



**UAW RETIREES OF  
DAIMLER TRUCKS NORTH AMERICA  
WELFARE BENEFIT TRUST**

**ANNUAL BENEFITS INFORMATION  
AND  
SUMMARY ANNUAL REPORT**



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

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November 2018

**TO: ALL PLAN PARTICIPANTS OF THE UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST**

Dear Plan Participants:

The Committee that is responsible for the management of the UAW Retirees of Daimler Trucks North America Welfare Benefit 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, the following changes will be made effective January 1, 2019:**

- *For Medicare Eligible retirees: your required monthly contribution will increase from \$52 to \$53.50 for single coverage and from \$104 to \$107 for two-or-more-person coverage.*
- *For retirees not yet eligible for Medicare:*
  - *If you had less than 20 Years of Service at Retirement: your monthly contribution will increase from \$161 to \$164 for single coverage, from \$323 to \$329 for two-person coverage, and from \$404 to \$412 for family coverage.*
  - *If you had 20 or more Years of Service at Retirement: your monthly contribution will increase from \$108 to \$110 for single coverage, from \$215 to \$219 for two-person coverage and from \$269 to \$274 for family coverage.*

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

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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

## **Informational Meeting**

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

<b>Date:</b>	<b>Location:</b>
November 28, 2018, 9:30 AM	UAW Local #5287 1013 Callahan St Archdale, NC 27263
November 28, 2018, 1:00 PM	UAW Local #3520 2290 Salisbury Highway Statesville, NC 28677
November 29, 2018, 9:00 AM	UAW Local #5286 112 West Trade Street Dallas, NC 28034
November 29, 2018, 1:00 PM	UAW Local #5285 113 East Central Avenue Mt. Holly, NC 28120

If you have any questions, please contact Trust Office at: (844) 582-4443 Monday through Friday from 7:30 AM until 4:30 PM, 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	Trust Office: (844) 582-4443 Hours: 7:30 AM - 4:30 PM EST
Pre-Medicare Medical Coverage	BCBSM: (800) 810-2583; TTY users call 711
Medicare Prescription Drug Coverage	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	Delta Dental/Moda Health: (888) 217-2365
All Other Questions	Trust Office: (844) 582-4443 Hours: 7:30 AM - 4:30 PM EST

If you have any questions, please contact the UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust Office at (844) 582-4443 Monday through Friday from 7:30 AM until 4:30 PM, Eastern Standard Time. You will receive a notice if any additional changes are made to the plan in the future.

## **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/uawdaimlerretirees](http://www.ourbenefitoffice.com/uawdaimlerretirees). Please take some time to familiarize yourself with all it has to offer.

### **Final Note**

The Committee recognizes that your retiree benefits provide important protections 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 DTNA 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 one of the Informational Meetings in order to understand your benefits, premium rates and enrollment procedures.

Sincerely,

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

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### **Attachment A SUMMARY ANNUAL REPORT**

This is a summary of the annual report for the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust, Employer Identification Number 47-6377585, Plan Number 501, for the period January 1, 2017 through 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 Retirees of Daimler Trucks North America Welfare Benefit Trust has committed itself to pay certain health, prescription drug, vision, and dental 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, vision, prescription drug, hearing, and stop loss claims incurred under the terms of the plan. The total premiums paid for the Plan Year ending December 31, 2017 were \$2,424,952.

#### **Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the Plan, was \$575,776,061 as of the end of Plan Year, compared to \$520,381,940 as of the beginning of the Plan Year. During the Plan Year the Plan experienced an increase in its net assets of \$55,394,121. This increase includes unrealized appreciation and 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 \$71,050,086 including employer contributions of \$18,262,609, employee contributions of \$1,376,637, other contributions of \$1,978,345, gains of \$5,157,695 from the sale of assets, and earnings from investments of \$41,233,033, and other income of \$3,041,767. Plan expenses were \$15,655,965. These expenses included \$2,215,785 in administrative expenses, \$2,424,952 to insurance carriers for the provision of benefits, and \$11,015,228 in claims paid to, or on behalf of, participants.

### **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 Retirees of Daimler Trucks North America Welfare Benefit Trust, at 700 Tower Drive, Suite 300, Troy, MI 48098 and phone number, 248-641-4918.

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 UAW Retirees of Daimler Trucks North America Welfare Benefit 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 Retirees of Daimler Trucks North America Welfare Benefit 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 Retirees of Daimler Trucks North America Welfare Benefit 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.

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### **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 a self-funded Employee Group Waiver Plan – Wrap (EGWP) administered by ExpressScripts. 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. Brand name drugs have a different copayment depending on whether they are “Formulary” or “non-Formulary.” Generally, “Formulary” brand drugs are those identified by ExpressScripts in a list of FDA-approved prescription drugs and supplies developed by them and which is selected and/or adopted by the Trust. You can get the formulary drug list on the ExpressScripts website at: [www.express-scripts.com](http://www.express-scripts.com) or by calling (844) 567-8525.

Your prescription drug coverage under the Plan covers prescription drugs purchased at participating pharmacies subject to the following copayments:

Type of Drug	Retail Copayment Participating Pharmacy (up to 31-day supply)	Mail Order Copayment Participating Pharmacy (up to 90-day supply)
Generic	\$15	\$30
Formulary Brand	\$35	\$70
Non- Formulary Brand	\$90	\$180

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](http://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](http://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 Retirees of Daimler Trucks North America Welfare Benefit Trust
Contact:	Eligibility Department
Address:	P.O. Box 4447, Troy, MI 48099-4447
Phone Number:	(248) 641-4918 or (844) 582-4443

**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 Retirees of Daimler Trucks North America Welfare Benefit Trust  
P.O. Box 4447  
Troy, MI 48099-4447

Telephone (248) 641-4918  
Toll Free (844) 582-4443

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**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.

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### NOTICE OF NONDISCRIMINATION

The UAW Retirees of Daimler Trucks of North America Welfare Benefits 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 Retirees of Daimler Trucks of North America Welfare Benefits 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 1-844-582-4443

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust Daimler Trucks of North America Welfare Benefits Trust 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-582-4443

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의：한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-582-4443번으로 전화해 주십시오.



**ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (844) 582-4443**

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (844) 582-4443.
繁體中文 Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (844) 582-4443.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (844) 582-4443.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (844) 582-4443 전화해 주십시오.
Français French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (844) 582-4443.
عربیة Arabic	ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمتك المساعدة اللغوية توافق لك بال Mellon. اتصل بـ 1 (844) 582-4443
Hmoob Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1 (844) 582-4443.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (844) 582-4443.
Tagalog Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (844) 582-4443.
ગુજરાતી Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1 (844) 582-4443.
ខ្មែរ Cambodian	ប្រចុះ បែងចែកជាអ្នកគិតយាយ តាមខ្លួន, សេវាដំឡើងខ្លួនតាម ដោយចិនកិត្តិយោបល់ គិតមានចានសំរាប់បំនើម្នាត់ ឬ ខ្លួសំពួន 1 (844) 582-4443
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (844) 582-4443.
हिंदी Hindi	देखना दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (844) 582-4443 पर कॉल करें।
ລາວ Lao	ໄປລ່າວ: ຖ້າ ຖ້າ ທ່ານໄວ້ ກ່າວຈາ ລາວ, ກ່າວນບໍ່ ລ້າ ກ່າວນຈີ່ ອລເຫັນ, ອົດ ກ່າວຈາ, ໂດຍບໍ່ ແລ້ວ ບໍ່, ດ້ວຍ ພົມ ພົມ ດ້ວຍ ທ່ານໄວ້ 1 (844) 582-4443
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (844) 582-4443 まで、お電話にてご連絡ください。

**UAW RETIREES OF DAIMLER TRUCKS NORTH  
AMERICA WELFARE BENEFIT TRUST  
P.O. BOX 4447  
TROY, MI 48099-4447**

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PRESORTED  
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## **Important Fund Information**