

Welcome to Open Enrollment 2021!

The open enrollment period will depend on your age as follows:

PRE-65 & PRE-65 MEDICARE DISABLED

November 1st – December 15th

POST-65

November 1st – December 7th
(medical, dental & vision)

– the December 7th deadline aligns with the last day of the official Medicare open enrollment period)

Open Enrollment is your opportunity to make changes to your benefit elections. You may enroll for the first time, re-enroll if you dropped Blue Cross Blue Shield in a previous year, switch medical plans, add dependents, or terminate your coverage. (Certain restrictions apply; please see the “Eligibility” section in the **2021 Guide to Benefits for Pre-65 Members** for further details.)

We encourage you to review the information *carefully*. As in the past, you are only able to make a change to your benefits after the open enrollment period if you experience a qualifying life event, such as marriage, divorce, birth or adoptions, death in the family, or an involuntary loss of coverage.

New premium levels will go into effect January 1, 2021. (For rate information, refer to the **2021 Guide to Benefits for Pre-65 Members**. Rates can also be found on the benefit enrollment form.)

MEDICAL/PRESCRIPTION

We know how important good health is to you and your family. That is why the DSRA-BT offers you medical plan options that protect against the unexpected and help you meet your routine health care needs. Read on for further details.

Under Age 65

2021 BCBSM Medical Coverage Highlights

- No coverage changes to the existing pre-65 Medical Plan Options.
- Enrollees who pay the full premium each month will continue to have the choice to bundle Dental and/or Vision.

GOLD & SILVER – PPO

DSRA-BT offers **two** traditional PPO plans. The GOLD and SILVER medical plans both feature copays for physician office services and prescription drugs. The SILVER plan, however, offers a lower monthly premium and higher deductibles. If you elect either of these medical plan options, you are not eligible to contribute to a Health Savings Account.

BRONZE & COPPER – High Deductible Health Plan (HDHP)

The BRONZE and COPPER medical plans are High Deductible Health Plans. Under these plan options, **you are responsible for the full cost of health care services**, such as office visits as well as prescriptions, out of your own pocket until you satisfy the deductible.

- **BRONZE** – If you cover your spouse or other dependents on this medical plan option, the **entire** family deductible must be met before benefit plan coverage takes effect – for any one or combination of family members. This is called a **NON-EMBEDDED DEDUCTIBLE**.
- **COPPER** – If you cover your spouse or other dependents on this medical plan option, any one individual family member reaches the individual deductible in expenses; their benefit plan coverage takes effect. This is called an **EMBEDDED DEDUCTIBLE**.

Preventive, routine wellness care is covered 100%. Once the deductible is satisfied, you will begin to pay your coinsurance until you’ve reached the annual coinsurance dollar maximum. Once the annual coinsurance dollar maximum has been reached, the plan will cover eligible expenses at 100%.

If you elect either the Bronze or Copper medical plan, you are eligible to establish a Health Savings Account (HSA) at the financial institution of your choice. Additional details about Health Savings Accounts are available in the **2021 Guide to Benefits for Pre-65 Members** as well as the Health Savings Account FAQ. Both documents are available on our website – www.dsrabenefittrust.net.

Pre-65 Medicare Disabled

DSRA-BT offers a medical plan – provided by Blue Cross Blue Shield Michigan (BCBSM) – to Medicare disabled retirees or dependents under the age of 65. This group health plan acts like a supplement to Medicare, providing medical and prescription drug coverage.

Post-65 DSRA-BT offers medical plan choices through The Hartford, which have some exciting new changes for 2021. 1) All plans are now available in All states. 2) The Silver & Fit fitness club and online class membership program is now available to all Hartford plan participants. 3) Plan participants are now able to receive a yearly full physical, up to a \$500 value, for a \$25 copay. Members who would like to return to The Hartford are eligible to come back into the plans offered by DSRA-BT through The Hartford.

Medicare Advantage plans are now available from AETNA through the Auto VEBA Trust. Visit www.MyMedPlans.com and select the Auto tab to review the Medicare Advantage plans.

Post-65 members will receive a separate open enrollment packet outlining the options and the enrollment instructions. For complete details about the Post-65 plans, please refer to the **2021 Health Matters Guide for Post-65 Members** on the website at www.dsrabenefittrust.net.

**SUNSET OF THE HEALTH COVERAGE TAX CREDIT (HCTC)**

To date, the Health Coverage Tax Credit (HCTC) has not been extended and funding continues to not be available. If Congress extends the HCTC after the open enrollment deadline of December 15, 2020, the DSRA-BT will re-open enrollment to allow you to make elections based on the extension. If Congress fails to extend the HCTC program before December 1, 2020, the program will shut down for a minimum of 1-2 months into 2021 or until reauthorization is passed. If you wish to remain in the DSRA-BT insurance plans be prepared to pay 100% of the plan premium for each month the HCTC program is not in operation.

**DSRA-BT SUBSIDIES**

Eligibility for a DSRA-BT subsidy is generally defined as being a Delphi Salaried Retiree (including spouse and eligible dependents) who retired on or before April 1, 2009. The DSRA-BT will continue to provide a health premium subsidy to eligible pre-65 salaried retirees, spouses and dependents that are not eligible for the HCTC and who purchase medical insurance from DSRA-BT in 2021. If the HCTC program is not extended, all eligible retirees must submit a new enrollment form to request to receive the DSRA-BT subsidy.

For 2021, the Board of Directors has determined the subsidies as follows:

Plan Option	2021 Monthly DSRA-BT Subsidy Amount (HCTC NOT Extended)		
	Single	Two Person	Family
Under Age 65 & Special Circumstance	\$866.71	\$2,052.14	\$2,560.16
Under Age 65 & Medicare Disabled	\$1,916.36	\$3,812.72	N/A
*Under 65 QFM	\$866.71		N/A
Post-65	No subsidy available for post-65 members		

Plan Option	2021 Monthly DSRA-BT Subsidy Amount (HCTC Extended)		
	Single	Two Person	Family
Under Age 65 & Special Circumstance	\$735.00	\$1,470.00	\$2,170.00
Under Age 65 & Medicare Disabled	\$1,916.36	\$3,812.72	N/A
*Under 65 QFM	\$630.00		N/A
Post-65	No subsidy available for post-65 members		

One subsidy is available per family with the exception of dual Delphi retiree households who carry separate policies. **Additional important details about the above DSRA-BT subsidies and eligibility are available in the 2021 Guide to Benefits for Pre-65 Members.**



AFFORDABLE CARE ACT

Under the Affordable Care Act (ACA), a.k.a. “health care reform: or “Obamacare,” the Health Insurance Marketplace offers a resource for purchasing health coverage that will be operated by either the federal or state government depending on the member’s state of residence.

As of January 1, 2019, the federal tax penalty for someone who does not purchase health coverage to satisfy the individual mandate has been reduced to \$0. However, some states have begun implementing their own individual mandate penalty. As of January 1, 2019, residents of these states will be subject to a tax penalty if they do not purchase health coverage. Additional states may follow suit in the future.

For further details about the Affordable Care Act, please go to the government website at www.healthcare.gov/.

DENTAL

There are two Dental plans available to members enrolled in Dental +/- Vision only "standalone" plans. The two plans available are High and Low. Please review the Dental section of the Pre-65, Post-65 or Dental and Vision Benefit Guides for more information regarding these plans.

VISION

DSRA-BT will continue to offer vision benefits through BCBSM Blue Vision. The vision plan offers you comprehensive coverage – including eye exams and materials – through VSP, the nation’s largest vision care network, with 27,000 doctors and 41,000 locations.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance benefits remain with Guardian. (NOTE: Delphi hourly retirees are not eligible for this voluntary benefit.) Rates are remaining the same for 2021. New for 2021: Surviving spouses are now eligible to remain in the life insurance plan to the age of 80. If you would like to make a change to your life insurance benefits, complete an enrollment form. This form can be found on our website – www.dsrabenefittrust.net – or you may contact Benistar, our voluntary life plan administrator, at 1-888-588-6682 to obtain a copy of the form.

HOW TO MAKE BENEFIT ELECTIONS

Below are the necessary steps for you to complete to elect benefit coverage:

PRE-65 & PRE-65 MEDICARE DISABLED

1. Complete the **benefit enrollment form(s)** if you are electing **medical, dental, and/or vision** coverage for the first time or making a change to your current coverage. If you are not making any changes, **no action is required**.
2. Return your form (**including your 13441-A form**) to **Benistar**, our pre-65 plan administrator, as indicated below.
3. If you wish to make any modifications to your current **voluntary life election** (e.g. increase or decrease your elected amount) or wish to elect voluntary life for the first time, you must complete the Guardian enrollment form and Statement of Health and return it to **Benistar**, as indicated below. Go to the **Guardian Life Insurance** section on the www.DSRABenefitTrust.net website to find the necessary forms.

POST-65

For complete details about the post-65 enrollment process, please refer to the **2021 Health Matters Guide for Post-65 Members** on the website at www.dsrabenefittrust.net.

WHAT IS THE DEADLINE?

Don't delay! All enrollment materials must be **received** by the election deadline:

PRE-65 & PRE-65 MEDICARE DISABLED

Completed enrollment forms must be returned to Benistar (**medical, dental, vision, voluntary life**) – our pre-65 plan administrator – via mail, fax, or email no later than **TUESDAY, DECEMBER 15th**.

POST-65

Completed forms for **dental and vision** coverage must be returned to Benistar via mail, fax, or email by **TUESDAY, DECEMBER 15th**.

Completed forms for **medical and voluntary life** coverage must be returned to Benistar via mail, fax, or email no later than **MONDAY, DECEMBER 7th**.

**WHERE DO I RETURN MY FORMS?**

All forms should be returned to Benistar, as outlined below.

PRE-65 & PRE-65 MEDICARE DISABLED

Return all **medical, dental or vision and voluntary life** forms (including the 13441-A form) to **Benistar** as indicated below.

Mail: Benistar DSRA-BT Service Center
DSRA-BT Plan Administrator
10 Tower Lane, Suite 100
Avon, CT 06001

Email: memelig@benistar.com

Fax: (860)408-7025

POST-65

Return all **medical, dental or vision and voluntary life** forms and the first month's premium payment (made payable to DSRA Benefit Trust) to **Benistar** as indicated below.

Mail: Benistar DSRA-BT Service Center
DSRA-BT Plan Administrator
10 Tower Lane, Suite 100
Avon, CT 06001

Email: memelig@benistar.com

Fax: (860)408-7025

BILLING & PAYMENT

Medical/Prescription – Under Age 65 and Pre-65 Medicare Disabled

Dental and Vision – Under Age 65 & Post-65

ALL HCTC ENROLLMENT FORMS (including the 13441-A) ARE SENT TO BENISTAR FOR REVIEW. Benistar will mail 12 months of personalized Payment Vouchers to each HCTC enrollee.

If you are not enrolling in the HCTC AMP, and you elect any of the benefit plans offered through BCBSM – pre-65 medical, pre-65 Medicare Disabled medical, dental or vision (both under age 65 and post-65) – you will be billed monthly by Benistar, our plan administrator.

Special Notice for HCTC Members if HCTC is Reauthorized – Advance Monthly Payments (AMP)

HCTC-eligible members enrolled in AMP must pay 27.5% of your health insurance premiums to the HCTC program **by the 10th day of each month for coverage that month**. Don't forget to include your payment coupon (IRS Form 13973). The HCTC program then adds the 72.5% advance portion of the HCTC and sends the full payment to Benistar for further payment to BCBSM each month.

Medical – Post65

If you elect any of the post-65 plans offered through The Hartford, you will be billed monthly by Benistar, our post-65 plan administrator.

Voluntary Life

If you elect voluntary life coverage through Guardian, you will be billed monthly by Benistar, our voluntary life plan administrator.

If premiums are not paid by the due date, **coverage will be terminated as of the last day of the preceding month**. All benefits including medical, prescription, dental, and vision coverage will cease, and no claims will be paid.

If you fail to pay your HCTC AMP premium on time your check will be returned to you and the IRS will not pay your premium for that month. You will be responsible for 100% of the premium to maintain coverage.

QUESTIONS

If you have questions about the benefit plans or the enrollment process, please contact Benistar, our pre-65 and post-65 plan administrator, at 1-888-588-6682.

On behalf of the DSRA Benefit Trust Committee, we thank you for your participation in the DSRA Benefit Trust benefit plans and your ongoing support. We appreciate the opportunity to continue to serve you!

Paul Beiter
Chair

Sharon Delezenne
Secretary

Lori Ostrander
Treasurer

Stephen Duca
Boardmember

Greg White
Boardmember