

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

October 2019

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, 2020:

2020 Contribution Rates

MONTHLY CONTRIBUTION FOR MEMBERS ENROLLED IN MEDICARE

	2019 Monthly Contribution	2020 Monthly Contribution
Single	\$53.50	\$59
Two or more persons	\$107	\$118

MONTHLY CONTRIBUTION FOR MEMBERS WHO ARE NOT ENROLLED IN MEDICARE

Retirees with Less than 20 Years of Service at Retirement	2019 Monthly Contributions	2020 Monthly Contributions
Single	\$164	\$180
Two Person	\$329	\$362
Family	\$412	\$453

Retirees with 20 or More Years of Service at Retirement	2019 Monthly Contributions	2020 Monthly Contributions
Single	\$110	\$121
Two Person	\$219	\$241
Family	\$274	\$301

P.O. Box 4447 • Troy, MI 48099-4447

2020 Plan Design Changes for Members Enrolled in Medicare:

Service	Retiree Cost	
Annual Deductible	Changing from \$400 to \$500	
Out-of-Pocket Maximum	Changing from \$1,500 to \$1,800	
Emergency Room Copayment*	Changing from \$65 to \$120	
Specialist Visit Copayment	Changing from \$30 to \$40	

2020 Plan Design Changes for Members Not Yet Enrolled in Medicare:

Service	Refiree Cost
Annual Deductible	Changing from \$400 to \$500
Out-of-Pocket Maximum	Changing from \$1,500 to \$1,800
Emergency Room Co-payment*	Changing from \$100 to \$150
Specialist Visit Co-payment	Changing from \$30 to \$40

^{*}The Emergency Room Co-payment is waived if admitted.

Effective January 1, 2020 the prescription drug copayments for **Brand Name and Specialty Drugs** will increase. Please see below for the 2020 prescription drug copayments.

2020 Prescription Drug Copayments for All Participants:

PRESCRIPTION DRUG COVERAGE	Retail – Up to 31 Day Supply	Retail – 90 Day Supply	Home Delivery 90 Day Supply
Tier 1: Generic Drugs	\$15	\$45	\$30
Tier 2: Preferred Brand Name Drugs	\$45	\$135	\$90
Tier 3: Non-Preferred Brand Name/Specialty Drugs	\$105	\$315	\$210

No action is required for you to continue coverage.

Check for the UAW Logo!

It is important to be vigilant in checking 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 UAW logo, which can be found in the upper-left corner of the first page of this letter. If the UAW logo is 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 the benefit office at (844) 582-4443.

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:

Date:	Location:	
November 12, 2019, 9:00 AM	UAW Local #5286 112 West Trade Street Dallas, NC 28034	
November 12, 2019, 1:00 PM	UAW Local #5285 113 East Charlotte Avenue Mt. Holly, NC 28120	
November 13, 2019, 9:30 AM	UAW Local #5287 10418 North Main Street Archdale, NC 27263	
November 13, 2019, 1:00 PM	UAW Local #3520 2290 Salisbury Highway Statesville, NC 28677	

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.

If You Have a Question About:	You Should Contact:
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
Pre-Medicare Prescription Drug Coverage	Express Scripts: (844) 567-8525
Pre-Medicare Dental	Delta Dental/Moda Health: (888) 217-2365
Medicare Benefits – (Medical, Prescription Drug and Behavioral Health)	BCBSM: (866) 684-8216; TTY users call 71
Medicare Prescription Drug Coverage	Express Scripts: (844) 567-8525
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 <u>www.ourbenefitoffice.com/uawdaimlerretirees</u>. 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

Eligibility and Participation

This section describes the eligibility requirements for individuals eligible for coverage under the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust. You will not be able to enroll in this Plan until you are eligible for this Plan according to Plan rules (as described in this section).

The Plan provides benefits to eligible participants. You and/or your dependents are only eligible if you meet the eligibility requirements described in this section and enroll in the Plan. The eligibility and enrollment rules in this section control over those attached to any benefit summaries.

Eligibility

Retiree Eligibility

You are eligible for coverage if you are:

- A UAW-Represented DTNA Employee who retired directly from employment with DTNA or any predecessors before May 17, 2014, with eligibility for Retiree Medical Benefits under the terms of the Daimler Trucks-UAW Plan in effect at that time (generally age 55 or older with 10 years of pension service); or
- A UAW-Represented DTNA Employee who retired or retires directly from employment with DTNA on or after May 17, 2014, with eligibility for Retiree Medical Benefits under the terms of the Daimler Trucks-UAW Plan in effect at that time (generally age 60 or older with 10 years of pension service).
 Note: An eligible UAW-Represented DTNA Employee who retires with 10 years of pension service after reaching age 55 but before reaching age 60 will be eligible for coverage as of the date he or she reaches age 60.

Special Note: An eligible UAW-Represented DTNA Employee who had met the requirements for eligibility to retire for benefits under the original DTNA plan as of May 17, 2014 (age 55, 10 years of service) can continue working and retire with eligibility for coverage even if the Employee has not reached age 60.

A "UAW-Represented DTNA Employee" for purposes of eligibility for retiree coverage under this Plan is a UAW-represented employee retiring directly from the:

- Cleveland, Gastonia and Mt. Holly, NC locations who was hired before April 10, 2010;
- Memphis, TN location who was hired before July 12, 2010;
- Atlanta, GA location who was hired before August 9, 2010; and
- High Point, NC location who was hired before October 10, 2010.

An employee of Detroit Diesel Corporation is not a "UAW-Represented DTNA Employee."

Retiree Dependent Eligibility

Eligible dependents of a Retiree include your:

- Legal spouse (same-sex or opposite-sex); and
- Dependent children (eligible for coverage until the end of the calendar year in which

Eligible children of a Retiree include your:

- Biological children;
- Adopted children (a copy of the petition for adoption must be submitted);
- Dependent stepchildren;
- Children under legal guardianship; you must provide either a:
 - Sworn statement that includes the date of petition for legal guardianship and the date the child established residency; or
 - Statement from the court verifying legal guardianship has been granted;
- Children eligible because a court order makes you or your spouse responsible for the

A QMCSO or National Medical Support Order may require you to enroll a child in the Plan. The child's eligibility under this order will not extend beyond the Plan's age limits for dependent children. Procedures for handling QMCSOs are available from BeneSys, upon request, at no cost.

Disabled Dependents

Disabled dependents are eligible for coverage at any age if they are totally and permanently disabled by age 26 and you notify the Plan in writing of the condition no later than the end of the calendar year in which the child turns 26. The disability must be due to developmental disability or physical disability that prevents your dependent from being self-supporting. You must also report the child as a dependent on your most recent federal income tax return.

Disabled dependents must be unmarried and dependent on you for support and care to be covered. You may be required to provide verification of a dependent's total and permanent disability.

Adding New Dependents

If you are a retiree who is younger than age 65, you may add new dependents by notifying BeneSys of the new dependent within 30 days after the event (e.g., marriage, birth or adoption). If you do not add a new dependent within 30 days, you can add them later if you meet the requirements for delayed enrollment for that dependent. If you are a retiree who is age 65 or older, you may not add new dependents.

Surviving Spouses and Dependents of Deceased Retirees

You are eligible for Plan coverage if you are the surviving spouse or other eligible dependent of a UAW-Represented DTNA retiree who was covered under the Plan as of the retiree's date of death.

Surviving Spouses and Dependents of Deceased Active UAW-Represented Employees

You are eligible for Plan coverage if you are the surviving spouse or other eligible dependent of a UAW-Represented DTNA Employee who dies while employed by DTNA and before retirement and who was eligible to retire as of the date of his/her death if you qualified for coverage under the terms of the Daimler Trucks-UAW Plan in effect at the time of the UAW-Represented DTNA Employee's death. **Note:** A surviving spouse or other dependent eligible for coverage under this provision can enroll for coverage after exhausting six months of DTNA-paid COBRA coverage.

Like any other eligible participant, a Medicare eligible surviving spouse must enroll in Medicare Parts A and B at age 65 to be eligible for continued coverage under the Plan.

Initial Enrollment

It is important that you contact the Plan Administrator within 30 days after you first become eligible to enroll.

If you do not contact the Plan Administrator at the time you first become eligible to enroll, you may not be able to enroll in the Plan later, unless you meet one of the conditions for delayed enrollment described below.

Your enrollment in the Plan is based on meeting the Plan's eligibility requirements and on all required documentation being completed and received by the Trust Administrator. If you do not provide all required documentation, such as proof of dependent status, Medicare information, and Social Security Number, your and/or your dependent's coverage may be delayed.

As a retiree, you may choose coverage for yourself only or for yourself and your eligible spouse and dependent(s). As a surviving spouse, you may choose coverage for yourself only or for yourself and your eligible dependent children. Your Plan will apply to all dependents covered under your enrollment. Unless specifically provided otherwise in the Plan, such a dependent has no individual right of enrollment, right to select coverage, or right to continue coverages under the Plan. To the extent possible based on the Medicare status of you and your dependents, your plan election will apply to all dependents covered by the Plan.