



UAW Retirees of the Dana Corporation Health and Welfare Trust

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Phone: (248) 641-4903 or Toll Free: (866) 626-2070

September, 2013

****PLEASE READ CAREFULLY****

IMPORTANT CHANGES TO YOUR HEALTH AND WELFARE BENEFITS EFFECTIVE JANUARY 1, 2014

Dear Retiree:

The Committee that is responsible for the management of the UAW Retirees of the Dana Corporation Health and Welfare 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, investment returns, and it also reviews the quality of benefit delivery and retiree satisfaction.

Based upon that review, effective January 1, 2014, there will be some changes to your benefits and their associated costs.

Please carefully read the summary of changes to the benefits and monthly premiums below:

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

Medicare Eligible Participants will see a change to their prescription drug benefit.

Effective January 1, 2014, the Trust will be replacing SilverScript for Medicare eligible participants' prescription drug coverage with another benefit manager. The Committee has heard your concerns and understands that the cost savings with SilverScript did not justify the problems that retirees were having with the prescription benefit services, and SilverScript was unable to satisfy the Committee's demands that these problems be corrected. We are pleased to announce the return of CVS/Caremark as your Pharmacy Benefit Manager (PBM). The CVS/Caremark program will be the same one that the Trust provided to you in 2012 and is the same one the Non-Medicare eligible participants enjoy.

There is no action required on your part. Please see Frequently Asked Questions. There will be no changes to your copayments. 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”.

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

You will receive new identification cards from CVS/Caremark prior to January 1, 2014. Continue to use your SilverScript card through the end of this year, after which you can dispose of the SilverScript card and use your new CVS/Caremark card for all prescriptions filled on or after January 1, 2014.

MEDICARE PARTICIPANTS & CONTRIBUTION RATES

Medicare eligible participants will not see an increase in their contribution rate. The only increase will be if the retiree has one or more individuals covered who are not yet Medicare eligible.

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.

Coverage Status: On Medicare	Current 2013 Premium Amount	New 2014 Premium Amount
Single	\$108	\$108
Two Person	\$215	\$215
Mixed Contract		
One Medicare/One Non-Medicare	\$353	\$358
One Medicare/Two or more Person Non-Medicare	\$582	\$592
Two Medicare/One or more Person Non-Medicare	\$604	\$609

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

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, 2014.

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.

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.

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 January 1, 2014 effective date. Beginning January 1, 2014, please be sure to present your new CVS/Caremark 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 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, certain drug classes that were excluded previously such as Protein Pump Inhibitors like the drug Nexium, will not be available 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 CVS/Caremark notifying you of this requirement and what your next steps should be.

B. FOR NON-MEDICARE ELIGIBLE PARTICIPANTS

Increase in Required Monthly Premiums:

Non-Medicare eligible participants will see a slight increase in the amount they pay for their benefits.

Effective January 1, 2014, your monthly premium contribution will be increased as outlined below. Your monthly premium for the health plan depends upon your Coverage Status as indicated in the following table:

NON-MEDICARE ELIGIBLE PARTICIPANTS

Coverage Status: Non-Medicare Eligible Participants	Current 2013 Premium Amount	New 2014 Premium Amount
Single	\$245	\$250
Two Person	\$474	\$484
Family	\$667	\$682
Mixed Contract		
One Medicare/One Non-Medicare	\$353	\$358
One Medicare/Two or more Person Non-Medicare	\$582	\$592
Two Medicare/One or more Person Non-Medicare	\$604	\$609

Additional Information for Non-Medicare Participants

Key parts of the new health care law, the Affordable Care Act (ACA), will take effect on January 1, 2014. , Soon you should begin to receive information about one part of the ACA -- a new way to buy health insurance called the "Health Insurance Marketplace." The Committee wanted to provide some basic information about the new Health Insurance Marketplace and the health coverage offered by Trust to assist you in understanding and evaluating your options.

What is the Health Insurance Marketplace?

The Marketplace is designed to provide an alternative source to purchase health insurance. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers the monthly premium you would pay for this coverage. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium with the ACA tax credit if you purchase your health insurance on the Marketplace. However, you can only purchase your own insurance using the Marketplace if you disenroll from or decline coverage under the Trust. The amount of savings on your premium that you're eligible for depends on your household income.

Does My Coverage Under the Trust Affect My Eligibility for Premium Savings through the Marketplace?

Yes. If you have health coverage from the Trust, you will not be eligible for a tax credit through the Marketplace.

What If I Disenroll From The Trust and Buy Coverage in the Marketplace?

If you purchase a health plan through the Marketplace instead of continuing the health coverage provided by the Trust, then you will lose the Trust's contribution to your coverage. Also, the Trust contribution is generally excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace would be made on an after-tax basis. Finally, if you decide to disenroll yourself and/or you dependents from the Trust in order to purchase coverage on the Marketplace, there may be restrictions on your resuming coverage under the Trust later. You should check with the Benefit Office about these restrictions if you are considering disenrolling from the Trust.

C. Questions Regarding the Changes?

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 CVS/Caremark will be available at the dates, times and locations noted below.

Date:	Location:
October 1, 2013, 9:00am	UAW Local 1765 1440 Bellefontaine Avenue Lima, Ohio 45804
October 28, 2013, 9:00am	UAW Local 12 2300 Ashland Avenue Toledo, OH 43609
October 29, 2013, 9:00am	UAW Region 1A 9650 South Telegraph Road Taylor, Michigan 48180
October 30, 2013, 9:00am	UAW Local 602 2510 W. Michigan Avenue Lansing, Michigan 48917
October 31, 2013, 9:30am	Hampton Inn & Suites 455 Commerce Road Richmond, Indiana 47374
October 31, 2013, 2:00pm	USW – Local 903 2228 Lakeview Drive Fort Wayne, Indiana 68083
November 1, 2013, 1:00pm	Quality Inn & Conference Center 61 W. King Street Pottstown, PA 19464

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
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***