



UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

October 2023

P.O. Box 4447 • Troy, MI 48099-4447
Telephone 248-641-4918 • Toll Free 844-582-4443

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

Same Benefit Level, Same Cost Sharing for 2024

The UAW Retirees of Daimler Trucks North America Welfare Benefit Trust ("Trust") is committed to providing you access to quality health care and top-notch service. With inflation impacting so many other living expenses, we are very pleased to be able to offer the **same level of benefits with no increase in your cost sharing** for 2024.

Benefit highlights are meant to be brief, but all of the plan details are available in the Summary Plan Description and annual benefit update letters (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.

Wishing You Good Health

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
- What You Need to Know about Enrolling in Medicare
- Benefit Tips
- Where to Go for More Information and to Update Your Records

Join us!

We hope to see you at one of the November informational meetings to learn about your coverage, get answers to your questions, and reconnect. Please see the last page for dates, times, and locations.



Monthly Contributions for 2024

No change – monthly contributions will be the same in 2024 as they have been since 2021.



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

If you are eligible for Medicare you must be enrolled in Medicare Parts A and B to maintain your Trust coverage.

	Single	2 Persons	Family
Members Not Eligible for 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.

Are you a surviving spouse? Pension deduction is available

If you have coverage as a surviving spouse, you can have your monthly contribution deducted from your pension payment – no more need to mail a check each month or worry about it arriving on time. Contact BeneSys for a Pension Deduction form.

Do not sign up for an individual Medicare Part C (Medicare Advantage) or Medicare Part D (prescription drug) plan: The Trust provides excellent coverage. If you enroll in an individual Medicare Part C or D plan, your Trust coverage may be disrupted or even cancelled. Contact BeneSys before you sign up for any other coverage.

Medicare-Eligible Coverage

Make sure all of your providers know what medications you take – including over-the-counter medications and supplements.



Prescription Benefits for Medicare-Eligible Participants

Even when there are no changes to your prescription benefits, the list of covered drugs – called the formulary – changes periodically. When a drug is moved to non-preferred status there is usually an equally effective option available at a lower copay level. If your prescription changes to a higher copay level you will be notified.

Be sure to read mail you receive from Express Scripts.

	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

Copays may vary due to changes in state and federal laws.

Reminder: You will pay no more than \$35 for each one-month supply of each insulin product covered by our (UAW DTNA Trust) plan, no matter what cost-sharing tier it's on. 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

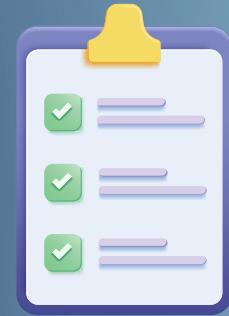
Ask your doctor about the options —

- **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 control costs and continue to provide valuable benefits into the future.
- **Non-preferred brand:** Drugs in this category likely have alternatives that are less expensive but equally effective.

Use mail order — Mail order is not only a convenient way for you to receive your maintenance medications, but you also save money on your copays when you fill a 90-day supply.

Medicare-Eligible Coverage

Make a list of what you want to discuss when you see your doctor, and bring it with you.



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	In-Network and Out-of-Network Providers
Preventive Services	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 and annual benefit update letters, 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

Make sure all of your providers know what medications you take – including over-the-counter medications and supplements.



Prescription Benefits for Pre-Medicare Participants

Even when there are no changes to your prescription benefits, the list of covered drugs – called the formulary – changes periodically. Often when a drug is moved to non-preferred status there is an equally effective option available at a lower copay level. If your prescription changes to a higher copay level you will be notified. **Be sure to read mail you receive from Express Scripts.**

	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

Copays may vary due to changes in state and federal laws.

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 local pharmacy, but then you must use mail order.

Money saving tips

Ask your doctor about the options —

- **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 control costs and continue to provide valuable benefits into the future.
- **Non-preferred brand:** Drugs in this category likely have alternatives that are less expensive but equally effective.

Use mail order — Mail order is not only a convenient way for you to receive your maintenance medications, but you also save money on your copays when you fill a 90-day supply.

Pre-Medicare Coverage

Make a list of what you want to discuss when you see your doctor, and bring it with you.



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)	
Individual	\$1,800	\$2,000
Family	\$3,600	\$4,000
Lifetime Maximum	None	
Covered Services**	In-Network	Out-of-Network
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 and annual benefit update letters, available by calling BeneSys or downloading from the Trust website. Services are covered at the percentages shown when all Plan provisions are met.

** A list of services that require approval before they are provided is available online at: <https://www.bcbsm.com/importantinfo>. Select "Services that need prior authorization."

Under-65 Dental Coverage

Covered dental services are paid in full by the Plan, up to \$1,500 per person per year. You pay nothing.



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 80%
Class III – Major Restorative — includes oral surgery, major periodontics, prosthodontics, denture adjustments, dentures and bridges	Covered 80%
Class IV – Orthodontia	50%; \$1,500 lifetime maximum benefit

Dental coverage for the member and all dependents terminates at the end of the month in which the member turns 65, regardless of the age of the dependent. If earlier, dependent coverage ends when the dependent turns 65 or ceases to be eligible for coverage.

Medicare and Pre-Medicare Vision Coverage

Routine eye exams are important for more than eye health. Your eye doctor may spot signs of health problems such as heart disease or diabetes before you show other symptoms.



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.

Enrolling in Medicare and Beyond



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.



Turning 65?
It's time to
enroll in Original
Medicare

Keep Your Trust Coverage!

Sign up for Medicare: 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 — whether you become eligible because you are turning 65 or you have a **qualifying disability**.

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:
248-430-8222 or

Mail to:
UAW DTNA Trust
PO Box 4447
Troy MI, 48099-4447

Any delay in Medicare enrollment or providing your Medicare card to BeneSys could result in a disruption to your benefits.



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

Benefit Tips

Get the most out of your benefits! The Trust provides comprehensive coverage. You can do your part by taking an active role in your health and healthcare.



Keep Your Trust Coverage

Do not drop your Medicare coverage for any reason or sign up for a Medicare Advantage Plan or Medicare Part D Plan:

You must have Medicare Parts A and B (if eligible) to receive benefits from the Trust. This is not an employer plan - if someone tells you to drop Medicare, do not do it. Signing up for another health plan, including an individual prescription drug plan, means you will lose your Trust coverage until you drop the new coverage you enrolled in and Medicare processes a termination. **If in doubt, please contact BeneSys.**

Don't Pay Until Your Claim Is Processed

After your provider submits a claim for your care or treatment to the Claim Administrator, you'll receive a report called an Explanation of Benefits (EOB). The EOB details how much of the provider's charges are covered by the Plan and how much you need to pay.

Until you get the EOB, you do not yet owe, and should not pay, the provider.

Once you have both the EOB and the invoice, compare them to make sure the provider's bill matches what the EOB says you owe. If there's a discrepancy, contact the insurance company and it will work out the difference with the provider and either the invoice or EOB will be reissued.

If you get a bill from the provider but haven't seen information about how much the Plan will pay, call the Claim Administrator (see the last page for contact information) to be sure the provider's office sent in the claim.

Have You Moved? Do You Have A New Phone Number Or Email Address?

Make sure you continue to receive important information about your UAW DTNA retiree coverage by sharing any updates with BeneSys.

Benefit Tips Continued



Don't Make Your Loved Ones Guess If You Can't Speak For Yourself. Complete An Advance Medical Directive Today.

Advance medical directives, sometimes called a living will or health care proxy (document names and requirements vary by state), are medical care instructions that go into effect only if you cannot communicate your own wishes. For example, you may want treatment to extend your life such as the use of a ventilator and/or feeding tube only in certain circumstances. Each state has advanced directive forms you can complete without hiring a lawyer. You can find the forms (with instructions) for your state on the AARP website: www.aarp.org (click Caregiving > Financial and Legal > Free, Printable Advance Directives Forms).

Your Health Information Is Protected. Make Sure Your Authorizations Are Up to Date.

The Health Insurance Portability and Accountability Act regulates who the Trust can talk to when it comes to your Protected Health Information (PHI). You may have completed a PHI Authorization Form when you first retired or enrolled in the Trust. As changes in life occur, it is important to keep this information up to date so that we can help you when you need it. PHI Authorization Forms are available by contacting BeneSys at **844-582-4443** or from the website: www.ourbenefitoffice.com/UAWDaimlerRetirees/benefits

How Do You Know Whether a Mailing About Your Health Care Plan Is Legitimate? Check for the Trust Name and Logo!

Another important tip to help keep you and your information safe is to check the authenticity of any communication you receive that claims to represent 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**.



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: 248-430-8222
Medicare Eligible Benefits	Claim Administrators
Prescriptions <ul style="list-style-type: none">• Which drugs are on the formulary• Finding a participating pharmacy• Mail order medications	Express Scripts 844-583-7044 www.express-scripts.com
Medical <ul style="list-style-type: none">• Which services are covered under the Plan• Finding a participating provider	Blue Cross Blue Shield of Michigan 866-684-8216 www.bcbsm.com
Vision <ul style="list-style-type: none">• 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

Medical

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

Vision

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

Claim Administrators

Express Scripts

800-753-2851

www.express-scripts.com

Blue Cross Blue Shield of Michigan

866-322-4784

www.bcbsm.com

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



Join Us!

Please join us for an informational meeting to learn about your benefits. Representatives from BeneSys, BCBS and Express Scripts will be on hand to answer your questions.

November 2, 2023: 10 am – 12 noon

UAW Local #5286

112 West Trade Street, Dallas, NC 28034

November 3, 2023: 10:00 am – 12 noon

UAW Local #3520

2290 Salisbury Highway, Statesville, NC 28677

November 2, 2023: 1:30 pm – 3:30 pm

UAW Local #5285

113 East Charlotte Avenue, Mt. Holly, NC 28120

November 3, 2023: 1:30 pm – 3:30 pm

UAW Local #5287

10418 N. Main Street, Archdale, NC 27263

If you have questions about the informational meetings, please contact BeneSys at **844-582-4443**.

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