



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 2021

TO: ALL PLAN PARTICIPANTS OF THE UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST

Dear Plan Participants:

We have attached Important Notices for your review. *No action is required for you to continue coverage.*

The following Notices and Report are provided as required by the Employee Retirement Income Security Act of 1974 (ERISA):

Attachment A – Important Notice about your Prescription Drug Coverage and Medicare

Attachment B – Notice of HIPAA Privacy Policy, Notice on Women’s Health and Cancer Rights/Newborns’ and Mothers’ Health Protection, and Notice of Nondiscrimination

If you have any questions, please contact the UAW Retirees of the Dana Corporation Health and Welfare Trust Fund Office at (866) 626-2070 Monday through Friday from 7:30 AM until 4:30 PM, Eastern Standard Time.

Sincerely,

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

Attachment A
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.

Effective January 1, 2022, 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	\$0	\$0
Preferred Brand	\$20	\$40
Non-Preferred Brand	\$50	\$100

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:	October 2021
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

Attachment B
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.