



UAW Retirees of the Dana Corporation Health and Welfare Trust

PO Box 1708 ◇ Troy MI 48099-1708
Phone: (248) 641-4903 or Toll Free: (866) 626-2070

November 2019

To: **ALL PLAN PARTICIPANTS OF THE UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST**

Dear Plan Participants:

The Committee that is responsible for the management of the UAW Retirees of the Dana Corporation Health and Welfare Trust (“Trust”) annually reviews the benefits that the Trust offers to eligible participants. The Committee takes into consideration factors that influence the Trust’s ability to provide benefits such as health care costs and expected inflation, utilization, and actual and expected investment returns.

Based on this annual review, the Committee has decided to reinstate the required monthly contributions for participation in the Trust.

Effective February 1, 2020 the required monthly contributions will be:

2020 MONTHLY CONTRIBUTION RATES

Status: Enrolled in Medicare	2020
Single	\$42.50
Two Person	\$85.00
Status: Not Yet Enrolled in Medicare	
Single	\$116.00
Two Person	\$223.50
Family	\$312.50
Split Contract	
One Medicare/One Non-Medicare	\$158.50
One Medicare/Two or more Non-Medicare	\$266.50
Two Medicare/One or more Non-Medicare	\$275.00

No payments are due for the month of January 2020.

Payment Options

The monthly contributions are required for continuing participation in the Trust. All payments are due the first of the month. Your payment options are outlined below.

- If you previously paid by pension deduction, BeneSys will automatically reinstate your pension deduction as of February 1, 2020.
- If you previously paid by ACH deduction, BeneSys will automatically reinstate your ACH deduction as of February 1, 2020 using your previous bank account information.
- If you previously paid by ACH deduction, but your bank account information has changed since 2018, please complete the enclosed Bank Account Self-Payment Auto Deduction Agreement form and return it in the enclosed envelope to the Trust Office postmarked by December 3, 2019.

If your ACH form is not postmarked by December 3, 2019, your payment will not be completed, and a self-payment notice will be mailed to your home address for you to pay for February coverage using a check or money order.

The monthly contributions for payments made using ACH will be deducted from the designated account on the 1st of each month. If the 1st is on a holiday or weekend, the deduction will be taken the following business day.

- If you previously paid by automatic checks issued through your financial institution, you will need to contact them to begin payments prior to the scheduled payment for February 2020, which is due on February 1, 2020. There is a \$5 service fee for each payment made by automatic check. A self-payment notice will be mailed to your home address in January 2020 with the total amount due as of February 1, 2020.
- If you previously paid by personal check or money order, you will be required to send in payments for your coverage. There is a \$5 service fee for each payment made by check or money order. A self-payment notice will be mailed to your home address in January 2020 with the total amount due as of February 1, 2020.

Please call the Trust Office at (866) 626-2070 with any questions concerning your method of payment.

Locating Providers for Members Enrolled in Medicare

The process for locating participating healthcare providers for members enrolled in Blue Cross Blue Shield differs for those who seek service outside of Michigan compared to those who seek service within the state of Michigan. If you seek service outside of Michigan, and your provider accepts Medicare assignment, your claims will be paid at the in-network level.

If you seek service within the state of Michigan, not only must your provider accept Medicare, but they must also be in-network in order for you to receive the highest level of coverage. If your provider accepts Medicare but is not in the Blue Cross Blue Shield network, you may have higher out-of-pocket costs than if you used a provider in the network.

Visit www.bcbsm.com/providersmedicare for participating providers or call 1-800-810-2583. For more information on locating providers for your care, please see the enclosed material from Blue Cross Blue Shield.

Locating Providers for Members Not Enrolled in Medicare

The Anthem Blue Cross and Blue Shield plan provides you the option to see the provider of your choice. However, your out-of-pocket costs will be higher if you seek service from an out-of-network provider. Before seeking service, you should first determine if the provider is in-network. Using an in-network provider will reduce your out-of-pocket costs. To locate participating providers, please check the provider directory at www.anthem.com, or by calling the Anthem Customer Service Department at 1-800-305-0406.

Changes to the CVS Standard Formulary

Effective January 1, 2020, CVS Health is making changes to their Standard Formulary list. A list of the changes is attached. In mid-November CVS is mailing a letter to any participants that are affected. The letter from CVS will include the replacement for any prescription drugs being removed from the Standard Formulary. Upon receipt of the letter, please notify your physician immediately to secure your new prescription.

Questions Regarding your Benefits?

As we have in the past, the UAW Retirees of the Dana Corporation Health & Welfare Trust will hold informational meetings to explain 2020 benefits. You are encouraged to attend and have any of your questions answered. Representatives from the Trust will be available at the dates, times, and locations noted below.

Date:	Location:
Wednesday, November 20, 2019, 9:00 AM	St. Gabriel Lodge 525 Jefferson St Stowe, PA 19464
Monday, November 25, 2019, 9:00 AM	Holiday Inn & Suites 803 S. Leonard Avenue Lima, OH 45804
Monday, November 25, 2019, 1:00 PM	UAW Local 12 2300 Ashland Avenue Toledo, OH 43609
Tuesday, December 3, 2019, 9:00 AM	Hampton Inn & Suites 455 Commerce Road Richmond, IN 47374
Tuesday, December 3, 2019, 1:00 PM	Holiday Inn – IPFW & Coliseum 4111 Paul Shaffer Drive Fort Wayne, IN 46825

If you have any questions, please contact the UAW Retirees of the Dana Corporation Health and Welfare Trust Office at (866) 626-2070 Monday through Friday from 7:30 AM until 4:30 PM, Eastern Standard Time.

Participant Website

As a reminder, the Participant Website is available to all eligible participants. The website will provide key contact information, forms and documents that will help you get the most out of your benefits. The address is www.ourbenefitoffice.com/uawdanaretirees. Please take some time to familiarize yourself with all it has to offer.

Important Phone Numbers

If You Have a Question About:	You Should Contact:
Medical Premiums	Trust Office: (866) 626-2070 Hours: 7:30 AM – 4:30 PM EST
Pre-Medicare Eligible Participant Medical Coverage	Anthem Blue Cross Blue Shield/CMSi: (800) 305-0406
Medicare Medical Coverage	Medicare Advantage Blue Cross Blue Shield of MI: (866) 684-8216, TTY - (800) 579-0235
Locating a participating provider in the Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield: (800) 810-Blue (2583)
Eligibility	Trust Office: (866) 626-2070
Prescription Drug Coverage	CVS Caremark: (888) 865-6592
Long-Term Disability Coverage	Trust Office: (866) 626-2070

Final Note

The Committee recognizes that your retiree benefits provide important protections for you and your dependents. Accordingly, the Committee seeks to use the Trust's funds to make comprehensive and cost-effective retiree benefit programs available to eligible UAW Dana retirees with the funds that it manages. Our goal is to maintain the highest possible level of benefits at a reasonable cost to our membership.

The Committee encourages you to attend one of the Informational Meetings in order to understand your benefits, premium rates and enrollment procedures.

Sincerely,

The Committee of the UAW Retirees of the Dana Corporation Health and Welfare Trust

NOTICE OF NONDISCRIMINATION

The UAW Retirees of the Dana Corporation Health and Welfare Trust (“Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UAW Retirees of the Dana Corporation Health and Welfare Trust cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-626-2070.

The UAW Retirees of the Dana Corporation Health and Welfare Trust 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-626-2070

الـ لون أوـ بـ قوانـد بـينـ الـ حقوقـ المـدـنـ يـةـ الـ فـدرـالـ يـةـ الـ مـعـمـولـ بـ هـاـ وـ لـ يـ مـ يـ زـ عـلـىـ أـسـاسـ الـ عـرـقـ أوـ وـأـ يـنـ طـوـلـاـ لـصـأـلـاـ مـزـتـلـىـ The UAW Retirees of the Dana Corporation Health and Welfare Trust الـ سنـ أوـ الإـعـاقـةـ أوـ الـ جـنـسـ.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2070-626-1877.

The UAW Retirees of the Dana Corporation Health and Welfare Trust erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-626-2070.



ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (866) 626-2070



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Phone: (248) 641-4903 or Toll Free: (866) 626-2070

Automatic Deduction for Monthly Retiree Self-Payment Form

**The BEST way to pay your
Monthly healthcare premium payment....**

And here's why...

Automatic deduction is safe! Because your monthly retiree self-payment is *automatically deducted from your bank account* – no more worrying about lost or stolen checks or delays caused by mail service.

Automatic deduction is free! Deducting your payments from your bank account eliminates the additional \$5.00 service fee charged for processing payments made by personal check.

Automatic deduction is easy! Your retiree self-payment is deducted from your checking or savings account on time, correctly and confidentially. No more worries about termination of your healthcare benefits for late or lost checks.

If you elect to have your retiree self-payment deducted from your bank account starting February 1, 2020, please complete the enclosed form and return it to the Trust Office postmarked by December 3, 2019. Forms received with a postmarked date after December 3rd will be processed for the next billing period following receipt of the form.

We have enclosed a self-addressed return envelope for your convenience. You may also fax your completed form to (248) 494-7024.

UAW RETIREES OF THE DANA CORPORATION HEALTH & WELFARE TRUST BANK ACCOUNT SELF-PAYMENT AUTO DEDUCTION AGREEMENT

Name of Participant _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **DO NOT** attach a deposit slip.

Routing No.

Account No.

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____

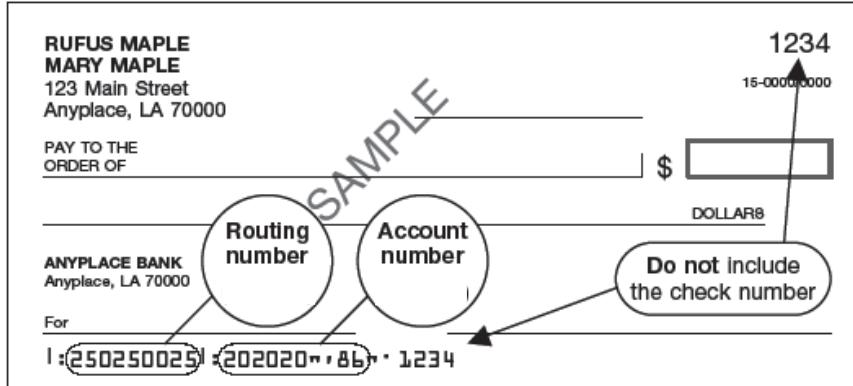
City _____ State _____ Zip _____

Telephone Number _____

I, the undersigned, hereby authorize the UAW Retirees of the Dana Corporation Health and Welfare Trust to deduct all amounts required under the Trust to continue my healthcare coverage from my bank account at the financial institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first.

Signature

Date



Note: The routing and account numbers may be in different places on your check.

If electing ACH, please return this form to our office postmarked by December 3, 2019. Forms postmarked after December 3rd will be processed for the next billing period following receipt of your form.

Wherever you go, go confidently.



Your Medicare Plus BlueSM Group PPO plan gives you peace of mind at home and wherever life takes you.

We want to make it easy for you to use your plan in and out of Michigan. Here are some frequently asked questions and answers to make the most of your coverage.

■ Does using network providers save me money?

Yes. You save money by using network providers. Examples of those savings are below.

	In-network	Out-of-network
Primary care physician	\$20 per visit	\$40 per visit
Hospital stay	20% after deductible	40% after deductible
Out-of-pocket maximum	\$1,500	\$4,500 (in and out of network combined)

■ What is a network provider and why is it important for me to use one?

Network providers are doctors or other health care professionals, medical groups, hospitals, and other health care facilities that have an agreement with us to accept our payment and your cost-sharing amount as payment in full. We have arranged for these providers to deliver covered services to members in our plan. The providers in our network bill us directly for care they give you. When you see a network provider, you pay only your share of the cost for their services. To find a network provider:

1. Go to www.bcbsm.com/providersmedicare.
2. Click on the blue *Find a Doctor* box to go to the provider locator page.
3. Once on the provider locator page:
 - Click on *All Plans* in the upper right.
 - Click on *Find a different plan*.
 - Click on *Medicare Plus Blue (PPO)* and then click on *Confirm selection*.
4. You can now search for an in-network doctor, hospital and clinic by name or specialty.

If you log in to your secure Blue Cross online member account before you search for a provider, the system will automatically select your plan's network and you can skip step 3 above.

■ **Can I get care from out-of-network providers?**

Yes. As a member of our plan, you can choose to receive medically necessary covered benefits from out-of-network providers who participate in Medicare. If you use an out-of-network provider, your share of the costs for your covered services may be higher.

■ **Do I need a referral to use an out-of-network provider?**

No. You don't need to get a referral when you get care from out-of-network providers. However, before getting services from out-of-network providers you may want to ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary. This is important because without a pre-visit coverage decision, if we later determine that the services are not covered or were not medically necessary, we may deny coverage and you will be responsible for the entire cost. If we say we will not cover your services, you have the right to appeal our decision not to cover your care.

■ **How do I get care outside of Michigan and how much will it cost me?**

As a Medicare Plus Blue Group PPO member, you have access to hospitals, physicians and other health care providers throughout the United States and its territories. The easiest way to arrange for care when outside of Michigan is to call the BlueCard number 1-800-810-BLUE (2583). This number is also found on the back of your Blue Cross Blue Shield of Michigan member ID card. In general, if you are receiving services outside of Michigan **and inside the United States, your cost sharing is the same as if the service is performed in-network.** We also cover emergency and urgent care services worldwide.

■ **Should I show providers my Blue Cross Blue Shield of Michigan ID card when I'm getting care in other states?**

Yes. Your Blue Cross Blue Shield of Michigan member ID card replaces your Medicare card. When possible, your providers should verify coverage for any non-Medicare services before they are performed. Providers can obtain eligibility and coverage information for you by calling 1-800-676-BLUE (2583).

■ **Can a provider charge me more than my copay or coinsurance?**

Providers should only charge you applicable cost sharing and should not otherwise charge or bill you for covered services. If you receive a medical bill that you feel is not correct, call your provider or Medicare Plus Blue Group PPO Customer Service at the number below. This number is also found on the back of your Blue Cross Blue Shield of Michigan member ID card.

Questions to ask your providers before you seek care

■ **For service providers within the state of Michigan, ask: "Are you in the Medicare Plus Blue PPO network?"**

If yes, you are set. If no, you may pay more to use this provider.

■ **For service providers outside of Michigan, ask: "Do you accept Medicare?"**

If yes, you are all set, and your claims will be paid at the in-network level.

■ Do you bill Blue Cross directly?

If yes, this means less paperwork for you. If no, this means they may ask you to pay the entire bill and seek reimbursement from Blue Cross. It is always best to ask out-of-network providers to bill the plan first. If you have already paid for the covered services, we will reimburse you for our share of the cost (the Blue Cross allowed amount minus your cost share) for medically necessary covered services. If an out-of-network provider sends you a bill that you think we should pay, you can send it to us for payment. Details for how to do this are found online at www.bcbsm.com/claimsmedicare or you can call Customer Service and ask for a claim reimbursement form.

We're here if you have questions.

- Call Medicare Plus Blue Group PPO Customer Service at **1-866-684-8216**.
8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.
Oct. 1 through March 31, 8 a.m. to 9 p.m. Eastern time, seven days a week.
TTY users call **711**.
- You can also visit our website at www.bcbsm.com/medicare.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

2020 Standard Control Formulary

Removals and Updates

Standard Control Formulary Removals

Drug Class	Removed Medications
Antiemetic	Transderm-Scop
Chronic Pain	Butrans, Hysingla ER, Oxycontin, Zohydro ER
Continuous Glucose Monitor	Enlite Glucose Sensor, Freestyle Libre Reader/Sensor, Guardian Sensor
Contraceptives	Lo Loestrin FE, Natazia, Taytulla
Dermatologic	Epiceram, Kamdoy, Sil-K Pad
DPP-4-SGLT2	Qtern
Folic Acid	Ortho D
Laxatives	MoviPrep, Osmoprep
MS Beta-Interferons	Avonex, Plegridy
Ophthalmic	Alrex, Flarex, Lotemax/Lotemax SM, Timoptic Ocudose, Zylet
SABA/LAMA Respiratory	Combivent Respimat
Scar Treatment	Beau Rx, Recedo
Short-Acting Beta Agonists	ProAir HFA, ProAir RespiClick
Steroid Inhalants	Asmanex Twisthaler/Asmanex HFA
Ulcer Drugs	Carafate

Standard Control Formulary Add Backs

Drug Class	Added-Back Medications
Alpha-1	Prolastin-C
Asthma	Fasenra
Opioid-Induced Constipation	Relistor

ER (Extended release). DPP-4 (dipeptidyl peptidase-4). SGLT2 (Sodium-glucose co-transporter-2). MS (Multiple sclerosis). SABA (Short-acting beta-agonist). LAMA (Long-acting muscarinic antagonists). MSB (Multi-source brand).

This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health. Removals and add backs as of January 1, 2020. Information is believed to be accurate as of the production date; however, it is subject to change.

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