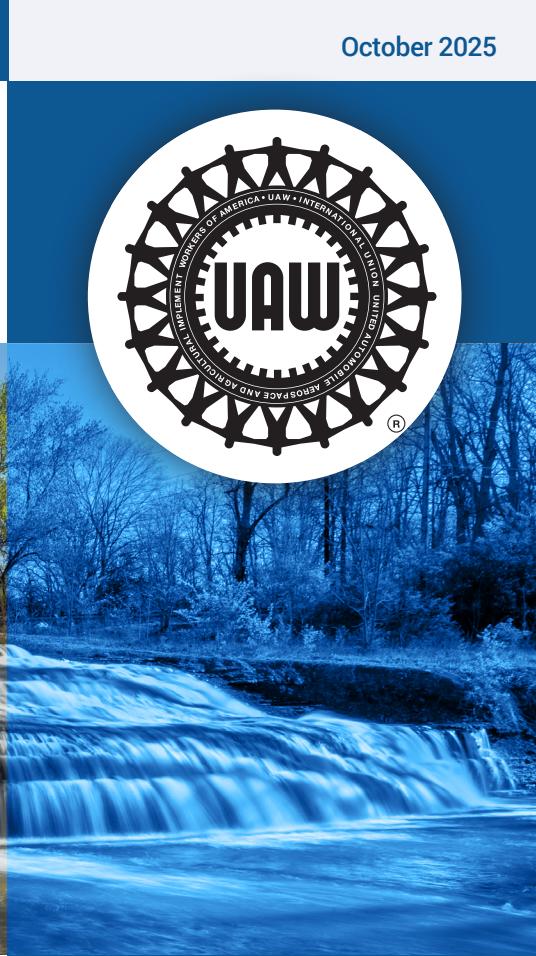


UAW Retirees of the Dana Corporation Health and Welfare Trust



Benefit Changes for 2026

Every year we carefully review the Trust's finances. With our team of experts, we look at Trust assets and the cost of current benefits, then make assumptions about what those things will look like many years down the road. Until now, we have been able to avoid cost sharing increases and reinstatement of monthly contributions.

This year, the Trust faced two challenges: (1) significant monthly cost increases for our plans, including an increase of more than 60% per member for the Medicare-Eligible Medical Plan and (2) sizeable growth in prescription drug use and costs. As a result, the Trust is making changes to your cost-sharing effective January 1, 2026:

- Increased copays for all prescription drugs
- Higher annual deductibles and out-of-pocket maximums
- Increased copay for specialist visits

Details about the changes are in this booklet.

Join us!

We hope to see you at one of the November informational meetings to learn more about your coverage and get answers to your questions. Please see page 11 for dates, times, and locations.

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

Providing you with high-quality, affordable health care is the mission of the Dana Corporation Health and Welfare Trust ("Trust").

We encourage you to see your doctor annually and get your recommended screenings and immunizations.

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

Prescription Benefits

Copays for all prescription drug categories will increase January 1, 2026. [The new copay amounts are listed below.](#)

Medicare-Eligible and Pre-Medicare Participants

2026 Prescription Benefit Highlights		
	Retail (up to a 34-day supply)	Mail Order (up to 90-day supply)
Generic	\$5 copay	\$10 copay
Formulary Brand	\$30 copay	\$60 copay
Non-Formulary Brand	\$75 copay	\$150 copay
Specialty	\$50 copay	\$100 copay

You will pay no more than \$35 for each one-month supply of each insulin medication covered by the plan, no matter what cost sharing tier it's on. Diabetic supplies such as needles, lancets and test strips continue to be covered at no cost to you.

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.

Stay Well, Get Vaccinated

One of the easiest ways to protect yourself from serious illness is by keeping up with recommended vaccines. They're a crucial part of staying healthy.

Vaccines are rigorously tested and proven to be safe and effective before they're approved for public use. Side effects are usually mild, such as a sore arm or slight fever, and serious reactions to vaccines are rare.

Most vaccines are covered at no cost to you. Getting vaccinated is also easier than ever. Many local pharmacies now offer most recommended vaccines for adults. This means you can walk in, get your shot, and be on your way. No more long waits or complicated paperwork.

The prescription drug formulary (the list of covered drugs) is updated on a regular basis. When a drug is categorized as non-formulary, there is often an equally-effective option available at a lower copay level. [Be sure to read mail you receive from CVS Caremark.](#) If your prescription changes to a higher copay level, you will be notified by CVS Caremark.

Medicare-Eligible Medical Benefits

Changes effective January 1, 2026 are highlighted in **bold** below.

2026 Medicare-Eligible Medical Benefit Highlights*		
Benefit Feature	In-Network	Out-of-Network
Annual Deductible	\$300 per individual; \$600 per family	
Annual Out-of-Pocket Maximum		
In-network (covered in-network medical and hospital care services apply)	\$2,000 per individual; \$4,000 per family	Not applicable
Combined (in- and out-of-network medical and hospital care services apply)		\$4,500
Covered Services**	In-Network	Out-of-Network
Annual "Medicare Wellness" Visit		Covered 100%
Certain Immunizations and Screenings		Covered 100%
Office Visits Tip: Confirm with your doctor that a facility fee will not be charged for your visit	\$10 copay per visit (\$25 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 and annual benefit update letters, available by calling BeneSys or downloading from the Trust website. Services are covered as shown when all Plan provisions are met. Coverage and services may vary subject to changes in state and federal law.

** May require prior authorization.

Pre-Medicare Medical Benefits

Changes effective January 1, 2026 are highlighted in **bold** below.

2026 Pre-Medicare Medical Benefit Highlights*		
Benefit Feature	In-Network	Out-of-Network**
Annual Deductible		
Individual	\$300	\$600
Family	\$600	\$1,200
Annual Out-of-Pocket Maximum (excludes deductible and copayments)		
Individual	\$2,000	\$4,500
Family	\$4,000	\$9,000
Lifetime Maximum		\$5,000,000
Covered Services***	In-Network	Out-of-Network**
Routine Adult Physical	\$10 copay per visit; deductible does not apply	40% after deductible
Immunizations (non-routine)	10% after deductible	40% after deductible
Office Visits Tip: Confirm with your doctor that a facility fee will not be charged for your visit	\$10 copay (\$25 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 and annual benefit update letters, available by calling BeneSys or downloading from the Trust website. Services are covered at the percentages shown when all Plan provisions are met. Coverage and services may vary subject to changes in state and federal law.

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

*** Some services may require preauthorization.

Dental Benefits

2026 Dental Benefit Highlights

Type of Service	Delta Dental PPO™ Dentist	Delta Premier Dentist	Non-Participating Dentist*
Diagnostic & Preventive (includes 2 exams and cleanings per year; if under age 19, 2 fluoride treatments per year)	100%	80%	80%
Basic Services (such as X-rays, fillings, root canals, crowns, periodontic treatment)	80%	60%	60%
Major Services (such as bridges, implants, dentures)	50%	0%	0%
Maximum Benefit	\$1,500 per person per year		

Limits may apply. The Plan pays the percentages shown above based on Delta Dental's approved fee schedule. Some services such as x-rays, implants and others are subject to limitations. For a detailed description of your dental coverage, call Delta Dental or see the Summary of Dental Plan Benefits on www.ourbenefitoffice.com/UAWDanaRetirees/benefits.

- * When you receive services from a non-participating dentist, you will need to pay the dentist then file a claim with Delta Dental. The percentages in this column indicate the portion of the Delta Dental's non-participating dentist fee that will be paid for those services. If your dentist charges more than the non-participating dentist fee, you are responsible for the difference in addition to your coinsurance (if any).



Did you know oral health and pneumonia can be connected? Brushing twice a day, flossing once a day, and seeing your dentist twice a year can reduce your risk of developing bacterial pneumonia.

Annual Checklist

3 Things to Do Each Year



Get your annual checkups

Seeing your physician and dentist is one of the most important things you can do each year for your health. Don't forget to review all of your medications and supplements with your doctor.



Make sure your wishes are known.

Make sure your advance directives, including your living will, reflect your current wishes. If you don't already have one, now is the time to get started. Making your wishes clear is a gift to loved ones in the event they need to make decisions on your behalf. Review your directives annually and update as needed. For helpful tips, visit the National Institute on Aging website at www.nia.nih.gov and search for "Advance Care Planning."



Ensure good communication about your benefits.

Inform BeneSys anytime your contact information (phone number, email address, mailing address) changes.

Designate a representative to speak on your behalf and keep their information up to date. BeneSys cannot discuss your benefits or account information with anyone except you, unless you provide authorization identifying a representative who can speak on your behalf. Pick someone you trust who can help you. Contact BeneSys at **866-626-2070** to verify whether you have a current authorization on file.

Coverage Reminders

Continuous Glucose Monitor (CGM) Supplies

Blue Cross Blue Shield announced an important change in the fall of 2024 regarding how diabetic members obtain CGM supplies (e.g., Freestyle Libre meters, Dexcom sensors, etc.). This change went into effect on October 1, 2024. This means for diabetic members:

- Prescriptions for CGM supplies (meters and sensors) should be filled at a CVS participating retail pharmacy or by mail order through CVS Health, using your pharmacy coverage. Your prescription coverage will process these claims at zero cost to you.
- Prescriptions for CGM supplies submitted to a durable medical equipment (DME) supplier will either be declined by the DME supplier or will be filled with you being responsible for the full cost of the supplies.
- If you are being billed for any CGM supplies provided by a DME supplier after October 1, 2024, please contact BeneSys for assistance in filing an appeal of the claim denial.

Weight Loss Medications

Our plan covers certain medications that have become popular for weight loss—but only when prescribed specifically for diabetes management.

For example, if you have been diagnosed with diabetes and your doctor prescribes a GLP-1 medication, such as Mounjauro to manage your blood sugar, it will likely be covered by the plan. If your doctor prescribes a medication for weight loss, it will not be covered by the plan—no matter your diagnosis.

If you have questions about prescription drug coverage, contact CVS Caremark or Benesys.



Tips for Your Well Being

Multi-Cancer Screenings – What You Should Know

You may have heard about new multi-cancer early detection blood tests on TV or online. These tests look for signs of more than one type of cancer at a time.

While the hope is that they may help catch cancers earlier, their accuracy has not yet been proven. They are not FDA-approved and not covered by your health plan. You will be responsible for paying the full costs of these tests, which can be hundreds of dollars.

If you have questions about cancer or which screenings are right for you, the best step is to talk with your doctor.

Supplements: Safety First

Many people consider taking vitamins, herbal remedies, or other supplements to “boost” their health. It’s important to do your homework before adding anything new to your daily routine. Some supplements can interfere with medications you’re already taking, affecting how well your prescribed treatments work.

The FDA does not regulate supplements as strictly as prescription medications, so not all products are proven safe or effective. Supplements taken in excess also can be toxic and may cause organ damage.

Be sure to tell your doctor about the supplements you’re taking.



Enrolling in Medicare and Beyond

Sign up for Medicare: The Trust provides you with comprehensive medical and prescription benefits. Be sure to enroll in **Original Medicare** (both Parts A and B) when you become eligible to keep this valuable coverage – whether you become eligible because you are turning 65 or you have a **qualifying disability**.

The year you reach age 65 is a milestone year when it comes to your health care coverage. This is the year that you are required to enroll in Medicare Parts A and B to maintain your Trust coverage.



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:

248-430-8222 or

Mail to:

UAW Dana Trust

PO Box 1708

Troy MI, 48099-1708

Any delay in Medicare enrollment or providing your Medicare card to BeneSys could result in a disruption to your benefits.



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

Keep Your Trust Coverage

Do not drop your Medicare coverage for any reason or sign up for an individual Medicare Advantage plan or Medicare Part D plan.

Check your Medicare enrollment status. You must have Medicare Parts A and B, if eligible, to receive benefits from the Trust. You should not sign up for Medicare Part D (prescription drug plan). Signing up for an individual Medicare Advantage plan or Medicare Part D plan means all of your Trust coverage will terminate.

Reinstatement cannot occur until Medicare processes a termination of the individual plan. If you need assistance, please contact BeneSys.

Protect Yourself From Scams

Artificial Intelligence (AI) is making ever-more sophisticated scams a reality. But, the underlying tactics are the same – they want to rattle you or make you let down your guard so you give them money or your personal information.

To keep yourself and your information safe, always verify any communications you receive about your health care coverage. If you get a letter or notice that says it's related to your current coverage, look for the Trust's name and logo to make sure it's genuine. 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**. If someone from BeneSys calls you, they will identify themselves and leave a message.



Join Us!

Please join us for an informational meeting to learn about your benefits.

Monday, November 10, 2025

9:30 am – 11:00 am

Knights of Columbus
675 Constitution Avenue, Stowe, PA 19464

Monday, November 24, 2025

1:00 pm – 2:30 pm

Holiday Inn and Suites
6000 National Road East, Richmond, IN 47374

Tuesday, November 25, 2025

8:30 am – 11:00 am

Howard Johnson by Wyndham
1920 Roschman Avenue, Lima, OH 45804

Tuesday, November 25, 2025

2:00 pm – 3:30 pm

UAW Local 12
2300 Ashland Ave., Toledo, OH 43620

If you have questions about the informational meetings, please contact BeneSys at [866-626-2070](tel:866-626-2070).



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 PO Box 1708 Troy, MI 48099-1708 Fax: 248-430-8222
	Claim Administrators
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) 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/medicare
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) www.anthem.com
Dental Benefits • Which services are covered under the Plan • Finding a participating provider	Delta Dental 800-524-0149 www.deltadentaloh.com
If you or someone you know needs support for a suicidal, mental health and/or substance use crisis	Suicide & Crisis Lifeline Call or text 988