



**UAW ST. JOSEPH RETIREES
HEALTH AND WELFARE TRUST**

**ANNUAL BENEFITS INFORMATION
AND
SUMMARY ANNUAL REPORT**



UAW St. Joseph Retirees Health and Welfare Trust

PO Box 1708 ◆ Troy MI 48099-1708
Phone: (248) 641-4909 or Toll Free: (877) 941-4909

November 2018

TO: ALL PLAN PARTICIPANTS OF UAW ST. JOSEPH RETIREES HEALTH AND WELFARE TRUST

Dear Plan Participants:

The Committee that is responsible for the management of the UAW St. Joseph Retirees Health and Welfare Trust ("Trust") annually reviews the benefits that the Trust offers to eligible participants. The Committee takes into consideration factors that influence the Trust's ability to provide benefits such as health care cost and expected inflation, utilization, and actual and expected investment returns. They also review the quality of benefit delivery and retiree satisfaction.

Based on this annual review, as well as the Committee's focus to keep your health care affordable, we are pleased to announce the following change effective January 1, 2019:

- *Prescription drug copayments for generic mail order prescriptions will be reduced from \$12.50 to \$10 per script*
- *Prescription drug copayments for preferred brand mail order prescriptions will be reduced from \$50 to \$40 per script*
- *Prescription drug copayments for non-preferred brand name mail order prescriptions will be reduced from \$100 to \$80 per script*
- *All other copayments for prescription drugs - including those obtained from a retail pharmacy, as well as for specialty medications - will stay the same*

The other provisions of the plan will not be changing. We have also attached Important Notices and the 2017 Annual Report for your review. *No action is required for you to continue coverage.*

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 6-8 for more details.

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

Attachment A - 2017 Summary Annual Report

Attachment B - Important Notice about your Prescription Drug Coverage and Medicare

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

An informational meeting will take place at the date, time and location listed below:

Date:	Location:
December 10, 2018 – 10:00 AM	St. Joe Kickers Sport Club 2601 Hetler Drive Berrien Springs, MI 49103

If you have any questions regarding your benefits, please contact the UAW St. Joseph Retirees Health and Welfare Trust Benefit Office at (877) 941-4909 Monday through Friday from 7:30 AM until 4:30 PM, Eastern Standard Time.

Participant Website

As a reminder, the Participant Website is available to all eligible participants. The website will provide key contact information, forms and documents that will help you get the most out of your benefits.

The address is: www.ourbenefitoffice.com/UAWStJosephRetirees/Benefits

Please take some time and familiarize yourself with all it has to offer.

Important Phone Numbers

If You Have a Question About	You Should Contact
Eligibility	Trust Office: (877) 941-4909 Hours: 7:30 AM - 4:30 PM EST
Medicare Medical and Prescription Drug Coverage	Medicare Advantage BlueCross BlueShield 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)

Final Note

The Committee recognizes that your retiree benefits provide important protection for you and your dependents. Accordingly, the Committee seeks to use the Trust’s funds to make comprehensive and cost-effective retiree benefit programs available to eligible UAW St. Joseph’s retirees with the funds that it manages. Our goal is to maintain the highest possible level of benefits at a reasonable cost to our membership.

The Committee encourages you to attend an informational meeting on December 10, 2018 at the St. Joe Kickers Sport Club in order to understand your benefits and enrollment procedures.

Sincerely,

The Committee of the UAW St. Joseph Retirees Health and Welfare Trust

Attachment A

SUMMARY ANNUAL REPORT

This is a summary of the annual report for the UAW St. Joseph Retirees Health and Welfare Trust, Employer Identification No. 27-1401289, Plan No. 501, for the period January 1, 2017 to December 31, 2017. 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 St. Joseph Retirees Health and Welfare Trust has committed itself to pay certain dental and vision 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 benefit claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending December 31, 2017 were \$2,795,207.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$86,588,981 as of December 31, 2017 compared to \$81,727,708 as of January 1, 2017. During the Plan Year the Plan experienced an increase in its net assets of \$4,861,273. This increase includes unrealized appreciation or 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 \$8,343,468. This income included earnings from investments of \$8,343,468. Plan expenses were \$3,482,195. These expenses included \$451,790 in administrative expenses, \$2,795,207 to insurance carriers for the provision of benefits, and \$235,198 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; and
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 office of the Committee, UAW St. Joseph Retirees Health and Welfare Trust, at 700 Tower Drive, Suite 300, Troy, MI 48098 and phone number, 248-641-4909.

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 main office of the Plan: Committee of the UAW St. Joseph Retirees Health and Welfare Trust, 700 Tower Drive, Suite 300, Troy, MI 48098, 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.

Attachment B

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 St. Joseph Retirees Health and Welfare Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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 St. Joseph Retirees 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 BCBSM using a Medicare prescription drug plan. Your benefits continue to be based on a four (4) 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 consider 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 Blue Cross Blue Shield of Michigan’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 on the Blue Cross Blue Shield of Michigan website at: http://www.bcbsm.com/member/prescription_drugs/custom_formulary.shtml or by calling the Blue Cross Blue Shield customer service number on the last page of this letter.

The prescription drug copayments are:

Type of Drug	Retail Copayment (up to 31-day supply)	Mail Order Copayment (up to 90-day supply)
Generic	\$5 preferred pharmacy \$10 non-preferred pharmacy	\$10 preferred pharmacy \$30 non-preferred pharmacy
Preferred Brand	\$20 preferred pharmacy \$25 non-preferred pharmacy	\$40 preferred pharmacy \$75 non-preferred pharmacy
Non-Preferred Brand	\$40 preferred pharmacy \$50 non-preferred pharmacy	\$80 preferred pharmacy \$150 non-preferred pharmacy
Specialty Drugs	25% Coinsurance (minimum \$50/ maximum \$100)	N/A

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 2018
Name of Entity/Sender:	UAW St. Joseph Retirees Health and Welfare Trust
Contact:	Eligibility Department
Address:	P.O. Box 1708, Troy, MI 48099-1708
Phone Number:	(248) 641-4909 or (877) 941-4909

Attachment C
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 St. Joseph Retirees Health and Welfare Trust
P.O. Box 1708
Troy, MI 48099-1708

Telephone (248) 641-4909
Toll Free (855) 641-4909

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 lymph edemas, 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 lymph edemas, 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.

NOTICE OF NONDISCRIMINATION

The UAW St. Joseph Retirees Health & 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 St. Joseph Retirees Health & 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 1-877-941-4909.

ب قواذ ين الءقوق الامذنية الء فءرال الء المعمول بء بها ولا يء م يز ءلى اء ساس الء عرق أو الء لون أو WAW ehT
سنءلءا وأ ءقاع الءا وأ نسلءا وأ ينءول الء صألء مءءلى Saint Joseph Retirees Health & Welfare Trust

1-877-941-4909ملءوذة: إذا كءء ءءءءء اءكر اللءة، فإن ءءماء المءاعءة اللءوية ءءوافر لك بالمءان. اءصل بءقم
The UAW Saint Joseph Retirees Health & 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: 1-877-941-4909.

**UAW ST. JOSEPH RETIREES
HEALTH AND WELFARE TRUST
P.O. BOX 1708
TROY, MI 48099-1708**



Important Plan Information

PRESORTED
FIRST CLASS MAIL
U.S. Postage
PAID
ABC Mailing, Inc.
48083