



UAW Retirees of the Dana Corporation Health and Welfare Trust

P.O. Box 1708 • Troy, MI 48099-1708

Phone 248-641-4903 or Toll Free 866-626-2070

Dear UAW Retirees of the Dana Corporation Health and Welfare Trust Member:

The UAW Retirees of the Dana Corporation Health and Welfare Trust (“Trust”) is committed to providing you access to quality health care, particularly during difficult times. We recognize that the past year has been challenging for many members and hope that you and your family members are well.

Working together has made it possible to manage costs while continuing to provide the level of service you expect. We are pleased to provide you with this important update about the enhancements we've made to your benefits for 2022.

Benefit highlights are meant to be brief, but all of the plan details are available in the Summary Plan Description (available online at

www.ourbenefitoffice.com/UAWDanaRetirees/benefits

or mailed upon request from our administrative manager, BeneSys). Call BeneSys at **866-626-2070** to get help with your benefits and answers to your questions.

Together we can work to protect your health and the health of your fellow retirees for many years into the future. We look forward to continuing to serve you.

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

Benefit Improvements for 2022

Good news! We're reducing your out-of-pocket costs effective January 1, 2022:

Lower Prescription drug copayments

Learn more on page 2

Lower Medical plan cost sharing:

- Annual deductible
- Office visit and emergency room copayments
- Coinsurance
- Out-of-pocket maximum

Learn more:

- Medicare-eligible participants see page 3
- Pre-Medicare participants see page 4

Prescription Benefits

for Medicare-Eligible and Pre-Medicare Participants

Taking your medications as prescribed is just as important to your health as seeing your PCP. The Trust is making it easier for you to get your prescriptions effective January 1, 2022. Generic drugs now have no copay and the copays are reduced for brand-name drugs.

2022 Prescription Benefit Highlights

Here are your copays are lower effective January 1, 2022. The new amounts are **bold**.

	Retail (up to a 34-day supply)	Mail Order (up to 90-day supply)
Generic	No copay	No copay
Formulary Brand	\$20 copay	\$40 copay
Non-Formulary Brand	\$50 copay	\$100 copay

Visit www.caremark.com or call the number on the back of your member ID card to find a participating pharmacy near you.

Keep in mind, for maintenance medications you can receive the first two 34-day fills at a non-CVS Retail pharmacy, but then you must use a CVS pharmacy or mail order.

Money saving tips

- **Ask your doctor about generics** — When you receive a prescription from your doctor, ask if a generic version is available. Using generics will save you money and helps the Trust maintain costs and continue to provide valuable benefits into the future.
- **Use mail order** — Mail order is not only a convenient way for you to receive your medications, but you also save money on your brand-name prescription copays.

Medicare-Eligible Medical Plan

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights

Your out-of-pocket costs are lower effective January 1, 2022. The new amounts are in **bold**.

Medicare Eligible Medical Benefits*

Benefit Feature	In-Network	Out-of-Network
Annual Deductible		\$200
Annual Out-of-Pocket Maximum		
In-network (covered in-network medical and hospital care services apply)	\$1,000	Not applicable
Combined (all covered medical and hospital care services apply)		\$4,500
Covered Services	In-Network	Out-of-Network
Annual Wellness Visit		Covered at 100%
Immunizations and Screenings		Covered at 100%
Office Visits	\$10 copay per visit (\$20 for a specialist)	\$40 copay per visit
Outpatient Care**	Generally, 10% of approved amount after deductible	Generally, you pay 40% of approved amount after deductible
Inpatient Hospital Care**	10% of approved amount after deductible	40% of approved amount after deductible
Emergency Outpatient Hospital Care (Emergency Room)		\$50 copay per visit (copay waived if admitted within 3 days)

* A full description of covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered as shown when all Plan provisions are met.

** May require prior authorization.

Pre-Medicare Medical Plan

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights

Your out-of-pocket costs are lower effective January 1, 2022. The new amounts are **bold**.

Pre-Medicare Medical Benefits*				
Benefit Feature	In-Network	Out-of-Network**		
Annual Deductible				
Individual	\$200	\$600		
Family	\$400	\$1,200		
Annual Out-of-Pocket Maximum	Maximum includes deductible, coinsurance and copayments			
Individual	\$1,000	\$4,500		
Family	\$2,000	\$9,000		
Lifetime Maximum	\$5,000,000			
Covered Services				
In-Network				
Adult Wellness Exams	\$10 copay per visit; deductible does not apply	40% after deductible		
Immunizations (non-routine)	10% after deductible	40% after deductible		
Office Visits	\$10 copay (\$20 for specialist) per visit; deductible does not apply	40% after deductible		
Outpatient Care (limitations on certain types of care apply)	10% after deductible	40% after deductible		
Inpatient Hospital Care (pre-certification required)	10% after deductible	40% after deductible		
Emergency Outpatient Hospital Care (Emergency Room)	\$50 copay per visit (waived if admitted); deductible does not apply	40% after deductible		

* A full description of and covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered at the percentages shown when all Plan provisions are met.

** You are responsible for any amounts above usual & customary charges when you use out-of-network providers.

Be sure to enroll in Original Medicare



Congratulations on reaching age 65 – a milestone year!

This is the year that you are required to enroll in Medicare Parts A and B to maintain your Trust coverage.



Keep Your Trust Coverage!

The UAW Dana Trust provides you with comprehensive medical and prescription benefits with no contribution required. Be sure to enroll in **Original Medicare** (both Parts A and B) when you become eligible to keep this valuable coverage.

Signing up for another health plan means you would lose your Trust coverage until you drop the new coverage you enrolled in and Medicare processes a termination. If in doubt, please contact BeneSys.

Countdown to 65

As you get closer to your 65th birthday, you will see advertisements on television and receive many offers in the mail (from AARP, Humana, and Aetna just to

name a few) claiming to provide great medical and prescription coverage at a low price.

Here's what to do instead:

3 months before

the month in which you turn 65, Medicare will send you information to sign up for Medicare Parts A and B. If you are getting Social Security, you will be automatically enrolled in Medicare Part A.

To enroll in Original Part B, you should apply online at Social Security, or visit your local Social Security office, or call Social Security at **800-772-1213**.

2 months before

you turn 65, you will receive information from BeneSys to help you navigate enrollment in Medicare Parts A and B. You will receive a Medicare Verification Form. Be sure to return the form the month before you turn age 65.

1 more thing to do

Provide a copy of your Medicare card to BeneSys as soon as you receive it.

Fax to:

248-494-7024 or

Mail to:

UAW Dana Trust
PO Box 4447
Troy MI, 48099



BeneSys is here to help! Call 866-626-2070

Protect Yourself and Avoid Scams

Check for the Trust Name and Logo!



How Do You Know Whether a Mailing About Your Health Care Plan Is Legitimate?

Another important tip to help keep you and your information safe is to check the authenticity of any communication you receive that claims to be representing your health care coverage. If you receive a mailing claiming to be related to your existing coverage, **make sure you check for the Trust name and logo.**

If it's absent, then that mailing is not from the Trust.



If you ever have any questions on the authenticity or content of a mailing you receive concerning your coverage, please call BeneSys at **866-626-2070**.

Learn More About How to Protect Yourself

We know that there are imposters in this world who love to prey on trusting people, especially seniors. Recently, the Department of Labor published guidance on how to protect yourself. We have included that information in the mailing.

Where to Go for More Information

Make sure BeneSys has your up-to-date contact information, including address, email and phone numbers.



If you have questions or want to learn more, please reach out to the vendors listed below by topic. If you're not sure who to call, contact BeneSys and they can help you get to the right resource.

If You Have a Question About:

Contact:

Eligibility or Coverage

BeneSys

866-626-2070
7:30 a.m. to 4:30 p.m. EST

www.ourbenefitoffice.com/UAWDanaRetirees/benefits

P.O. Box 1708
Troy, MI 48099-1708
Fax: 248-494-7024

Prescription Benefits

(Medicare and Pre-Medicare)

- Which drugs are on the formulary
- Finding a participating pharmacy
- Mail order medications

CVS Caremark

888-865-6592 (customer service)
800-749-0654 (mail order)

www.caremark.com

Medicare-Eligible Medical Benefits

- Which services are covered under the Plan
- Finding a participating provider

Blue Cross Blue Shield of Michigan

866-684-8216

www.bcbsm.com

Pre-Medicare Medical Benefits

- Which services are covered under the Plan
- Finding a participating provider

Anthem Blue Cross Blue Shield

800-305-0406 (customer service)
800-305-0460 (help finding a participating provider)

www.anthem.com

