



UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST

ANNUAL BENEFITS INFORMATION AND SUMMARY ANNUAL REPORT



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 2018

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 cost and expected inflation, utilization, and actual and expected investment returns. They also review the quality of benefit delivery and retiree satisfaction.

Based on this annual review, as well as the Committee’s focus to keep your health care affordable, we are pleased to announce the following change effective January 1, 2019:

Effective January 1, 2019 through December 31, 2019, the Committee has decided to suspend the participant’s monthly contributions required for continuing participation in the Trust. As such, you will not pay monthly contributions for 2019 benefits. Contributions are expected to resume in 2020.

- *If you pay by pension deduction or ACH deduction, BeneSys has taken action to stop your contributions for 2019 benefits which are paid in advance.*
- *If you make automatic payments through your financial institution, you will need to contact your financial institution to stop those payments prior to the scheduled payment for January 2019 benefits which would be scheduled for December 2018.*
- *If you pay by personal check, you are not required to send in payments for coverage in 2019. If you already sent payment for 2019 coverage, you may be eligible for a refund of your self-payment. Please call the Trust Office at (866)626-2070 with any questions concerning self-payments.*

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 9-11 for more details.

The other provisions of the plan will not be changing. We have also attached Important Notices and the 2017 Annual Report for your review. *No action is required for you to continue coverage.*

Helpful information about obtaining diabetic medications (including insulin) and supplies as well as vaccinations is found in attachment A.

The following Notices and Report are provided as required by the Employee Retirement Income Security Act of 1974 (ERISA):

Attachment B – 2017 Summary Annual Report

Attachment C – Important Notice about your Prescription Drug Coverage and Medicare

Attachment D – Notice of HIPAA Privacy Policy, Notice on Women’s Health and Cancer Rights/Newborns’ and Mothers’ Health Protection, and Notice of Nondiscrimination

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 2019 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:
December 5, 2018, 9:00 AM	Quality Inn & Conference Center 61 W. King Street Pottstown, PA 19464
December 12, 2018, 9:00 AM	Hampton Inn & Suites 455 Commerce Road Richmond, IN 47374
December 12, 2018, 1:00 PM	Holiday Inn – IPFW & Coliseum 4111 Paul Shaffer Drive Ft. Wayne, IN 46825
December 13, 2018, 9:00 AM	Holiday Inn & Suites 803 S. Leonard Avenue Lima, OH 45804
December 13, 2018, 1:00 PM	UAW Local 12 2300 Ashland Avenue Toledo, OH 43609

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	BeneSys: (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

Attachment A

Diabetic Supplies, Insulin and Medications

Below is a brief summary of the coverage of diabetic supplies, insulin and medications and how best to procure these items for Medicare and Pre-Medicare plan participants.

Pre-Medicare Participants

For those who are not yet on Medicare, you should purchase insulin syringes, needles, insulin and medications through the CVS/Caremark pharmacy benefit via your retail pharmacy of choice or through mail order.

The combining or **bundling** of your prescription fill of insulin syringes and needles with your prescription fill of insulin will reduce your copay expense through retail and mail order. As long as insulin syringes and needles are filled within the same 24-hour window as the insulin, bundling will apply. Insulin **must** be adjudicated first so that remaining supplies and a second insulin fill, if applicable, are charged a \$0 copay. There is no special code needed, but **members must request bundling of eligible products** in the same order or the same day to receive the benefit.

Medicare-Eligible Participants

For those members who are on Medicare, you must purchase all insulin and medications through the SilverScript pharmacy benefit provided by CVS/Caremark.

You may purchase Insulin syringes and needles through either your BCBS medical coverage, or through your CVS/Caremark prescription drug coverage.

When using CVS/Caremark for insulin syringes and needles, combining or **bundling** of your prescription fill of insulin syringes and needles with your prescription fill of insulin will reduce your copay expense through retail and mail order. As long as insulin syringes and needles prescriptions are filled within the same 24-hour window as the insulin, bundling will apply. Insulin **must** be adjudicated first so that remaining supplies and a second insulin fill, if applicable, are charged a \$0 copay. There is no special code needed, but **members must request bundling of eligible products** in the same order or the same day to receive the benefit.

Other diabetic supplies may be covered under your BCBS medical coverage as follows:

Benefit	In-Network	Out-of-Network
Diabetes programs and supplies (includes glucose monitors, test strips, lancets, screening tests and self-management training)	Services are covered up to 100% of the approved amount for diabetes screenings, diabetes-related durable medical equipment or supplies, and self-management training.	Same as in-network

Vaccinations

The vaccination program for flu, shingles and pneumonia will continue to be offered so that retirees get the necessary preventive medications at no cost.

REMINDER: To take advantage of the covered vaccinations, they MUST be administered at a pharmacy, NOT at a doctor's office. Vaccinations administered at a doctor's office WILL NOT be covered at 100%. Please reach out to the Trust Office or CVS Caremark at the numbers listed on page 4 if you have any questions on where to receive your vaccinations.

Attachment B
SUMMARY ANNUAL REPORT

This is a summary of the annual report for the UAW Retirees of the Dana Corporation Health and Welfare Trust, Employer Identification No. 26-1851652, Plan No. 501, for the period January 1, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Committee of the UAW Retirees of the Dana Corporation Health and Welfare Trust has committed itself to pay certain medical and prescription drug claims incurred under the terms of the Plan.

Insurance Information

The Plan has insurance contracts with Blue Cross Blue Shield of Michigan to pay certain health and prescription drug claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending December 31, 2017 were \$8,218,172.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$395,043,147 as of December 31, 2017 compared to \$377,923,075 as of January 1, 2017. During the Plan Year the Plan experienced an increase in its net assets of \$17,120,072. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the Plan Year, the Plan had total income of \$46,607,526. This income included participant contributions of \$5,190,716, earnings from investments of \$36,036,311 and \$5,380,499 in other income. Plan expenses were \$29,487,454. These expenses included \$1,930,000 in administrative expenses and \$8,238,066 to insurance carriers for the provision of benefits, and \$19,319,388 in benefits paid to, or on behalf of, participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Fiduciary information, including non-exempt transactions between the Plan and parties-in-interest (that is, persons who have certain relationships with the Plan);
5. Transactions in excess of 5 percent of the Plan assets; and
6. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Committee, UAW Retirees of the Dana Corporation Health and Welfare Trust, at 700 Tower Drive, Suite 300, Troy, MI 48098 and phone number, 248-641-4903.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan: UAW Retirees of the Dana Corporation Health and Welfare Trust, 700 Tower Drive, Suite 300, Troy, MI 48098, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Attachment C
Important Notice About Your Prescription Drug Coverage and Medicare

This notice is required to be provided to all beneficiaries eligible for Medicare to confirm that the coverage provided under the Trust is at least as good as provided under Medicare. It also provides required information on prescription drug coverage available from Medicare. It is very important to note that if you enroll in Medicare prescription drug coverage, you permanently lose all coverage (both medical and prescription drug) under this plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug under the UAW Retirees of the Dana Corporation Health and Welfare Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The UAW Retirees of the Dana Corporation Health and Welfare Trust has determined that the prescription drug coverage provided under the Plan is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and you will not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare Part D drug plan, you will lose your current prescription drug coverage and medical coverage under the Plan.

Your prescription drug benefit is offered through CVS Caremark using a Medicare prescription drug plan. Your benefits continue to be based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether you order a 31-day or 90-day supply, and on whether your prescription is for a generic drug or a brand name drug, and whether the drug is considered a specialty drug. Brand name drugs have a different copayment depending on whether they are “preferred” or “non-preferred.” Generally, “preferred” brand drugs are those on CVS Caremark’s “formulary” drug list, and non-preferred drugs with a higher copayment are not on the formulary list. You can get the formulary drug list by calling CVS Caremark customer service at (888) 865-6592.

Your prescription drug coverage under the Plan covers prescription drugs purchased at retail pharmacies subject to the following copayments:

Drug Tier	Retail	Mail Order
Generic	\$10	\$20
Preferred Brand	\$35	\$70
Non-Preferred Brand	\$85	\$190

If you do decide to join a Medicare drug plan and drop your current prescription drug coverage under the Plan, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage under the Plan and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the department listed below for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage under the Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 2018
Name of Entity/Sender: UAW Retirees of the Dana Corporation Health & Welfare Trust
Contact: Eligibility Department
Address: P.O. Box 1708, Troy, MI 48099-1708
Phone Number: (248) 641-4903 or (866) 626-2070

NOTICE OF HIPAA PRIVACY POLICY

This Notice is intended to confirm that the Trust complies with the Privacy Regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). The law restricts the use and disclosure of the non-public “protected health information” of the Participant and the Participant’s covered dependents, if any, with regard to benefits provided under the Trust’s group health plan. That protected health information can generally be disclosed only by the Trust, its vendors and the Participant’s/dependent’s health care provider(s) only if necessary for the payment of claims, treatment of illness or other health care operations, including the administration of health care benefits, as permitted by law and the HIPAA Privacy Regulations.

Blue Cross Blue Shield of Michigan may issue separate Notices of Privacy Policies and Practices.

For a complete copy of the Trust’s Notice of Privacy Policy, write or call the Trust Office at the address and telephone number and listed below:

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

Telephone (248) 641-4903
Toll Free (866) 626-2070

WOMEN’S HEALTH AND CANCER RIGHTS/NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION NOTICE

The **Women’s Health and Cancer Rights Act of 1998** requires that all health care plans that provide medical and surgical benefits for mastectomies provide participants and beneficiaries receiving mastectomy benefits and who elect mastectomy related breast reconstruction with benefits coverage for the following:

- **Reconstruction of the breast on which the mastectomy has been performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance; and**
- **Prostheses and physical complications of all stages of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and the patient.**

Such coverage may be subject to annual deductibles and coinsurance provisions **as may be deemed appropriate and as are** consistent with those established for other benefits under the plan or coverage.

The Trust has provided coverage for mastectomies for a number of years. As part of this coverage, the Plan also covered the procedures necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses and physical complications of all stages of mastectomy, including lymph edemas, as recommended by the attending physician of any patient receiving Plan benefits in connection with the mastectomy

and in consultation with the patient. The Plan also covers any surgery and reconstruction of the other breast to achieve a symmetrical appearance.

Also, the **Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)** generally prohibits group health plans from limiting hospital stays for childbirth to less than 48 hours for normal deliveries and 96 hours for cesarean section deliveries for a mother and her newborn child, except with consent of the mother and approval of her physician, or from requiring that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of the above.

Please keep this notice with your Summary Plan Description. If you have any questions regarding these federal requirements, please contact the Trust Office.

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-626-2070

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

**UAW RETIREES OF THE DANA CORPORATION
HEALTH AND WELFARE TRUST
P.O. BOX 1708
TROY, MI 48099-1708**

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Important Plan Information

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