

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

P.O. Box 4447 • Troy, MI 48099-4447

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Dear UAW Retirees of Daimler Trucks North America Welfare Benefit Trust Member:

The UAW Retirees of Daimler Trucks North America Welfare Benefit Trust ("Trust") is committed to providing you access to quality health care, particularly during difficult times. We recognize that the past year has been challenging for many members and hope that you and your family members are well.

Working together has made it possible to manage costs while continuing to provide the level of service you expect. We are pleased to provide you with this important update about your benefits for 2022.

Benefit highlights are meant to be brief, but all of the plan details are available in the Summary Plan Description (available online at www.ourbenefitoffice.com/UAWDaimlerRetirees/benefits or mailed upon request from our administrative manager, BeneSys). Call BeneSys at **844-582-4443** to get help with your benefits and answers to your questions.

Together we can work to protect your health and the health of your fellow retirees for many years into the future. We look forward to continuing to serve you.

***The Committee of the UAW Retirees of Daimler Trucks
North America Welfare Benefit Trust***

Review Your Coverage

We encourage you to spend time understanding your coverage by looking through the enclosed materials which include highlights on:

- Prescription Drug, Medical, Dental and Vision Benefits
- Turning 65? What You Need to Know about Enrolling in Medicare
- Protecting Yourself Against and Avoiding Scams
- Where to Go for More Information and to Update Your Records

Updates for 2022

No change in monthly contributions amounts.

Lower copayments for generic prescriptions: effective January 1, 2022, you'll pay \$10 at the pharmacy for a 31-day supply or \$20 for a 90-day supply through mail order.

Monthly Contributions for 2022

No change – monthly contributions will be the same in 2022 as they are in 2021.



	Single	2 or More Persons
Members Enrolled in Medicare	\$60.00	\$120.00

	Single	2 Persons	Family
Members Not Enrolled in Medicare			
Retirees with less than 20 years of service at retirement	\$184.00	\$369.00	\$462.00
Retirees with 20 or more years of service at retirement	\$123.00	\$246.00	\$307.00

Paying your monthly contribution

You may pay your monthly contribution through automatic deductions from your monthly pension or by check. Payment must be received by the first day of the month in order for coverage to continue.

We encourage you to have your contribution deducted from your pension to ensure slow mail delivery does not impact your coverage. Please contact BeneSys if you have questions or need assistance with that process.

Medicare-Eligible Coverage

Taking your medications as prescribed is just as important to your health as seeing your PCP.



Prescription Benefits for Medicare-Eligible Participants

Your copays for generic prescriptions are lower effective January 1, 2022.

The new amounts are **bold**.

	Participating Pharmacy (up to 31-day supply)	Non-Participating Pharmacy (up to 31-day supply)	Mail Order (up to 90-day supply)
Generic	\$10 copay	25%	\$20 copay
Preferred Brand	\$45 copay	25%	\$90 copay
Non-Preferred Brand	\$105 copay	25%	\$210 copay

Visit www.express-scripts.com or call the number on the back of your member ID card to find a network pharmacy near you.

Money saving tips

- **Ask your doctor about generics** — When you receive a prescription from your doctor, ask if a generic version is available. Using generics will save you money and helps the Trust maintain costs and continue to provide valuable benefits into the future.
- **Use mail order** — Mail order is not only a convenient way for you to receive your medications, you save money on your copays.

Medicare-Eligible Coverage

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights for Medicare-Eligible Participants

Medicare-Eligible Medical Benefits*	
Benefit Feature	In-Network and Out-of-Network Providers
Annual Deductible	\$500 per person
Annual Out-of-Pocket Maximum	\$1,800 per person Includes deductible, copayments and coinsurance (but not prescription drug copays)
Covered Services	
Preventive Services	In-Network and Out-of-Network Providers Covered 100% See the Summary Plan Description for specific types of covered preventive services
Office Visits	\$30 copay (\$40 specialist) per visit; deductible does not apply
Outpatient Facility Services**	Generally, covered 100%
Inpatient Hospital Care**	20% after deductible
Emergency Outpatient Hospital Care (Emergency Room)	\$120 copay per visit (copay waived if admitted within 3 days); deductible does not apply
Urgent Care	\$65 copay per visit; deductible does not apply

* A full description of covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered as shown when all Plan provisions are met.

** May require prior authorization. See the Summary Plan Description for limitations and copays required for certain types of care.

Pre-Medicare Coverage

Taking your medications as prescribed is just as important to your health as seeing your PCP.

Prescription Benefits for Pre-Medicare Participants

Your copays for generic prescriptions are lower effective January 1, 2022.

The new amounts are **bold**.

	Participating Pharmacy (up to 31-day supply)	Non-Participating Pharmacy (up to 31-day supply)	Mail Order (up to 90-day supply)
Generic	\$10 copay	25%	\$20 copay
Preferred Brand*	\$45 copay	25%	\$90 copay
Non-Preferred Brand*	\$105 copay	25%	\$210 copay

* The Plan increased prescription drug copays effective Jan. 1, 2020. However, due to an Express Scripts error, the changes were implemented only for Medicare-eligible members. Since then, pre-Medicare members have been paying lower copays than specified in the Plan. You will **not** be asked to repay the difference. Going forward, the brand-name drug copays that should have been required since 2020 will apply. Generic copays have been reduced effective Jan. 1, 2022.

Visit www.express-scripts.com or call the number on the back of your member ID card to find a network pharmacy near you.

Keep in mind, for maintenance medications you can receive the first three 31-day fills at the pharmacy, but then you must use mail order.

Money saving tips

- **Ask your doctor about generics** — When you receive a prescription from your doctor, ask if a generic version is available. Using generics will save you money and helps the Trust maintain costs and continue to provide valuable benefits into the future.
- **Use mail order** — Mail order is not only a convenient way for you to receive your medications, you save money on your copays. Plus, it's required for maintenance medications.

Pre-Medicare Coverage

Regular visits with your PCP are key to early detection of many chronic and other health conditions. Be sure to take advantage of the preventive care benefits available. Most preventive screenings and immunizations are not subject to out-of-pocket costs.



Medical Benefit Highlights for Pre-Medicare Participants

Pre-Medicare Medical Benefits*		
Benefit Feature	In-Network	Out-of-Network
Annual Deductible		
Individual	\$500	\$800
Family	\$1,000	\$1,600
Annual Out-of-Pocket Maximum	Maximum includes deductible, coinsurance and copays (but not prescription drug copays)	Maximum includes deductible and coinsurance (but not prescription drug copays)
Individual	\$1,800	\$2,000
Family	\$3,600	\$4,000
Lifetime Maximum	None	
Covered Services		
Adult Health Maintenance Exams	Covered 100%	Not covered
Screenings and Immunizations	Covered 100%	25% after deductible for most
Office Visits	\$30 copay per visit (\$40 for specialist); deductible does not apply	30% after deductible
Inpatient Hospital Care	20% after deductible	30% after deductible
Hospital Emergency Room		
Qualified Medical Emergency	\$150 copay per visit (waived if admitted); deductible does not apply	
Non-Emergency Use	20% after deductible	30% after deductible
Urgent Care	\$50 copay per visit; deductible does not apply	

* A full description of covered services and Plan provisions is in the Summary Plan Description available by calling BeneSys or downloading from the Trust website. Services are covered at the percentages shown when all Plan provisions are met.

Under-65 Dental Coverage

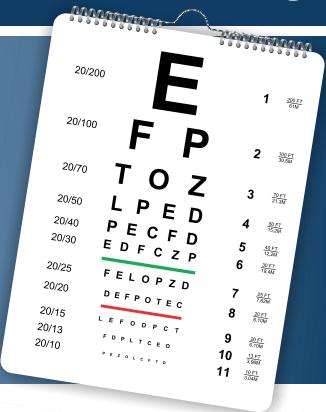
Dental Benefit Highlights for Participants Under Age 65



Cigna Dental PPO	Network or Non-Network
Annual Maximum (per person / calendar year)	\$1,500
Annual Deductible	None
Covered Services	
Class I – Preventive and Diagnostic — includes two oral exams per calendar year, x-rays, cleanings, fluoride application and emergency care to relieve pain	Covered 100%
Class II – Basic Restorative — includes routine X-rays, fillings, simple extractions, anesthetics, minor periodontics, root canal therapy, repairs of bridges, dentures and partials, repairs of crowns, etc.	Covered 100%
Class III – Major Restorative — includes oral surgery, major periodontics, prosthodontics, denture adjustments, dentures and bridges	Covered 100%
Class IV – Orthodontia	50%; \$1,500 lifetime maximum benefit

Medicare and Pre-Medicare Vision Coverage

Vision Benefit Highlights for Medicare-Eligible and Pre-Medicare Participants



Covered Services	VSP Provider	Non-Network
Routine eye exam (once every 12 months)	\$25 copay	Plan reimburses up to \$46
Eyeglass Lenses (one pair every 12 months)	Reimbursed up to a pre-determined amount based on lens type	
Frames (once every 24 months)	Reimbursed up to \$75	
Contact Lenses (once every 12 months in place of eyeglass lenses and frames)	Reimbursed up to \$215 for elective contacts, evaluation exam and fitting (up to \$250 for medically-necessary contacts)	

You can check the VSP network provider list at www.vsp.com. If you use a non-network provider, your benefits are lower and, in some cases, you may have to pay for services up front and then submit a claim to VSP for reimbursement.

Be sure to enroll in Original Medicare



Congratulations on reaching age 65 – a milestone year!

This is the year that you are required to enroll in Medicare Parts A and B to maintain your Trust coverage.



Keep Your Trust Coverage!

The UAW DTNA 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.

Signing up for another health plan means you would lose your Trust coverage until you drop the new coverage you enrolled in and Medicare processes a termination. If in doubt, please contact BeneSys.

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:

248-460-4241 or

Mail to:

UAW DTNA Trust
PO Box 4447
Troy MI, 48099-4447



BeneSys is here to help! Call 844-582-4443

Protect Yourself and Avoid Scams

Check for the Trust Name and Logo!



How Do You Know Whether a Mailing About Your Health Care Plan Is Legitimate?

Another important tip to help keep you and your information safe is to check the authenticity of any communication you receive that claims to be representing your health care coverage. If you receive a mailing claiming to be related to your existing coverage, **make sure you check for the Trust name and logo.**



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 **844-582-4443**.

Learn More About How to Protect Yourself

We know that there are imposters in this world who love to prey on trusting people, especially seniors. Recently, the Department of Labor published guidance on how to protect yourself. We have included that information in the mailing.

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

844-582-4443
7:30 a.m. to 4:30 p.m. EST
www.ourbenefitoffice.com/UAWDaimlerRetirees/benefits
P.O. Box 4447
Troy, MI 48099-4447
Fax: 248-460-4241

Medicare Eligible Benefits

Prescriptions

- Which drugs are on the formulary
- Finding a participating pharmacy
- Mail order medications

Express Scripts

800-233-7063
www.express-scripts.com

Medical

- Which services are covered under the Plan
- Finding a participating provider

Blue Cross Blue Shield of Michigan

866-684-8216
www.bcbsm.com

Vision

- Which services are covered under the Plan
- Finding a VSP provider

Vision Service Plan (VSP)

800-877-7195
www.vsp.com

Where to Go for More Information

Pre-Medicare Benefits

Prescriptions

- Which drugs are on the formulary
- Finding a participating pharmacy
- Mail order medications

Express Scripts

800-753-2851

www.express-scripts.com

Medical

- Which services are covered under the Plan
- Finding a participating provider

Blue Cross Blue Shield of Michigan

866-322-4784

www.bcbsm.com

Vision

- Which services are covered under the Plan
- Finding a VSP provider

Vision Service Plan (VSP)

800-877-7195

www.vsp.com

Under-65 Benefits

Dental

- Which services are covered under the Plan
- Finding a participating dentist

Moda Health

503-265-2965

www.deltadentalor.com