$30
Brand/Formulary	25%(\$60 max)	25%(\$60min \$100max)	25%(\$60min \$100max)
Brand/Non-Formulary	50% coinsurance	50% coinsurance	65% coinsurance
Specialty (30 Day Supply)	25%(\$60 max)	25%(\$100 max)	25%(\$100 max)
Specialty (90 Day Supply)	25%(\$60 max)	25%(\$200 max)	25%(\$200 max)
<b>Dental</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	Not Covered	Not Covered	Not Covered
<b>Hearing</b>	Not Covered	Not Covered	Not Covered

Navistar reserves the right to amend, modify or terminate this program and its benefit provisions.

## Summary Plan Description:

The attached Summary Plan Description, entitled *Your Retiree Health Benefit Program* describes health care benefits under the Shy Base Plan. Most of the provisions in this book apply to you, except as specifically listed below.

Page that Doesn't Apply	Section that Does Not Apply	Change to What is Listed in SPD
<b>Introduction</b>		
2	Your Retiree Health Benefit Program	Navistar reserves the right to amend, modify or terminate this program and its benefit provisions.
3 and other pages as referenced through book	Coordinated Care Program	
8	There are no longer designated providers for mammogram services	
11		Precertification will be handled by Aetna 1-800-435-2969
11		ValueRx and Express is now Caremark 1-866-559-6851 or Silverscript 1-866-560-5136 (Medicare)
12	Who is Eligible?	See Eligibility paragraph above
13	Alternative plans such as HMOs are not available	
13-14	Re-enrollment is not an option; you must elect coverage when 1 <sup>st</sup> eligible and continue to pay the required premiums into the plan.	
17	You must elect coverage when 1 <sup>st</sup> eligible. You may not re-enroll at a later date.	
18	Sponsored dependent coverage is not available.	
<b>Plan 1</b>		
22, 29	There are no longer designated providers for mammogram services	
43-48	HMO and Coordinated Care are not available	Your plan is an indemnity plan only.
68-69	There are no longer designated providers for mammogram services	
<b>Plan 2</b>		
95	There are no longer designated providers for mammogram services	
112	HMO options are not available	
<b>Prescription Drug Plan</b>		
128	ValueRx	Services are now being provided by Caremark 1-866-559-6851 or Silverscript 1-866-560-5136 (Medicare)
133	Express Pharmacy	Services are now being provided by Caremark 1-866-559-6851 or Silverscript 1-866-560-5136 (Medicare)
133		Add: Generic Step Therapy Program
133		Add: Compound Drug Program
<b>General Information</b>		
142	Transition rules do not apply	
143-148	Re-enrollment and billing is not an option	Contributions must be deducted from pension check.
149-150	Making changes to your coverage and pre-existing does not apply	
163	Health Benefit Plan Committee does not apply	If you have an appeal or a disputed claim, this should be directed to the Company at ERIC.
170	Administrative Information change as listed in next column	Name: The Navistar, Inc. Health Plan Number: 534 Funding Medium: From general assets of the corporation.