



## UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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December 2015

**\*\*PLEASE READ CAREFULLY\*\***

### **IMPORTANT INFORMATION REGARDING YOUR HEALTH BENEFITS FOR 2016**

Dear Participant:

The Committee that is responsible for the management of the *UAW Retirees of Daimler Trucks North America Welfare Benefit Trust* ("the Trust") regularly reviews the benefits that the Trust offers to eligible participants in order to maintain the Trust's ability to provide benefits into the future. The Committee continually monitors and analyzes changing factors such as health care inflation, participant utilization, and investment returns, to maximize the financial viability of the Trust into the future.

The Committee has concluded that no changes in your benefit coverage under the plan will be made for 2016 and your annual deductible, copayments, co-insurance and cost sharing will remain the same next year. Later in the letter you will find a summary of your coverages.

**However, changes in the monthly contribution requirements will be made for 2016. These changes will simplify the complicated contribution structure and more fairly distribute the contribution cost among members.**

#### **IMPORTANT**

- ❖ **IF YOU ARE A MOUNT HOLLY RETIREE, YOU WILL BE REQUIRED TO START MAKING MONTHLY CONTRIBUTIONS IN JANUARY, 2016. SEE BELOW FOR MORE INFORMATION.**
- ❖ **MEMBERS WHO HAVE NOT HAD TO CONTRIBUTE PREVIOUSLY DUE TO AGE AND SERVICE OR WHO RETIRED BEFORE 2010 MUST BEGIN MAKING CONTRIBUTIONS IN FEBRUARY 2016.**
- ❖ **ALL MEMBERS WHO ARE CONTRIBUTING BY PENSION DEDUCTION MUST COMPLETE THE ATTACHED PENSION DEDUCTION AUTHORIZATION AND RETURN IT TO THE FUND OFFICE BY JANUARY 5, 2016 IN ORDER TO CONTRIBUTE BY PENSION DEDUCTION.**

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P.O. Box 4447 • Troy, MI 48099-4447

Local Phone Number: (248) 641-4918 • Toll Free Number: (844) 582-4443 • Fax: (248) 460-4241

**The new retiree contribution amounts for 2016 will be as follows:**

**MONTHLY CONTRIBUTION FOR MEMBERS ELIGIBLE FOR MEDICARE**

Medicare Eligible Members	2016 Monthly Contribution
Single	\$50
Two or more persons	\$100

**MONTHLY CONTRIBUTION FOR MEMBERS WHO ARE NOT ELIGIBLE FOR MEDICARE**

Retirees with Less than 20 Years of Service at Retirement	2016 Monthly Contribution
Single	\$150
Two Person	\$300
Family	\$375

Retirees with 20 or More Years of Service at Retirement	2016 Monthly Contribution
Single	\$100
Two Person	\$200
Family	\$250

**CONTRIBUTIONS FOR MOUNT HOLLY PARTICIPANTS**

Beginning January, 2016, Mount Holly members will be required to make monthly contributions in order to continue their coverage under the Trust. This is because the Mt. Holly VEBA run by DTNA, which subsidized the contributions required under the medical plan for as long as the funding lasted, has run out of money.

If you retired from Mt. Holly you will receive a separate mailing explaining more about your new VEBA contributions. The mailing will include an invoice so you can make your January contribution by check. You should complete and return the enclosed Pension Deduction Authorization form so that your contributions will be made automatically by pension deduction beginning in February, 2016. **The pension deduction authorization form must be completed and returned to the Trust office by January 5, 2016.**

**THE ENCLOSED PENSION DEDUCTION AUTHORIZATION IS  
REQUIRED FOR ALL PARTICIPANTS**

Included in this mailing is a Pension Deduction Authorization form. If you are making monthly contributions by pension deduction from the DTNA pension plan and you wish to continue, or if you will begin contributing in 2016, you must complete and return the enclosed pension deduction authorization form to the Trust office **no later than January 5, 2016**. If you do not return the pension deduction authorization form you will be directly invoiced monthly for your contribution.

**SUMMARY OF YOUR BENEFITS FOR 2016**

The following is a brief summary of your benefits and coverage for 2016. You will receive more detailed benefit summaries from the carriers, and a Summary Plan Description from the Trust, which you should read for more details about your benefits. If you have any questions about your benefits and coverage please contact the Trust administrator, BeneSys, at: (844) 582-4443.

***HEALTH COVERAGE PROVIDERS EFFECTIVE JANUARY 1, 2016***

<b>Medicare Eligible Participants</b>	
<u>Health Benefit</u>	<u>Carrier</u>
<b>Medical, Hospital, and Surgical, Hearing and Vision Coverage</b>	Medicare Advantage Plan with BCBSM
<b>Prescription Drug Coverage</b>	Benefits will continue with Express Scripts

<b>Pre-Medicare Participants</b>	
<u>Health Benefit</u>	<u>Carrier</u>
<b>Medical, Hospital, and Surgical, Hearing and Vision Coverage</b>	Benefits will continue with BCBS of Michigan (BCBSM)
<b>Prescription Drug Coverage</b>	Benefits will continue with Express Scripts
<b>Dental</b>	Benefits will continue with MODA

## PLAN DESIGN SUMMARY FOR 2016

Please refer to summaries sent by the carriers, but key benefit features are outlined below:

### FOR MEMBERS ELIGIBLE FOR MEDICARE

<b>MEDICAL COVERAGE</b>	
<b>Member's responsibility (deductibles, copayments and dollar maximums)</b>	
<b>Deductibles</b>	\$400 for one member, \$800 for the family <sup>1</sup> each calendar year
<b>Fixed dollar copays</b>	\$30 copay for office visits \$65 copay for emergency room visits \$30 copay for urgent care visits
<b>Percent copays</b>	20% of approved amount for most other covered services (unless specified)
<b>Annual out-of-pocket dollar maximums</b> includes deductible, copayments and coinsurance	\$1,500 for one member, \$3,000 for two or more members each calendar year

<b>PRESCRIPTION DRUG COVERAGE</b>	<b>Retail – 31 Day Supply</b>	<b>Retail – 90 Day Supply</b>	<b>Home Delivery 90 Day Supply</b>
<b>Member's responsibility (copays and dollar maximums)</b>			
<b>Tier 1: Generic Drugs</b>	\$10 copayment	\$30 copayment	\$20 copayment
<b>Tier 2: Preferred Brand Name Drugs</b>	\$25 copayment	\$75 copayment	\$50 copayment
<b>Tier 3: Non-Preferred Brand Name Drugs</b>	\$60 copayment	\$180 copayment	\$120 copayment
<b>Catastrophic Coverage – If your out of pocket costs exceed \$4,700</b>	\$2.65 copayment	\$6.60 copayment	\$6.60 copayment

<sup>1</sup> When two or more members are covered under your contract.

## FOR MEMBERS WHO ARE NOT ELIGIBLE FOR MEDICARE

MEDICAL COVERAGE	In-network	Out-of-network
<b>Member's responsibility (deductibles, copayments and dollar maximums)</b>		
<b>Deductibles</b>	\$400 for one member, \$800 for the family <sup>2</sup> each calendar year	\$800 for one member, \$1,600 for the family <sup>1</sup> each calendar year
<b>Fixed dollar copays</b>	\$30 copay for office visits \$100 copay for emergency room visits \$50 copay for urgent care visits	\$100 copay for emergency room visits

<b>Percent copays</b>	20% of approved amount for most other covered services (unless specified)	30% of approved amount for most other covered services (unless specified) <i>Where no network available, services paid at in-network level</i>
<b>Annual out-of-pocket dollar maximums</b> includes deductible, copayments and coinsurance	\$1,500 for one member, \$3,000 for two or more members each calendar year	\$2,000 for one member, \$4,000 for two or more members each calendar year

PRESCRIPTION DRUG COVERAGE	Retail – 31 Day Supply	Retail – 90 Day Supply	Home Delivery 90 Day Supply
<b>Member's responsibility (copays and dollar maximums)</b>			
<b>Tier 1: Generic Drugs</b>	\$10 copayment	\$30 copayment	\$20 copayment
<b>Tier 2: Preferred Brand Name Drugs</b>	\$25 copayment	\$75 copayment	\$50 copayment
<b>Tier 3: Non-Preferred Brand Name Drugs</b>	\$60 copayment	\$180 copayment	\$120 copayment

## IDENTIFICATION CARDS

You should continue to use your current ID cards.

<sup>2</sup> When two or more members are covered under your contract.

## **INFORMATIONAL MEETINGS**

The Trust will be holding Informational meetings at the dates, times and locations listed below. Please join us so you can learn more about the change in administration, about your benefit plans and to answer any questions:

<b>Date:</b>	<b>Location:</b>
December 15, 2015, 8:00 am	UAW Local #5287 1408 Courtesy Road High Point, NC 27260
December 15, 2015, 1:00 pm	UAW Local #3520 2290 Salisbury Highway Statesville, NC 28677
December 16, 2015, 10:00 am	UAW Local #5286 112 West Trade Street Dallas, NC 28034
December 16, 2015, 1:00 pm	UAW Local #5285 113 East Central Avenue Mt. Holly, NC 28120

If you have any questions, please contact the BeneSys at: (844) 582-4443 Monday through Friday from 7:30 a.m. until 4:30 p.m., Eastern Standard Time.

## **IMPORTANT PHONE NUMBERS**

Should you have any questions, below is a list of important phone numbers.

<b>If You Have a Question About.</b>	<b>You Should Contact.</b>
Eligibility-Coverage, Problems	BeneSys: (844) 582-4443 Hours: 7:30 a.m. - 4:30 p.m. ET
Pre- Medicare Medical Coverage	BCBSM: (800) 810-2583; TTY users call 711
Medicare Prescription Drug	Express Scripts: (844) 567-8525
Pre- Medicare Prescription Drug Coverage	Express Scripts: (844) 567-8525
Medicare Benefits (Medical, Prescription Drug and Behavioral Health)	BCBSM: (866) 684-8216 TTY users call 711
Pre-Medicare Dental	MODA: (888) 217-2365
All other questions	BeneSys: (844) 582-4443 Hours: 7:30 a.m. - 4:30 p.m. ET

## **NEW MEMBER WEBSITE**

In an ongoing effort to keep participants informed and provide additional resources, the Committee is pleased to announce the addition of a new participant website beginning February, 2016. The website will provide key contact information, forms and documents that will help you get the most out of your benefits. The address will be: [www.ourbenefitoffice.com/uawdaimlerretirees](http://www.ourbenefitoffice.com/uawdaimlerretirees)

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

Sincerely,

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