



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

Important Notice From The UAW Retirees of the Dana Corporation Health and Welfare Trust Committee About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the UAW Retirees of the Dana Corporation Health and Welfare Plan (the "Plan") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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 Committee has determined that the prescription drug coverage offered by 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 through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will 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 coverage under the Plan covers prescription drugs purchased at pharmacies that participate in the Caremark network subject to the following co-pays for up to a 30- day supply of prescription drugs:
 - \$10 For generic drugs
 - \$35 Preferred Formulary Brand
 - \$85 Non-Preferred Formulary Brand

- Your prescription drug coverage under the Plan's mail service program covers recognized prescription maintenance drugs subject to the following co-pays for up to a 90-day supply of prescription drugs:
 - \$20 For generic drugs
 - \$70 Preferred Formulary Brand
 - \$170 Non-Preferred Formulary Brand

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

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

بـ قوانـد بـنـ الـ حـقـوقـ الـمـذـيـدةـ الـ فـدـرـالـ يـةـ الـأـمـعـمـولـ بـهـاـ وـلـاـ يـمـ يـزـ عـلـىـ أـسـاسـ الـعـرـقـ أـوـ الـلـوـنـ أـوـ الـجـنسـ وـأـقـاعـإـلـاـ وـأـنـسـلـاـ وـأـيـنـطـوـلـاـ لـصـالـاـ مـزـتـلـىـ الـUAWـ Rـet~iree~sـ of~ the~ D~ana~ C~or~p~or~at~ion~ H~e~al~th~ a~n~d~ W~el~f~ar~e~ T~r~u~s~t~ الـUAWـ Rـet~iree~sـ of~ the~ D~ana~ C~or~p~or~at~ion~ H~e~al~th~ a~n~d~ W~el~f~ar~e~ T~r~u~s~t~

ملحوظة: اذا كنت تتحدث اذكر اللغة، فان خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 02070-626-6277-8771

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