



BENEFITS

U.S. National Employee Services Center

Ford Motor Company • PO Box 6214 • Dearborn, MI 48121

May 30, 2008

To: All Eligible UAW-Hourly Retirees, Surviving Spouses, and their Eligible Dependents Enrolled in the National PPO Plan or Blue Preferred Plus PPO

Subject: Nationwide Hearing Aid Program Change

Purpose of this Letter

This is to inform you that effective **July 1, 2008**, hearing aid benefits will be provided through AudioNet America administered by SVS, Inc. for all eligible hourly retirees, surviving spouses, and their eligible dependents enrolled in the National PPO or Blue Preferred Plus PPO plans.

Read this communication to understand how this change will affect you.

How Hearing Aid Benefits Will Change

Effective as of midnight June 30, 2008, your hearing aid benefits will no longer be administered by Blue Cross Blue Shield (BCBS) as part of the National PPO or Blue Preferred Plus PPO plans. You and your eligible dependents will automatically be enrolled in the AudioNet America Hearing Aid Program **effective July 1, 2008**. In-Network hearing aid covered services received from an AudioNet America Provider will be covered as outlined on the enclosed Hearing Aid Benefit Summary. All services must be rendered by an AudioNet America participating provider to receive full covered services.

In-Network Benefit Level:

- Covered hearing aid services provided by AudioNet America participating providers (in-network providers) are covered in full. View the attached hearing aid Schedule of Benefits for detailed hearing aid benefits and coverage.

Out-of-Network Benefit Level:

- If you live **within** 25 miles of an AudioNet America participating provider, covered hearing aid services that are obtained from a Non-Network provider are **not covered**.
- If there is not an AudioNet America in-network provider within 25 miles of your home, you must **contact SVS, Inc at 1-877-500-7370** prior to receiving services so special arrangements can be made.

What You Need to Do

- If your present hearing-aid provider is not an AudioNet America participating provider, you will need to **choose a new provider** that participates in the **AudioNet America National Provider Network**. To locate an AudioNet America Participating Provider, contact SVS, Inc at 1-877-500-7370.
- Review the attached Schedule of Benefits for changes and details for the AudioNet America Hearing Aid Program.
- Covered hearing aid services received on or after July 1, 2008 **must** be received from an AudioNet America participating provider and submitted to SVS, Inc.
- If there is not an AudioNet America participating provider within 25 miles of your home, **you must** contact SVS, Inc prior to receiving services so special arrangements can be made.
- **You will not receive a separate ID card from SVS, Inc** for hearing aid services and should contact SVS, Inc at 1-877-500-7370 **prior** to obtaining hearing aid services.
- Covered hearing aid services received prior to July 1, 2008 should be submitted for benefit consideration under your National PPO or Blue Preferred Plus plan.

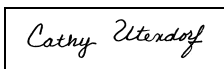
→ **Important - Do not use your present BCBS ID card for hearing aid services on or after**

July 1, 2008

Who to Contact for Assistance

If you have additional questions or to locate an AudioNet America participating provider, contact the SVS Inc Customer Service Department at 1-877-500-7370 or reference the SVS Inc website: <http://www.svshearing.com/>.

Sincerely,



Cathy Utendorf, Coordinator
Benefits Section
National Ford Department, UAW



Linda Catanzaro
Healthcare Management
Ford Motor Company

Enclosure

The Company reserves the right to end, suspend, or amend these plans, subject to the applicable Collective Bargaining Agreement. Amendments will also be made to applicable statutes and regulations. If changes are made you will be notified.

SCHEDULE OF BENEFITS

The schedule of benefits listed below is for AudioNet America Hearing Aid Program administered by SVS, Inc. effective July 1, 2008 for eligible hourly retirees, surviving spouses, and eligible dependents. AudioNet America Hearing Aid Program benefits will be payable as listed below:

Service	Participating Provider	How often you can utilize the service
Audiometric Examination	Covered In Full	Once every 36 months
Hearing Aid Evaluation Test (including Conformity Evaluation)	Covered In Full	Once every 36 months per ear
Digital Hearing Aids (including acquisition costs and dispensing fees)	Mid-level standard digital hearing aids will be covered in full	Once every 36 months per ear
Replacement Ear Molds (for children up to age seven)	Covered In Full	No more than 4 replacement ear molds annually for children up to age 3. Not more than 2 replacement ear molds annually for children ages 3 – 7.