

Benefit Overview

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

YOUR 2020 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. For full plan benefits, please consult your SPD.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your group benefits administrator.			
Initial Coverage Stage	Tier Tier 1: Generic Drugs Tier 2: Preferred Brand Drugs Tier 3: Non-Preferred Brand Drugs	Retail One-Month (31-day) Supply \$15 copayment \$45 copayment \$105 copayment	Retail Three-Month (90-day) Supply \$45 copayment \$135 copayment \$315 copayment	Home Delivery Three-Month (90-day) Supply \$30 copayment \$90 copayment \$210 copayment
<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from the Express Scripts PharmacySM. There is no charge for standard shipping.</p>				
<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies that participate in the Express Scripts network offer a 90-day supply. You can ask your participating pharmacy if it fills prescriptions in 90-day supplies. You can also log in at express-scripts.com and choose “Find a Pharmacy” from the menu under “Prescriptions,” or call Express Scripts Customer Service at the number on the back of your ID card.</p>				

Out-of-Network Coverage

To receive coverage, you must use Express Scripts network pharmacies to fill your prescriptions. Covered drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs from out-of-network pharmacies at the time you fill your prescription.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use (for example, retail, home infusion, LTC or home delivery).
- To find a network pharmacy near you, visit our website **express-scripts.com** and choose "Find a Pharmacy" from the menu under "Prescriptions."
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **express-scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts approves the exception, you will pay the Non-Preferred Brand Drug cost-share for that drug.

For information about your prescription plan benefits, log in at **express-scripts.com**. You can also contact Express Scripts Member Services at the numbers on the back of your ID card.

For questions about premiums, enrollment and eligibility, please contact the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust Office at 1.844.582.4443. Hours of operation are Monday through Friday, 7:30 a.m. to 4:30 p.m., Eastern Time.