Retiree Healthcare Guide Open Enrollment 2019

PLEASE READ THIS LETTER CAREFULLY

Dear Navistar Shy Retiree:

Each year during the annual Open Enrollment period, Navistar provides a summary of healthcare benefits for the current plan year and changes for the following plan year.

[redacted]

The 2019 Retiree Open Enrollment period begins on Wednesday, **October 17, 2018** and ends on Wednesday, **October 31, 2018**.

What do I need to do?	
Who am I?	**You need to do:**
Non-Medicare Retiree/Dependent	**Nothing.** There are no changes to your current plan through Aetna. See next page for premiums, deductibles and Out-of-Pocket Maximums for 2019.
Medicare Advantage Retiree/Dependent	**Nothing.** You will be automatically enrolled into the *UnitedHealthcare® Group Medicare Advantage PPO plan*. See next page for premiums, deductibles and Out-of-Pocket Maximums for 2019.
Medicare Traditional Choice (Medicare Integration) Retiree/Dependent	**Nothing, unless you wish to switch to the Medicare Advantage plan for 2019.** You will be automatically enrolled into the *UMR (a UnitedHealthcare Company) Traditional Medicare Supplement plan,* unless you call UnitedHealthcare to request the change to the Medicare Advantage plan. See next page for premiums, deductibles and Out-of-Pocket Maximums for 2019.

Premiums and Copays for the 2019 Plan year		
	Medicare	**Non-Medicare**
Deductible	CMS has not yet announced the part B deductible amount	$600.00
Out-of-Pocket Maximum	$910.00	$1,000.00
Healthcare Premium – per month and per person (excluding dependent children)	$22.26	$71.62
Prescription Drug Co-pays Retail – per 30-day supply	Generic: $5.00 Brand: $12.00	Generic: $5.00 Brand: $12.00
Prescription Drug Co-pays Mail Order – Per supply - up to 90-day supply	Generic: $4.00 Brand: $7.00	Generic: $4.00 Brand: $7.00

Medical

Retirees/dependents currently enrolled in the Medicare Advantage plan:

The ***UnitedHealthcare® Group Medicare Advantage (PPO)*** **plan** is a Medicare Advantage plan that delivers all the benefits of Original Medicare (Parts A and B) and offers additional benefits and features. All claims are submitted directly to UnitedHealthcare for payment, not Medicare.

You must be enrolled in Medicare Parts A and B and continue to pay your Part B premium to be eligible for coverage under the *UnitedHealthcare® Group Medicare Advantage (PPO)* plan. You must also live in UnitedHealthcare's Medicare Advantage plan service area and provide a permanent street address (rather than a P.O. Box).

What to Expect Next

During the next few months, you will receive more communication about the 2019 benefit updates from UnitedHealthcare.

When will materials be mailed?	What will I receive?
Mid-October	• UnitedHealthcare Plan Guide
Mid-December	• UnitedHealthcare Member ID card, if applicable • UnitedHealthcare Annual Notice of Change • UnitedHealthcare Evidence of Coverage

Retirees/dependents currently enrolled in the Traditional Medicare plan:

If you are currently enrolled in the *UMR Traditional Medicare Supplement* plan due to provider issues, coordination of benefits issues, or not being enrolled in Medicare Part B, you will be automatically enrolled in the *UMR Traditional Medicare Supplement* plan for 2019.

If your circumstances have changed, you can switch to the *UnitedHealthcare® Group Medicare Advantage (PPO)* plan effective January 1, 2019. You will need to take action by calling UnitedHealthcare at 1.844.876.6159 during this open enrollment period to request this switch.

What to Expect Next

When will materials be mailed?	What will I receive?
Mid-December	• UMR Member ID card, if applicable

Non-Medicare Retirees/dependents currently enrolled in the Aetna PPO Plan:

The UnitedHealthcare® plan applies only to Medicare-eligible retirees and dependents. Unless you become Medicare eligible sometime in 2019, your coverage will remain with Aetna.

Prescription Drugs

Unless you become Medicare-eligible sometime in 2019, there are no changes to your prescription administrator (either CVSCaremark for non-Medicare retirees or Silverscript for Medicare retirees).

Life Insurance

This is also an opportunity to review your eligibility for life insurance with Metropolitan Life (MetLife). For the value of your Term Life or Accidental Death and Dismemberment (AD&D) policy and for updating your beneficiary information contact Metropolitan Life (MetLife) directly at 1.800.871.2435.

For information on your Paid-up policy (if you have one), please contact Aetna directly at 1.800.858.3501.

Also included in this guide

- Supplemental Benefit Committee Letter – includes details on 2019 rates.
- Required Annual Notices:
    1. Section 1557 ACA – Discrimination Final 102016
    2. Children's Health Insurance Program Reauthorization Act (CHIPRA)
    3. HIPAA Notice of Privacy Practices – Eff. April 24, 2003; Rev. September 23, 2013.
    4. Reimbursement of Medicare Part D Premium Surcharge Notice
    5. WHCRA: Annual Notice of Women's Health
    6. Medicare Part D Creditable Coverage Notice

Phone numbers you should know – 01-01-2019

Medical (Non-Medicare)	Aetna	1.800.435.2969
Medical (Medicare Advantage)	UnitedHealthcare®	1.844.876.6159
Medical (Medicare 'Traditional')	UMR*	1.844.368.6191
Prescription (Non-Medicare)	CVSCaremark	1.866.559.6851
Prescription (Medicare Part D)	SilverScript	1.866.560.5136
Dental	Delta Dental	1.800.524.0149
Vision	VSP	1.800.877.7195
Hearing	EPIC	1.866.956.5400
Life Insurance	MetLife	1.800.871.2435
Life Insurance (Paid-Up)	Aetna	1.800.858.3501
Employee/Retiree Info Center (ERIC)	ERIC	1.877.353.5100 or Retireehotline@navistar.com
Income Verification	The Work Number	1.800.367.2884 or www.theworknumber.com/employees
Contributory Pension Benefit	John Hancock	1.800.624.5155

* UMR (a UnitedHealthcare Company)

For eligibility questions regarding Open Enrollment to Navistar's Employee/Retiree Information center (E.R.I.C.) toll-free at 1.877.353.5100 or by email to Retireehotline@navistar.com . Service Advisors are available between the hours of 9am and 3pm Central Time, Tuesday through Friday.

Sincerely, Navistar, Inc. Benefits Administration Team

Shy

Navistar, Inc.
2601 Navistar Drive
Lisle, IL 60532 USA

P: 1- 877-353-5100

Date : October 2018

To: All Retirees and Surviving Spouses in the Navistar, Inc. Retiree Medical Plan

Subject: Details regarding the premiums, deductibles, out-of-pocket maximums and prescription drug co-payments for the year 2019

Under the Settlement Agreement, the monthly contributions or "premiums" that you must pay to participate in the Health Benefit program are required to change each year. Factors that are taken into account are inflation and Plan experience. In addition, the deductibles and out-of-pocket maximums for retirees and surviving spouses are scheduled to increase by 6% each year.

As you may recall, the Settlement Agreement established a Supplemental Trust that is governed by a Committee of five individuals, all of whom are independent from the Company. The Trust was initially funded by the contribution of approximately 25.6 million shares of Navistar International Corporation's Class B Common Stock. The Trust subsequently sold all of that stock and has used some of the proceeds to provide additional benefits to plan members and has reinvested the remainder in other investments. In addition to income from such investments, the Trust may also receive profit sharing payments from the Company based on a formula described in the Settlement Agreement.

For 2019, the Navistar, Inc. Supplemental Benefit Committee has decided to use funds in the Trust to buy down, and in some cases eliminate, increases in health care premiums, deductibles, and out-of-pocket maximums for retirees. This action by the Supplemental Trust Committee reduces those cost-sharing items that retirees would otherwise be obligated to pay. The Supplemental Trust Committee has also decided to use funds in the Trust to reduce the prescription drug co-payments that retirees would otherwise be obligated to pay.

Starting in 1999, the Supplemental Trust began providing dental, vision and hearing aid coverage to plan members and, starting September 19, 2000, it began restoring up to $5,000 of the life insurance coverage for retired employees that had been reduced under the Settlement Agreement. It will continue those benefits for 2019.

The January 1, 2019, premiums and out-of-pocket deductibles and maximums are detailed in the charts that follow. The tables show the scheduled amounts for premiums, deductibles, out-of-pocket maximums and drug co-payments and how the actions of the Supplemental Trust Committee have reduced your share of the health care costs. We will keep you informed of any changes.

DEDUCTIBLES

Year	(Medicare & Non-Medicare)	Actual
1993	$ 200.00	$ 200.00
1994	$ 212.00	$ 200.00
1995	$ 225.00	$ 200.00
1996	$ 238.00	$ 200.00
1997	$ 252.00	$ 214.00
1998	$ 267.00	$ 0
1999	$ 284.00	$ 0
2000	$ 301.00	$ 0
2001	$ 319.00	$ 0
2002	$ 338.00	$ 0
2003	$ 358.00	$ 0
2004	$ 380.00	$ 200.00
2005	$ 403.00	$ 200.00
2006	$ 427.00	$ 200.00
2007	$ 453.00	$ 200.00
2008	$480.00	$ 200.00
2009	$509.00	$ 200.00
2010	$539.00	$ 400.00
2011	$571.00	$ 400.00
2012	$606.00	$ 400.00
2013	$642.00	$ 400.00
2014	$681.00	$ 400.00
2015	$721.00	$ 400.00
2016	$765.00	$ 400.00
2017	$811.00	$ 600.00
2018	$859.00	$859 Medicare $600.00 Non-Medicare
2019	**$910.00**	**$910.00 Medicare** **$600.00 Non-Medicare**

OUT-OF-POCKET MAXIMUMS

Year	Scheduled Out-of-Pocket Maximum (Non-Medicare Only)	Actual
1993	$500.00	$500.00
1994	$530.00	$500.00
1995	$562.00	$500.00
1996	$596.00	$500.00
1997	$632.00	$536.00
1998	$670.00	$322.00
1999	$709.00	$322.00
2000	$752.00	$322.00
2001	$797.00	$322.00
2002	$845.00	$322.00
2003	$896.00	$322.00
2004	$949.00	$522.00
2005	$1,006.00	$522.00
2006	$1,066.00	$522.00
2007	$1,130.00	$522.00
2008	$1,198.00	$522.00
2009	$1,270.00	$522.00
2010	$1,346.00	$522.00
2011	$1,427.00	$722.00
2012	$1,513.00	$722.00
2013	$1,604.00	$722.00
2014	$1,700.00	$722.00
2015	$1,801.00	$722.00
2016	$1,910.00	$722.00
2017	$2,025.00	$1,000.00
2018	$2,147.00	$1,000.00
2019	**$2,275.00**	**$1,000.00**

HEALTH CARE PREMIUMS

Year	Scheduled Premiums		Actual	
	Plan 1 Non-Medicare	Plan 2 Medicare	Plan 1 Non-Medicare	Plan 2 Medicare
1993	$70.00	$34.00	$70.00	$34.00
1994	$68.93	$33.48	$68.93	$33.48
1995	$53.25	$25.86	$53.25	$25.86
1996	$64.45	$31.30	$53.25	$25.86
1997	$66.99	$32.53	$55.79	$27.09
1998	$61.64	$29.94	$50.00	$25.00
1999	$56.60	$27.49	$50.00	$25.00
2000	$60.73	$29.50	$50.00	$25.00
2001	$66.94	$32.51	$50.00	$25.00
2002	$81.36	$39.52	$50.00	$25.00
2003	$83.36	$40.49	$50.00	$25.00
2004	$92.22	$44.79	$50.00	$25.00
2005	$106.17	$51.57	$50.00	$25.00
2006	$108.40	$52.65	$50.00	$25.00
2007	$104.82	$50.91	$50.00	$25.00
2008	$117.34	$56.99	$50.00	$25.00
2009	$125.37	$60.90	$50.00	$25.00
2010	$128.96	$62.64	$54.00	$27.00
2011	$131.64	$63.94	$56.68	$28.30
2012	$71.01	$34.49	$40.68	$20.30
2013	$126.58	$61.48	$51.62	$25.84
2014	$190.85	$92.70	$71.62	$35.84
2015	$137.53	$66.80	$62.57	$31.16
2016	$189.14	$91.87	$71.62	$35.84
2017	$213.65	$103.77	$71.62	$35.84
2018	$205.07	$99.60	$71.62	$22.26
2019	**$214.15**	**$104.02**	**$71.62**	**$22.26**

DRUG CO-PAYS—RETAIL (PHARMACIES) PER 30 DAY SUPPLY

Year	Generic Co-pay	Brand Co-pay
7/1/1993 - 6/30/1995	$ 8.00	$ 18.00
7/1/1995 - 12/31/95	$ 6.00	$ 16.00
1996 through 1999	$ 5.00	$ 15.00
2000 through 2003	$ 2.00	$ 5.00
2004 through 2018	$ 5.00	$ 12.00
2019	**$ 5.00**	**$ 12.00**

DRUG CO-PAYS—MAIL ORDER

Year	Generic Co-pay	Brand Co-pay
7/1/1993 - 6/30/1995	$ 7.00 *	$ 7.00 *
7/1/1995 - 12/31/95	$ 5.00 *	$ 5.00 *
1996 through 1999	$ 4.00 *	$ 4.00 *

** For years 1993 through 1999, the amounts shown were the co-pays per each 30-day supply. Therefore, for those years, the co-pays for a 90-day supply were three times the amounts shown for a 30-day supply.*

2000 through 2003	$ 0	$ 0
2004 - 2019 For up to a 90-day supply	**$ 4.00**	**$ 7.00**

OFFICE VISIT DEDUCTIBLE

In July 2005, a physician office service benefit was added under the Shy Medical Plan 1 in order to provide you with access to discounts when seeking treatment from Aetna PPO network providers.

To accomplish this, physician office services (i.e., services performed in an office setting other than x-ray and lab charges) with a date of service on or after July 1, 2005, which were formerly not covered, became subject to a separate calendar year deductible. This deductible was $1,500 for 2005 and 2006. This deductible applies separately to each member in the plan. After 2006, this deductible is subject to change based upon the current medical trend. The following chart outlines the deductible:

Year	Actual
7/1/2005	$ 1,500.00
1/1/2006	$ 1,500.00
1/1/2007	$ 1,620.00
1/1/2008	$ 1,798.00
1/1/2009	$ 1,996.00
1/1/2010	$ 2,255.00
1/1/2011	$ 2,559.00
1/1/2012	$ 2,848.00
1/1/2013	$ 3,130.00
1/1/2014	$ 3,466.00
1/1/2015	$ 3,826.00
1/1/2016	$ 4,163.00
1/1/2017	$ 4,529.00
1/1/2018	$ 4,928.00
1/1/2019	**$5,312.00**

After the applicable calendar year deductible has been met per member, a per member co-insurance expense of 50% for network physicians or a per member co-insurance expense of 80% of the reasonable and customary charge for out-of-network physicians will apply. Your out-of-pocket expenses that are applied toward meeting this deductible and co-insurance expense (1) will only apply to physician office service expenses performed in an office setting (excluding any x-ray and lab charges and other health care services, such as surgery, outpatient or inpatient fees), and (2) will not count towards your general annual deductible, co-payment maximum, or out-of-pocket maximum under the plan.

If you have relatives or residents of your household who do not qualify as regular dependents, but are dependent on you for more than one-half of their support as defined by the Internal Revenue Service, they may be eligible for coverage as sponsored dependents. The premium for sponsored dependent coverage is the full cost of the plan. The full cost of Plan 1 (non-Medicare) for the year 2019 is **$1,392.83** per month. The full cost of Plan 2 (Medicare) for 2019 is **$612.50** per month. You may add sponsored dependents to your coverage as long as you enroll them within 31 days after they become eligible for coverage and you pay the full premium cost; otherwise, you may enroll sponsored dependents during the annual open enrollment period designated by the Company. **The open enrollment period for the year 2019 coverage is October 17- October 31, 2018.** Please call Navistar's ERIC (Employee/Retiree Information Center) at 1-877-353-5100, toll-free, or by email to retireehotline@navistar.com for additional information or enrollment instructions.

Navistar, Inc.
P.O. Box 4080
Lisle, IL 60532 USA

P: 1-877-353-5100
RetireeHotline@navistar.com

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination is Against the Law

The Navistar, Inc. Retiree Health Benefit and Life Insurance Plan and the Navistar, Inc. Health Plan comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The Navistar, Inc. Retiree Health Benefit and Life Insurance Plan and the Navistar, Inc. Health Plan do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Navistar, Inc. Retiree Health Benefit and Life Insurance Plan and the Navistar, Inc. Health Plan:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.
- Provide free language services to people whose primary language is not English, including qualified interpreters and information written in other languages.

If you need these services, you should contact the Navistar Employee/Retiree Information Center (ERIC) by calling 877-353-5100 or in writing at:

Employee/Retiree Information Center
P.O. Box 4080
Lisle, IL 60532

If you believe that the Navistar, Inc. Retiree Health Benefit and Life Insurance Plan and the Navistar, Inc. Health Plan have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director – HR Operations at:

Civil Rights Coordinator
ATTN: Director, HR Operations
P.O. Box 4080
Lisle, IL 60532
(877) 353-5100
retireehotline@navistar.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance or need a copy of the Navistar, Inc. ACA Section 1557 Nondiscrimination Grievance Procedure, the Civil Rights Coordinator is available to help you.

If you believe that the Navistar, Inc. Retiree Health Benefit and Life Insurance Plan or the Navistar, Inc. Health Plan have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

The U.S. Department of Health and Human Services, Office for Civil Rights can also be reached by mail or phone at:

Mail	**Phone**
U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201	1-800-368-1019 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

Language	Language Assistance Message
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-353-5100.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-353-5100.
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 1-877-353-5100。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-353-5100 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-353-5100.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-353-5100. م)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-353-5100.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-353-5100.
Urdu	خبردار: اگر آپ تو اردو بولتے ہیں، تو آپ کو زبان کی مدد کی مفت خدمات دستیاب ہیں۔ کال کریں 1-877-353-5100۔
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-353-5100.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-353-5100.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-353-5100 पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-353-5100.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-353-5100
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-353-5100.

Navistar, Inc.
P.O. Box 4080
Lisle, IL 60532 USA

P: 1-855-331-3742
E: ERICOperations@Navistar.com

Children's Health Insurance Program Reauthorization Act of 2009

SPECIAL ENROLLMENT RIGHTS

Important Information About Your Right To Enroll In Your Group Health Plan (the "Plan")

You are receiving this notice to inform you of special enrollment rights established by the Children's Health Insurance Program Reauthorization Act of 2009 (the "Act"). The Act sets forth special opportunities to enroll in an employer group health plan for individuals who (i) lose coverage under their state Medicaid program established by Title XIX of the Social Security Act or their state Children's Health Insurance Program established by Title XXI of the Social Security Act (CHIP) or (ii) become eligible for assistance under these programs.

Medicaid and **CHIP** are state-administered health programs which are jointly funded by the states and the federal government. **Medicaid** covers individuals and families with limited incomes and resources who fit into an eligibility group recognized by federal and state law. **CHIP** is health insurance for children who meet the eligibility criteria established by each state.

Pursuant to the Act, beginning on April 1, 2009, you (and your dependents that are eligible for coverage) have the right to enroll in the Plan *at anytime* during a plan year after one of the following two events occurs:

- Your and or your dependent's coverage under your state Medicaid, or your state CHIP is terminated as a result of loss of eligibility; or
- You and or your dependent become eligible for premium assistance subsidy under your state Medicaid or your state CHIP.

In order to take advantage of these special enrollment opportunities, you *must request enrollment within 31 days* of the occurrence of either one of these two events.

If you have any questions concerning your rights under the Act, or if you would like to request enrollment, you may contact ERIC at 1-855-331-3742.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebra ska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473

SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	**WYOMING – Medicaid**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2017)

Health Insurance Portability and Accountability Act of 1996

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. This notice provides you information required by law about the duties and privacy practices of the Navistar Corporation Health Plan, the Navistar Corporation Cafeteria Plan, and the Navistar Corporation Retiree Health Benefit and Life Insurance Plan, (collectively, "the Plans") to protect the privacy of your medical information. Pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy regulation (HIPAA), the Plans are required to maintain the privacy of protected health information and to provide individuals with notice of the Plans' privacy practices with respect to protected health information. Under HIPAA, the Plans are required to abide by the terms of the privacy notice currently in effect.

The Plans provide benefits to you as described in your summary plan description(s) and receive and maintain your protected health information in the course of providing you with health benefits. The Plans are sponsored by Navistar Corporation (Plan Sponsor).

If your plan is an insured plan, such as an HMO, you will receive a similar notice from that plan. That notice applies to the extent your health care benefits are provided through the insured plan.

This notice is effective September 23, 2013.

How the Plans May Use and Disclose Protected Health Information

The Plans may use and disclose your protected health information for the following purposes, without obtaining your prior written authorization:

Health Care Operations

The Plans may use and disclose protected health information for health care operations, which are administrative activities involved in providing and managing your health benefits. These include activities such as conducting quality assessments and improvement activities; population-based activities relating to improving health or reducing health care costs, protocol development, and case management and care coordination; reviewing the competence or qualifications of health care professionals; evaluating the Plans' performance; underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract for health insurance or health benefits; and conducting or arranging for medical review, legal services and auditing functions. For example, the Plans (or a business associate) may use or disclose your protected health information to provide case management or care coordination programs for specific conditions, such as heart disease, diabetes or asthma.

Payment

The Plans may use and disclose your protected health information to determine or fulfill their responsibilities for coverage, the provision of benefits and payment. For example, the Plans may use your protected health information to decide whether you can submit a bill for a particular treatment to the Plans for reimbursement and what the payment should be; during this process, the Plans may disclose information to your provider. The Plans may also deliver Explanation of Benefits forms and other payment and benefit materials, which contain protected health information, to the address the Plans have on record for the subscriber.

Treatment

The Plans may use and disclose your protected health information to aid in your treatment or to assist in the coordination of health care services. For example, the Plans may disclose your protected health information to your doctor, at the doctor's request, for your treatment.

To Business Associates

The Plans hire business associates, including insurance companies that serve as third-party administrators, to help

provide benefits to you. These business associates also receive and maintain your protected health information in the course of assisting the Plans, including information disclosed to them by the Plans.

To Plan Sponsor

The Plans may disclose to the Plan Sponsor, in summary form, claims history and other similar protected health information. Such summary information does not disclose your name or other unique identifying characteristics. The Plans may also disclose to the Plan Sponsor the fact that you are participating in, have enrolled in or have discontinued enrollment from, the Plans. The Plans may disclose your protected health information to the Plan Sponsor to the extent necessary for the Plan Sponsor to fulfill its administrative functions for the Plans.

Health-Related Benefits and Services

The Plans may use and disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To One Another

The Plans may share protected health information with one another as necessary to carry out treatment, payment or health care operations related to their organized health care arrangement, as defined under, and in accordance with, HIPAA.

Other Permissible Uses and Disclosures Not Requiring Your Prior Written Authorization

- As required by law
- For public health activities, such as to public health authorities to prevent or control disease or to report child abuse or neglect
- To protect victims of abuse, neglect or domestic violence, where such disclosure is to a government authority authorized by law to receive reports of abuse, neglect or domestic violence
- For health oversight activities, where such disclosure is to a health oversight agency for activities authorized by law
- For judicial and administrative proceedings, which include responding to a court or administrative order; such disclosures also include responding to a subpoena, discovery request or other lawful process, if efforts have been made to tell you about the request or to obtain an order protecting the information
- For law enforcement purposes (including if you are an inmate or are under the custody of a law-enforcement official, in order to protect the safety and security of others, or of the correctional institution or to provide you with health care).
- To a coroner or medical examiner, to the extent required for the purposes of his or her duties
- To a funeral director, to the extent necessary to carry out his or her duties with respect to the decedent
- To organ procurement organizations or other entities, to the extent required to facilitate organ, eye or tissue donation and transplantation
- For research purposes, provided that research projects will comply with HIPAA's research approval process
- To avert a serious threat to health or safety, provided such disclosure is to a person who may be able to help prevent or lessen the threat
- For specialized government functions, including, but not limited to, as required by military command authorities if you are a member of the armed forces, and to authorized federal officials for national security activities
- To comply with laws relating to workers' compensation or similar programs

Opportunity to Object – Individuals Involved in Your Care

The Plans may disclose your protected health information to a person, such as a family member or friend, who is involved in your medical care or who helps pay for your care to the extent that you have agreed to such disclosure (and you have authorized such individual as your personal representative (with the formalities required by the Plan), you have failed to object to such disclosure when given an opportunity to do so, or it is reasonable for the Plans to infer based on the circumstances that you do not object to such disclosure. If you are not present, if you are incapacitated, or in the event of an emergency, the Plans may exercise their judgment to determine whether disclosure of your protected health information to such person(s) is in your best interest. The Plans also may notify such individuals about your location, general condition or death and may disclose such information to an entity assisting in a disaster relief effort.

Use and Disclosures That Require Your Prior Written Authorization

If your authorization is required by the HIPAA privacy regulations for specific disclosures, the Plans will only disclose your Protected Health Information if you have authorized it. For example, an authorization will be required (unless an exception applies) to disclose your Protected Health Information as follows: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) disclosures that constitute a sale of your Protected Health Information.

In all situations other than those described above, the Plans will obtain your written authorization before using or disclosing protected health information about you. In addition, to the extent that the use or disclosure by the Plans of your protected health information is prohibited, or materially limited, by other applicable law, the use and disclosure of your protected health information will be conducted in accordance with such more stringent law. If you have provided a written authorization for the use or disclosure of your protected health information, you may revoke it at any time, except to the extent that the Plans (or their business associates) have already taken action in reliance upon it. If you have questions regarding authorizations, please contact the business associate at the number on your ID card.

Your Legal Rights

HIPAA gives you the right to make certain requests regarding your protected health information. You may ask the Plans to:

- Restrict the use or disclosure of protected health information in connection with health care operations, payment and treatment. You also have the right to ask the Plans to restrict disclosures to persons involved in your health care, or to disaster relief entities. The Plans will consider your request, but are not required to agree to such requests.
- Communicate your protected health information to you in an alternative manner or to an alternative location. For example, you may want the Plans to mail your Explanation of Benefits to a different address from that of the primary subscriber (i.e., the Navistar employee or retiree). Your request must clearly state that the disclosure of all or part of your protected health information could endanger you. The Plans will accommodate reasonable requests.
- Allow you to inspect and to obtain a copy of your protected health information, including medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. If the Plans did not create the information, they will refer you to the source, such as your physician or hospital. The Plans may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- Amend your protected health information. Your request must be in writing and must include the reason for the request. If the Plans deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures of protected health information, other than, among others, those disclosures made for treatment, payment or health care operations, the Plans have made about you. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the Plans

may charge a reasonable fee.

- You have the right to be notified whenever the Plan or a Business Associate discovers a breach of unsecured Protected Health Information.

You may exercise any of the rights described above, or request a paper copy of this notice, by calling Navistar's Employee/Retiree Information Center's (ERIC) toll-free number: 1-855-331-3742 or by emailing ERICOperations@Navistar.com.

Complaints

If you believe your privacy rights have been violated by the Plans, you have the right to file a complaint by writing to the Plans' Privacy Officer, 2701 Navistar Drive, P.O. Box 4080, Lisle, Illinois 60532. You may also call the Network Hotline at 1-800-241-5689 or Navistar's Security Hotline at 1-800-247-2124. You may also write to the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

Notice Is Subject to Change

The Plans reserve the right to revise or otherwise change this notice at any time. If the Plans make a material revision or change to this notice, the Plans will send the revised notice to all subscribers covered by the Plans at that time. The revised notice will be effective for all of the protected health information that the Plans already maintain, as well as any information that the Plans may receive or hold in the future. To the extent the Plans retain your protected health information following coverage termination, the Plans will maintain such information in accordance with the terms of this notice, as may be revised from time to time.

Questions

If you have questions about this notice, please contact ERIC at: P.O. Box 4080, Lisle, Illinois 60532, by calling toll-free: 1-855-331-3742, or by emailing ERICOperations@Navistar.com.

IMPORTANT NOTE: REIMBURSEMENT OF MEDICARE PART D (PRESCRIPTION DRUG) PREMIUM SURCHARGE FOR CERTAIN HIGH-INCOME PARTICIPANTS

Navistar is required to pay the Medicare Part D ("Part D") prescription drug program premiums for participants under the Navistar, Inc. Retiree Health Benefit and Life Insurance Plan. **If you or your covered spouse are being required to pay a Medicare Part D premium surcharge through your Social Security benefit, please notify the Employee/Retire Information Center ("ERIC").**

What is the Medicare Part D Premium Surcharge for High-Income Earners?

Beginning **January 1, 2011**, Medicare beneficiaries who are considered high-income earners pay a higher premium for their Medicare Part D prescription drug coverage.

How do I know if I'm being requested to pay premiums for the Part D prescription drug program?

The income amounts for determining who is a high-income earner required to pay the Part D premium surcharge vary each year. However**,** every Fall season you (and your spouse, if applicable) receive a letter from the Social Security Administration outlining your Social Security benefits for the next year. If you or your covered spouse are being asked to pay more for Part D, there will be a line item in the letter saying "Your 2017 deduction for prescription drug coverage income-related monthly adjustment amount based on your 2013 income tax return is $XX.XX." Please see the attached sample notice from the Social Security Administration for 2015 based on 2013 **income amounts.** If there is a dollar amount in the area noted on the form you or your covered spouse receive for any year, that amount represents the Part D premium surcharge deducted from your Social Security check. **YOU AND YOUR COVERED SPOUSE ARE ENTITLED TO RECEIVE REIMBURSEMENT FROM NAVISTAR FOR THESE PART D PREMIUM SURCHARGES.** If you have any questions regarding whether you or your covered spouse are paying the Part D surcharge, please contact the Social Security Administration.

PLEASE NOTE THAT UPON SUBMISSION OF THE REQUIRED REIMBURSEMENT MATERIAL (SEE BELOW), YOU AND YOUR COVERED SPOUSE ARE ENTITLED TO REIMBURSEMENT OF ALL MEDICARE PART D PREMIUMS SURCHARGE FOR HIGH-INCOME EARNERS THAT YOU AND YOUR COVERED SPOUSE HAVE PAID SINCE JANUARY 1, 2011. IN ADDITION, YOU AND YOUR COVERED SPOUSE WILL BE REIMBURSED FOR ANY PART D SURCHARGES EITHER OF YOU MIGHT BE SUBJECT TO IN 2015 AND LATER YEARS.

What do I need to do to get reimbursed?

For each applicable year, please send ERIC a copy of your Social Security letter (and your covered spouse's letter, if applicable) showing the amount of your Part D surcharge (please see sample attached). Please sign and date the copy of the Social Security letter for you (and your spouse if applicable) before submitting them to ERIC. Navistar will review any Social Security letters you or your covered spouse submit for reimbursement. If approved, Navistar will add an additional amount to your pension check to reimburse the additional Part D premium for you (and your spouse, if applicable). The Medicare Part D surcharge went into effect in 2011, you may submit your Social Security statements from 2011 to present for reimbursement. As soon as administratively feasible, previously unreimbursed surcharges will be added to the next available pension check in the form of a lump sum payment. Because the rules vary each year for which Medicare recipients are subject to the Part D premium surcharge, each year you and your covered spouse must resubmit a copy of your Social Security letter to be eligible for reimbursement. If you do not submit the letter, reimbursement payments will be stopped after the December pension check. Please note this reimbursement applies to Medicare Part D only.

To learn more about this surcharge, you can go to www.medicare.gov and click on the "Your Medicare Costs" tab.

Social Security Administration

123456 1 AT 0.123 456789 LR M12345 1122 03

Sample Form
111 Anywhere Avenue
MAINTOWN, USA 11111-1111

Date: November 27, 2017
Claim Number: 123-45-6789A

The Social Security Act requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and their prescription drug coverage based on their income. Because of your income, your premiums will be increased. The information in this notice about you premium is for 2017 only.

If you currently do not have Medicare Part B or prescription drug coverage and enroll in 2017, those premiums will also be increased based on your income.

How Much Social Security Will I Get?

- Your new 2017 monthly benefit amount before deduction is: $2,345.60
- Your 2017 monthly deduction for the Medicare Part B Premium is: $175.00
  - $105.00 for the standard Medicare premium, plus
  - $70.00 for the income-related monthly adjustment based on your 2013 income tax return

- Your 2017 deduction for prescription drug coverage income-related monthly adjustment amount based on your 2013 income tax return is: -$70.20

Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 15, 2017 is: ✓ $2,100.40

*** The section boxed above represents the Medicare Part D Premium Surcharge that is refundable to you or your covered spouse by Navistar.**

WHCRA: Annual Notice of Women's Health

To all Employees and Retirees:

The intent of this update is to comply with the annual notification required by federal law, for the Women's Health and Cancer Rights Act, which was enacted on October 21, 1998. This law, which is effective for plan years beginning on or after that date, requires group health plans that provide coverage for mastectomies to also cover prostheses and reconstructive surgery following mastectomies. For all employee and retiree plans this enhanced coverage became effective November 1, 1998 (or January 1, 1999, if participating in an HMO).

The Women's Health and Cancer Rights Act mandates that a covered member who receives benefits for a medically necessary mastectomy and elects breast reconstruction after the mastectomy also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.

  Prostheses.
- Treatment of physical complications for all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that may apply under your plan for the mastectomy.

If you have any health benefit questions, please contact your health plan carrier in which you are enrolled.

Navistar

Employee/Retiree Information Center

Important Notice from Navistar, Inc. About
Your Prescription Drug Coverage and Medicare

Please read this Creditable Coverage notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Navistar, Inc. 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. **Navistar, Inc. has determined that the prescription drug coverage offered by your applicable Navistar, Inc. group health plan (either Navistar, Inc.'s Retiree Health Benefit and Life Insurance Plan or Navistar, Inc.'s Health 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 not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and during the Medicare open enrollment each year --October 15th to December 7th. This period is subject to change annually.

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 drug plan, your current Navistar, Inc. coverage will be affected. For employees and retirees covered under Navistar, Inc.'s Health Plan, the Navistar, Inc. Health Plan will coordinate with Part D coverage. For retirees covered under Navistar, Inc.'s Retiree Health Benefit and Life Insurance Plan, coverage will end for the individual and covered dependents.

If you do decide to join a Medicare drug plan and drop your current Navistar, Inc. coverage, be aware that you and your dependents will 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 with Navistar, Inc. 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 Navistar's Employee/Retiree Information Center (ERIC) toll-free for further information at 1-855-353-5100 or by email at RetireeHotline@Navistar.com. **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 through Navistar, Inc. 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
- 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, 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:	**10/01/2018**
Name of Entity/Sender:	**Navistar, Inc.**
Contact—Position/Office:	**Employee/Retiree information Center (ERIC)**
Address:	**P.O. Box 4080** **Lisle, IL 60532**
Phone Number:	**1-855-331-3742**
Email:	**ERICOperations@Navistar.com**