



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

October, 2012

****PLEASE READ CAREFULLY****

IMPORTANT CHANGES TO YOUR HEALTH AND WELFARE BENEFITS EFFECTIVE JANUARY 1, 2013

Dear Retiree:

The Committee who is responsible for the management of the UAW Retirees of the Dana Corporation Trust annually reviews the benefits that the Trust offers to eligible participants. The Committee takes into consideration factors which influence the fund assets available to provide benefits such as health care inflation, utilization and investment returns. Based upon that review, effective January 1, 2013, participants will see a slight increase in the amount they pay for their benefits. Please carefully read the summary of changes to the benefits and monthly premiums below:

A. FOR NON-MEDICARE ELIGIBLE PARTICIPANTS & MEDICARE PARTICIPANTS -- Increase in Required Monthly Premiums:

Effective January 1, 2013, your monthly premium contribution will be increased as outlined below. Your monthly premium for the new health plan depends upon your Coverage Status as indicated in the following table:

NON-MEDICARE ELIGIBLE PARTICIPANTS

Coverage Status: Pre-Medicare Eligible Participants	Current 2012 Premium Amount	New 2013 Premium Amount
Single	\$238	\$245
Two Person	\$460	\$474
Family	\$648	\$667
Mixed Contract		
One Medicare/One Non-Medicare	\$343	\$353
One Medicare/Two or more Person Non-Medicare	\$565	\$582
Two Medicare/One or more Person Non-Medicare	\$586	\$604

MEDICARE PARTICIPANTS

Coverage Status: On Medicare	Current 2012 Premium Amount	New 2013 Premium Amount
Single	\$105	\$108
Two Person	\$209	\$215
Mixed Contract		
One Medicare/One Non-Medicare	\$343	\$353
One Medicare/Two or more Person Non-Medicare	\$565	\$582
Two Medicare/One or more Person Non-Medicare	\$586	\$604

Your method of payment will continue. If you have not already arranged for direct withdrawal, contact the Fund Office and you can avoid the monthly \$5 service charge when paying by check. Please make these payments timely as your coverage is contingent upon receipt of payment each month.

B. MEDICARE ELIGIBLE PARTICIPANTS -- Change In Prescription Drug Benefits

In addition to the monthly contribution increase, Medicare Eligible Participants will see a change to their prescription drug benefit.

Effective January 1, 2013, the Trust will be implementing a new prescription drug plan for Medicare-eligible participants. The plan will be offered through SilverScript, a division of CVS/Caremark. The new program allows us to better manage retiree prescription drug benefits and costs to provide the Trust with a more efficient way to deliver and coordinate prescription drug benefits with Medicare.

There is no action required on your part. There will be no changes to your copayments, however, only those medications that traditional Medicare includes will be covered under this plan. Your benefits are based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether you order from a retail pharmacy or use mail order, and on whether your prescription is for a generic drug or a brand name drug. In addition, brand name drugs have a different copayment depending on whether they are “single source” or “multi-source.” You can get the formulary drug list on the SilverScript website at:

<http://www.uawretdana.silverscript.com> or by calling the SilverScript customer service number on page 4 of this letter.

Prescription Drug Co-Payments for Medicare Eligible		
Formulary	Co-Payment for 30 Day Retail	Co-Payment for 90 Day Mail Order
Generic	\$5.00	\$10.00
Single Source Brand Name	\$30.00	\$60.00
Multi Source Brand Name	\$80.00	\$170.00

If you have any questions regarding the changes listed above, please contact the UAW Retirees of the Dana Corporation Benefit Office at (866) 626-2070 Monday through Friday from 7:30 a.m. until 4:30 p.m., Eastern Standard Time.

C. Questions Regarding the Changes?

See the “Frequently Asked Questions” section at the end of this notice. Also, as we have in the past, the UAW Retirees of the Dana Corporation Health & Welfare Trust will hold informational meetings to explain these changes. You are encouraged to attend to learn more about the changes and have any of your questions answered. Representatives from the Trust and Caremark will be available at the dates, times and locations noted below.

Date:	Location:
October 19, 2012, 9:00am	UAW Region 1A 9650 South Telegraph Road Taylor, Michigan 48180
October 22, 2012, 9:00am	USW – Local 903 2228 Lakeview Drive Fort Wayne, Indiana 68083
October 23, 2012, 9:00am	UAW Local 1501 551 S. Washington Street Hagerstown, Indiana 47346
October 26, 2012, 9:00am	UAW Local 788 1825 West Oakridge Road Orlando, Florida 32809
November 5, 2012, 9:00am	UAW Local 1765 1440 Bellefontaine Avenue Lima, Ohio 45804
November 7, 2012, 9:00am	UAW Local 602 2510 W. Michigan Avenue Lansing, Michigan 48917
November 19, 2012, 9:00am	Gilbertsville Fire Company 1454 E. Philadelphia Ave. Gilbertsville, PA 19525

November 26, 2012, 9:00am	UAW Local 879 966 Mississippi Blvd. St. Paul, Minnesota, 55116
November 27, 2012, 9:00am	UAW Local 551 13550 S. Torrence Avenue Chicago, Illinois 60633
November 29, 2012, 9:00am	UAW Local 12 2300 Ashland Avenue Toledo, OH 43609

Important Phone Numbers

If You Have a Question About.	You Should Contact.
Medical Premiums	BeneSys: (866) 626-2070 Hours: 7:30 a.m. – 4:30 p.m. ET
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 Provider that Participates in the Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield: (800) 810-Blue (2583)
Eligibility	BeneSys: (866) 626-2070
Medicare Prescription Drug Coverage	SilverScript: (855) 749-0854
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 protection for you and your dependents. Accordingly, the Committee seeks to make available to eligible UAW retirees comprehensive and cost effective retiree benefit programs with the funds that it manages. From time to time, the Committee may change the programs that it makes available and reserves the right to do so and to terminate such programs as it determines in its sole discretion.

Sincerely,

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

Prescription Drug Coverage for Medicare Eligible Members

Frequently Asked Questions

Will I still have prescription drug coverage through the Trust?

Yes. In general, the Trust will be providing the same benefit level that you and your Medicare eligible dependents are currently receiving.

Do I need to do anything to be enrolled in this new plan?

No. If you qualify for coverage under this plan, you will be automatically enrolled in the new plan on January 1, 2013.

Will I have to pay an additional premium for this prescription drug plan?

No. You will not pay an additional premium to the Trust for this plan. Your prescription drug coverage will continue to be included in your monthly contribution for Trust health care coverage. The three-tier copay structure will remain the same.

Is there any way that I would lose prescription drug coverage through the Trust?

Yes. If you “opt out” of this coverage, you will not have prescription drug coverage through the Trust. You can re-enroll, however a gap in coverage may exist and you will be responsible for any costs incurred during that gap in coverage.

Do I have a choice about whether or not I want this prescription drug coverage?

Yes. You may “opt out” of this coverage. However, this will be the only Medicare prescription drug coverage available to you through the Trust.

My spouse is not currently Medicare eligible. How will he/she be impacted when I am enrolled in the Medicare prescription plan?

If your spouse is not Medicare eligible, he/she will remain covered under the non-Medicare prescription drug plan that is in place today, administered by CVS/Caremark. Retirees and eligible dependents who do not yet qualify for Medicare or have not yet turned 65 will be enrolled into this plan at the time they become eligible.

Will I be getting a new ID card with this plan?

Yes. You and any dependents who are Medicare eligible will receive a new, separate prescription drug ID card prior to the effective date. This will occur as soon as Medicare approves enrollment into this plan. Beginning January 1, 2013, please be sure to present your new prescription drug card to your pharmacy when filling prescriptions.

Should I continue to use my current ID card for medical coverage?

Yes. Continue using your existing card for medical coverage. You will now have two separate ID cards – one for medical and one for prescriptions.

Will I need to a new prescription for any medications that I am currently taking?

No. Your current prescriptions and refill history will be automatically transferred to your new prescription drug plan. However, only those drugs that are covered by Medicare will be covered under this plan.

Do I need to do anything if the drug I am taking requires prior authorization?

Yes. Prior authorizations that you currently have on file will not carry over into the new plan, so you may have to get a new prior authorization when your new benefit starts. If a drug you are currently taking is impacted, you will receive a separate letter from SilverScript, a division of CVS/Caremark notifying you of this requirement and what your next steps should be.

If you have additional questions, you may contact SilverScript at 1-855-749-0854 or their website at www.uawretdana.silverscript.com. You are also encouraged to attend one of the retiree meetings we have listed on the notice.

Please watch your mail for additional information from SilverScript regarding this program.