



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

Summary Annual Report for UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE PLAN

This is a summary of the annual report for the UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE PLAN, (Employer Identification No. 26-1851652, Plan No. 501) for the period January 1, 2015 to December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$370,120,293 as of December 31, 2015 compared to \$394,931,675 as of January 1, 2015. During the plan year the plan experienced a decrease in its net assets of \$24,811,382. This decrease 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 \$6,122,623. This income included employee contributions of \$6,135,322 and earnings from investments of \$-4,314,443. Plan expenses were \$30,934,005. These expenses included \$1,991,974 in administrative expenses and \$28,942,031 in benefits paid to 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. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. 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: UAW Retirees of the Dana Corporation Health and Welfare Trust, 700 Tower Drive, Suite 300, Troy, MI 48098, (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. These portions of the report are furnished without charge.

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: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

ANNUAL NOTICES

The Women's Health and Cancer Rights Act of 1998 Annual Notice

The UAW Retirees of the Dana Corporation Health and Welfare Plan (the "Health and Welfare Plan"), as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Not only is this notice being published to comply with the 1998 Omnibus Appropriations Bill, but it is very important that you understand that these benefits are available through your Health and Welfare Plan.

Newborns' and Mothers' Health Protection Act 1996 Notice

The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section, a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge earlier.

Notice of the Privacy Practices of the UAW Retirees of the Dana Corporation Health and Welfare Plan

A copy of the Notice of the Privacy Practices of the UAW Retirees of the Dana Corporation Health and Welfare Plan is available at the Plan Office. Please note, this Notice summarizes your health care consumer rights and your right to be notified of the ways in which the Plan uses or discloses protected health information including, the Plan's obligation to notify you no later than 60 days after discovery of a disclosure of unsecured protected health information that poses a significant risk of financial, reputational or other harm to you. The Notice also details your right to request restrictions or limitations on the medical information the Plan uses or discloses about you for treatment, payment or health care operations including restriction requests to a health care plan for the purposes of payment or health care operations where the protected health information pertains solely to a health care item or service that has been paid out-of-pocket and in full. If you would like to obtain a written copy or you have any questions regarding this Notice, please contact Heather Carman at the UAW Retirees of the Dana Corporation Health and Welfare Trust, 700 Tower Drive, Suite 300, Troy, Michigan 48098, phone (248) 813-9800.

As a reminder, Plan rules state that a Participant may modify coverage or change elections under the Plan upon the following events, upon notice to the Plan:

Changes in Coverage or Elections

- **Other Coverage:** If a Participant declines coverage for his Dependents due to other health coverage, as provided under HIPAA, the Participant may elect coverage for his Dependents in the Plan, provided that the Participant requests coverage within 30 days after such other coverage ends.
- **Coverage of Eligible Child:** If a Participant declines coverage for an eligible Child, the Participant may elect coverage for the eligible Child by submitting a completed election form and required documentation to the Plan Office. Coverage will be effective the 1st day of the month following receipt of the completed paperwork and required documentation as otherwise provided by the Plan.
- **Acquisition of a Dependent:** If a Participant acquires a new Dependent as a result of marriage, birth, adoption, placement for foster care or placement for adoption, or by judgment, decree or other order of any court of any competent jurisdiction, the Participant may elect coverage for such new Dependent under the Plan, provided that the Participant requests to elect coverage within 30 days after the marriage, birth, adoption, placement for adoption, placement for foster care or court order.
- **Ineligibility for Medicaid/CHIP:** A Participant or Dependent may enroll in the Plan if no longer eligible for coverage under Title XIX of the Social Security Act or a state child health plan under Title XXI of the Social Security Act, provided the individual requests enrollment within 60 days after such coverage ends.
- **Medicaid/CHIP Premium Assistance Eligibility:** A Participant or Dependent may enroll in the Plan if he or she becomes eligible for assistance for Plan coverage under Title XIX of the Social Security Act or a state child health plan under Title XXI of the Social Security Act, provided the individual requests enrollment within 60 days of the date the individual is determined to be eligible for assistance.

Notice of Changes

It is the **responsibility** of the **Participant** to notify the Plan Office within in timeframe set forth below of any changes as follows: Marriage, New Babies, Adoptions and Legal Guardianship – within 30 days; Change of Address, Deaths, Divorce, Birthdays (A Dependent turning twenty-six (26) years of age must be reported to the Plan Office), Other Coverage (notice of other coverage must be reported to the Plan Office including but not limited to other coverage for Dependent Children) – immediately.

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

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.

**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