

December, 2008

**\*\*PLEASE READ CAREFULLY\*\***

## **IMPORTANT CHANGES TO YOUR HEALTH AND WELFARE BENEFITS**

Dear Participant:

The Trust recently completed a series of informational meetings where the new benefit plans and their associated costs were explained. At those meetings, plan participants had an opportunity to ask questions and voice their concerns. This feedback was reviewed by the Committee and they found it prudent to make the changes outlined below effective January 1, 2009.

### **Provision for January Deductible for Medicare Eligible Participants under the Retiree Health Program**

CMSi/Anthem will extend the annual deductible period from January 1, 2008 - January 31, 2009 instead of ending on December 31, 2008.

Therefore, any amounts paid in January will be a continuation of the 2008 benefits and no new deductibles will be required until the Medicare Advantage (Medicare Plus Blue Group) plan begins February 1, 2009. This will eliminate the additional deductible in January and reduce the out-of-pocket expenses paid by plan participants. The 2009 Medicare Advantage plan will cover eleven (11) months commencing on February 1, 2009 and ending on December 31, 2009.

### **Opt Out / Opt In**

Plan participants and or eligible dependents who have other group coverage will be allowed to opt out of the coverage provided by the Trust and will have a one time opportunity to opt back into the Trust at such time as the other coverage ceases. You and or your eligible dependents will not be permitted this one-time opportunity to enroll at a later date unless: (1) you demonstrate that you have been covered without interruption by such a group healthcare benefit plan for the 24 months prior to the date that you intend to enroll in the Trust's plan and

provide the Trust with a valid certificate of coverage from such other plan, and (2) you demonstrate that the coverage provided under such group healthcare benefit plan is no longer available within 30 days of the loss of coverage date.

If you wish to opt out of the Trust's coverage, you are required to supply valid proof of coverage (i.e. certificate of creditable coverage, current ID card, etc.) from the other plan no later than January 31, 2009. Please submit your proof of coverage to:

UAW Retirees of the Dana Corporation Health and Welfare Trust  
P.O. Box 1708  
Troy, MI 48099-1708

When applying for future enrollment, the plan participant or eligible dependents are required to notify the Trust and provide documentation (typically by COBRA notifications, HIPAA credible coverage notices, termination letters, etc.) within 30 days of the loss of coverage date in order to opt back into the Trust's plan. The plan participant and or eligible dependents will then be required to pay the monthly premium in effect at that time and maintain all other eligibility requirements.

#### **Long Term Disability (LTD) Participants who are Medicare Eligible**

The Committee has decided to continue the current Red and Green Plans through January 31, 2009 for the LTD Participants who are Medicare eligible. In addition, the annual deductible period will be changed to January 1, 2008 through January 31, 2009.

Therefore, any amounts paid in January will be a continuation of the 2008 benefits and no new deductibles will be taken until the new Medicare Advantage (Medicare Plus Blue Group) plan begins February 1, 2009. This will eliminate the additional deductible in January and reduce the out-of-pocket expenses paid by the members. The 2009 Medicare Advantage plan will cover eleven (11) months commencing on February 1, 2009 and ending on December 31, 2009.

If you have any questions or concerns regarding the information provided in this notice, please contact the UAW Retirees of the Dana Corporation Benefit Office at (248) 641-4903 or toll free at (866) 626-2070.

*Sincerely,*

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