



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 of the UAW Retirees of the Dana Corporation Health and Welfare Plan, Employer Identification Number 26-1851652, Plan Number 501, for the period January 1, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Committee of the UAW Retirees of the Dana Corporation Health and Welfare Trust has committed itself to pay certain medical and prescription drug claims incurred under the terms of the Plan.

Insurance Information

The Plan has insurance contracts with Blue Cross Blue Shield of Michigan to pay certain health and prescription drug claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending December 31, 2018 were \$7,888,732.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the Plan, was \$367,463,676 as of December 31, 2018, compared to \$395,043,147 as of January 1, 2018. During the Plan Year, the Plan experienced a decrease in its net assets of \$27,579,471. This decrease includes unrealized appreciation and 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 \$434,700. This income included participant contributions of \$4,812,239, losses from investments of \$10,536,228, and \$6,158,689 in other income. Plan expenses were \$28,014,171. These expenses included \$1,849,123 in administrative expenses and \$7,888,732 to insurance carriers for the provision of benefits, and \$18,276,316 in benefits paid to, or on behalf of, 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. Financial information and information on payments to service providers.
3. Assets held for investment.

4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan).
5. Transactions in excess of 5 percent of the plan assets.
6. 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 Plan Administrator, Committee of UAW Retirees of the Dana Corporation Health and Welfare Plan, at 1423 East Twelve Mile Road, Madison Heights, MI 48071 and phone number, 248-658-0800.

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.

You also have the legally protected right to examine the annual report at the office of the plan: Committee of UAW Retirees of the Dana Corporation Health and Welfare Plan, 1423 East Twelve Mile Road, Madison Heights, MI 48071, 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: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

NOTICE OF HIPAA PRIVACY POLICY

This Notice is intended to confirm that the Trust complies with the Privacy Regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). The law restricts the use and disclosure of the non-public “protected health information” of the Participant and the Participant’s covered dependents, if any, with regard to benefits provided under the Trust’s group health plan. That protected health information can generally be disclosed only by the Trust, its vendors and the Participant’s/dependent’s health care provider(s) only if necessary for the payment of claims, treatment of illness or other health care operations, including the administration of health care benefits, as permitted by law and the HIPAA Privacy Regulations.

Blue Cross Blue Shield of Michigan may issue separate Notices of Privacy Policies and Practices.

For a complete copy of the Trust’s Notice of Privacy Policy, write or call the Trust Office at the address and telephone number and listed below:

UAW Retirees of the Dana Corporation Health and Welfare Trust

P.O. Box 1708
Troy, MI 48099-1708

Telephone (248) 641-4903
Toll Free (866) 626-2070

WOMEN’S HEALTH AND CANCER RIGHTS/NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION NOTICE

The **Women’s Health and Cancer Rights Act of 1998** requires that all health care plans that provide medical and surgical benefits for mastectomies provide participants and beneficiaries receiving mastectomy benefits and who elect mastectomy related breast reconstruction with benefits coverage for the following:

- **Reconstruction of the breast on which the mastectomy has been performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance; and**
- **Prostheses and physical complications of all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.**

Such coverage may be subject to annual deductibles and coinsurance provisions **as may be deemed appropriate and as are** consistent with those established for other benefits under the plan or coverage.

The Trust has provided coverage for mastectomies for a number of years. As part of this coverage, the Plan also covered the procedures necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses and physical complications of all stages of mastectomy, including lymphedemas, as recommended by the attending physician of

any patient receiving Plan benefits in connection with the mastectomy and in consultation with the patient. The Plan also covers any surgery and reconstruction of the other breast to achieve a symmetrical appearance.

Also, the **Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)** generally prohibits group health plans from limiting hospital stays for childbirth to less than 48 hours for normal deliveries and 96 hours for cesarean section deliveries for a mother and her newborn child, except with consent of the mother and approval of her physician, or from requiring that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of the above.

Please keep this notice with your Summary Plan Description. If you have any questions regarding these federal requirements, please contact the Trust Office.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

This notice is required to be provided to all beneficiaries eligible for Medicare to confirm that the coverage provided under the Trust is at least as good as provided under Medicare. It also provides required information on prescription drug coverage available from Medicare. It is very important to note that if you enroll in Medicare prescription drug coverage, you permanently lose all coverage (both medical and prescription drug) under this plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug under the UAW Retirees of the Dana Corporation Health and Welfare Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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 has determined that the prescription drug coverage provided under 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 to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also 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 benefit is offered through CVS Caremark using a Medicare prescription drug plan. Your benefits continue to be based on a three (3) tier formulary. The amount of your prescription drug copayment depends on whether you order a 31-day or 90-day supply, and on whether your prescription is for a generic drug or a brand name drug, and whether the drug is considered a specialty drug. Brand name drugs have a different copayment depending on whether they are “preferred” or “non-preferred.” Generally, “preferred” brand drugs are those on CVS Caremark’s “formulary” drug list, and non-preferred drugs with a higher copayment are not on the formulary list. You can get the formulary drug list by calling CVS Caremark customer service at (888) 865-6592.

Your prescription drug coverage under the Plan covers prescription drugs purchased at retail pharmacies subject to the following copayments:

Drug Tier	Retail	Mail Order
Generic	\$10	\$20
Preferred Brand	\$35	\$70
Non-Preferred Brand	\$85	\$170

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 October 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:	November 2019
Name of Entity/Sender:	UAW Retirees of the Dana Corporation Health & Welfare Trust
Contact:	Eligibility Department
Address:	P.O. Box 1708, Troy, MI 48099-1708
Phone Number:	(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

أو الـ لون أو الـ عرق أـساس عـلى يـم يـز و لـابـها الـ معـمول الـ فـدرـالـ يـة الـ مدـنـيـة الـ حـقـوقـ بـ قـوـادـ يـنـ الـ سنـ أو الـ وـطـنـيـ الـ أـصـلـ يـ لـ تـرـمـ The UAW Retirees of the Dana Corporation Health and Welfare Trust الـ جـنسـ أوـ الإـعـاقـةـ أوـ

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-626-2070

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.



ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (866) 626-2070

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (866) 626-2070.
繁體中文 Chinese	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.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (866) 626-2070.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (866) 626-2070.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (866) 626-2070 전화해 주십시오.
لعربية Arabic	ملاحظة: إذا كنت تتحدث لغة إنجليزية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل بـ 1 (866) 626-2070
Français French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (866) 626-2070.
Polski Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 (866) 626-2070
Deitsch Pennsylvania Dutch	Wann du [Deitsch (Pennsylvania German / Dutch)] schwetscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1 (866) 626-2070
ગુજરાતી Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1 (866) 626-2070
ܐܪܡܝܐ Assyrian	بِلِجِيلِيَّةِ بَلِجِيَّةٍ مُّتَّسِعَةٍ، مُّتَّسِعَةٍ بِلِجِيلِيَّةِ بَلِجِيَّةٍ، مُّتَّسِعَةٍ بِلِجِيلِيَّةِ بَلِجِيلِيَّةٍ 1 (866) 626-2070
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (866) 626-2070.
Italiano Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (866) 626-2070
Shqip Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1 (866) 626-2070
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (866) 626-2070 まで、お電話にてご連絡ください。