

2023 Health Matters

A Guide to Your Healthcare Options
Delphi Salaried Retirees Association – Benefit Trust
Important health plan information enclosed.



DSRA★BENEFIT TRUST
BENEFIT PLANS FOR DELPHI RETIREES

Why am I receiving this booklet?

Understanding your health care coverage options is more complex than ever. Delphi Salaried Retirees Association - Benefit Trust (DSRA-BT) is committed to helping you make an informed choice, with tools and resources to guide you in exploring today's health plan options and the savings they can provide.



When it's time to select your health plan, think about how it will fit into your lifestyle.

Some things to consider:

→ COVERAGE

Are the services you need covered?

→ COST

How much are your premiums, deductibles, and other costs for things like doctor visits or hospital stays? What's the yearly limit for out-of-pocket costs?

→ TRAVEL

Does the plan cover you in another state or outside the U.S.?

→ CHOICE OF DOCTOR AND HOSPITAL

Do your doctors accept the coverage? If not, are the doctors you want to see accepting new patients? Do you have to select your hospital and health care providers from a network?

→ PRESCRIPTION DRUGS

Do you need to join a Medicare drug plan? Will you pay a penalty if you join a plan later? What do your prescription drugs cost and will they be covered?

→ CONVENIENCE

Where are the doctors' offices? What are their hours? Which pharmacies can you use? Can you get your prescriptions by mail?

WHAT IS Medicare?

UNDERSTANDING THE BASICS

You have important decisions to make when you become eligible for Medicare. Our goal is to help you understand your options and feel confident about choosing coverage based on your needs.

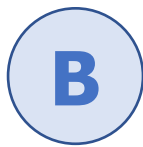
Delphi Salaried Retirees Association - Benefit Trust's current coverage requires participation in Medicare Parts A and B. Before you look into a Medicare Supplement or Medicare Advantage plan, it's important to understand what Medicare covers and the costs you may incur when utilizing Medicare services. You are either coming into Medicare because you are turning 65 and you must do something because you are coming off your regular health insurance or you qualify for Medicare under 65 due to a disability, such as End Stage Renal Disease (ESRD) requiring kidney dialysis or kidney transplant.

MEDICARE has *four* parts:



Part A (Hospital Insurance)

Medicare Part A covers inpatient treatment in a variety of settings including hospitals, skilled nursing facilities, hospice, and other inpatient facilities. Medicare Part A involves deductibles and co-pays*, per benefit period, as well as long-term hospital stays over 90 days.

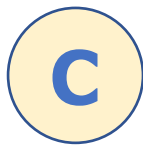


Part B (Medical Insurance)

Medicare Part B is health insurance that covers doctor visits, exams, immunizations, checkups, and durable medical equipment. Like Part A, Medicare Part B involves out-of-pocket expenses including a monthly premium, annual deductible and typically 20 percent of the total cost of your care.**



Together, Part A & Part B make up Original Medicare. These are the portions provided and administered by the federal government. (They aren't provided for free) Important: Original Medicare does not cover outpatient prescription drugs, nor does it cover some basic services, including dental, vision or hearing.



Part C (Medicare Advantage)

Medicare Advantage plans, sometimes called "Part C" or "MA Plans," are offered by private, Medicare-approved companies. A Medicare Advantage plan provides all of your Part A and Part B coverage. Part D prescription drug coverage is sometimes included as well. Each plan can charge different out-of-pocket costs and have different rules for how you get services.



Part D (Prescription Drug Insurance)

Medicare Part D is prescription drug coverage. These plans reduce your overall health care costs by lowering the cost of your prescriptions. Each plan can vary by cost and drug coverage.



Part C & Part D are both sold by private companies instead of the federal government, but both must abide by government regulations. Medicare Advantage must cover at least the same benefits as Original Medicare. Part D is only available to people with Original Medicare

WHAT ARE YOUR MEDICARE OPTIONS?

The two main ways to get your Medicare coverage are: Original Medicare or a Medicare Advantage Plan. The chart on the following page can help you visualize your choices.

* Medicare Part A & B is set by CMS and Part A depends on your work history and Part B is determined by your earnings. Medicare Part A is free for most people, as long as you or a spouse have worked 40 quarters. Please check www.Medicare.Gov for 2023 amounts.

**In addition to the monthly premium associated with a Medicare Advantage Plan, or Medicare Supplement Plan and/or Prescription Drug Plan, you must continue to pay your Medicare Part B premium.

Your Medicare Coverage Choices

STEP 1

Decide What Coverage Works Best For You!



Original
MEDICARE

Hospital Insurance Medical Insurance
Part A *Part B*

or

MEDICARE
ADVANTAGE



(Like a PPO)

Hospital Insurance Medical Insurance
Part C

STEP 2

Decide If You Need Drug Coverage



Prescription Drug
Part D

*Don't go 63 days
or more in a row
without a Medicare
Drug Plan or other
creditable drug
coverage or risk
penalty.*



Prescription Drug
Part D

*Already included in the Medicare
Advantage Plans offered
through your Group Trust*

STEP 3

Decide If You Need To Add Supplemental Coverage



Medicare Supplement Plan

*If you join a Medicare Advantage
Plan, you can not participate in
a Medigap policy.*

END

3 BCBSM Medicare Advantage Plans SM

NO AGE BANDS, NO ZIP CODES, NO DEDUCTIBLES, NATIONWIDE PLANS

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to BCBSM members. These plans are PPO (Passive Plan) and allow you to see any doctor and/or any hospital with your BCBSM Medicare Advantage Plan. If your Doctor accepts Medicare, they will accept your plan. If they say they do not accept BCBSM, please contact Benistar in order to learn what you can do to have your Medicare services, outside of the standard 80%, covered by BCBSM. The plans offered are nationwide plans with a flat rate, regardless of pre-existing conditions, your age or the State you live in. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. The BCBSM MA Plans are all inclusive with Medical and Prescription Drug (MAPD). The Diamond Plan mirrors the F Plan with some added benefits!

Members can elect the following BCBSM options listed in the chart below.

OPTIONS	Diamond	Emerald	Ruby
Type Of Network	Passive	Passive	Passive
Out Of Pocket Maximum	\$0	\$750	\$4,500
Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
Inpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Outpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Office Visit	\$0	\$5	\$20
Chiropractic	\$0	\$5	\$20
Specialist	\$0	\$15	\$40
Urgent Care	\$0	\$10	\$50
Facility Evaluation	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Psych	\$0	\$5	\$25
Surgical Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Other Physician Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Preventative	No Cost	No Cost	No Cost
Emergency	\$0	\$75	\$90
Ambulance Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Durable Medical Equipment	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Medical & Prescription Drug/ MAPD Rate	\$285.99	\$224.06	\$109.04

Copays are the only differences in the High PDP and Ruby PDP Plan

DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX	EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX	RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX
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Medicare Advantage Medical / Surgical Group Benefits and Services	Schedule B		
PPO Benefit Structure	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)
Member Out-of-Pocket Cost- Sharing Options	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays
Combined Out-of-Pocket Maximum	\$0	\$750	\$4,500
Single Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
> Core Benefits			
Inpatient Facility Services (No Member Cost-Share - Home Health Care)	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply
Outpatient Facility Services	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply

(Continued)	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX		EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX		RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX	
> Physician / Practitioner Benefits						
Office Visits, Online Visits, and Consultations	\$0		\$5		\$20	
Chiropractic Services	\$0		\$5		\$20	
Specialist Services	\$0		\$15		\$40	
Psychiatric and Psychotherapy Services	\$0		\$5		\$25	
Facility Evaluation and Management Services	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Other Physician Services (No Member Cost-Share for Clinical Labs)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Surgical Services (Includes Anesthesia Services, Cardiac Catheterization Services, and Therapeutic Cardiovascular Services)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
> Emergency / Other Benefits						
Urgent Care	\$0		\$10		\$50	
Emergency Department / Emergency Room Care	No Member Cost-Share		\$75		\$90	
Ambulance Services	No Member Cost-Share		Ded,Coins,OOPM Will Apply		Ded,Coins,OOPM Will Apply	
DME, P & O, and Supplies	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Preventive Services	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Additional Medicare Advantage Group Benefits						
Adult Diapers / Incontinence Liners	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Annual Physical (removes Office Visit cost-share)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Chiropractic Enhanced Services						
> Approved Radiological	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above
> Approved E & M						
> Approved Physical Therapy						
Determination of Refractive State	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.
Gradient Compression Stockings	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hearing Services						
> Exam (measurement of hearing ability)	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above
> Hearing Aids	Included	Covered up to \$500	Included	Covered up to \$500	Included	Covered up to \$500
Home Infusion Therapy	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hospice Care (Cost-Share associated with Respite and Drugs)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above
Private Duty Nursing	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)
Wigs (includes wig stands and adhesive)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services

Copays are the only differences in the High PDP and Ruby PDP Plan. Please refer to the Summary of Benefits to see the difference in RX Copays. Formulary of ALL BCBSM PDP plans are the same.

Silver Sneakers

It's never too late to start living a longer, healthier life. Take advantage of all SilverSneakers has to offer.

Classes Designed for seniors

Whether indoors or outdoors, beginner or experienced, we have fitness classes fit for everyone. All SilverSneakers classes are led by our supportive instructors.

No Additional Cost to You

If you have SilverSneakers included in your Medicare Advantage Plan, you get all of the location access, SilverSneakers classes, on-demand videos, and perks of membership at no additional cost.

More Classes. More Places

Whether you live too far away from a gym or prefer the comfort of a familiar place, join others with instructor-led SilverSneakers FLEX classes. From community centers to nearby parks - you'll have access to over 80 different types of classes like outdoor walking groups and nutrition workshops.

The Freedom to Choose

Weights, treadmills, stationary bikes, and so much more - whether you're starting to exercise or keeping up with your proven workout, you'll have access to equipment you need.

A fitness app designed for you

Access fitness programs on the go, track and schedule activities, find locations, and get your member ID with SilverSneakers GO.

On-Demand video workouts

Prefer exercising at home? Use your SilverSneakers membership to log in to our on-demand video library of classes, workouts, and how-to videos..

Retirees Post-65

BCBSM (High and Low)

Prescription Drug Plans

Our prescription drug plans are included when you enroll in any of our Medicare Advantage health plans. The BCBSM RX Plans include 100% of drugs covered by Medicare Part D. The plan is insured and administered by OptumRX. Members also have the opportunity to enroll in Stand-Alone prescription drug coverage with BCBSM in either the High or Low plan.

With OptumRX you can fill your prescriptions at more than 62,000 pharmacies nationwide, including national chains as well as thousands of locally-owned and operated independent specialty pharmacies. With our prescription Drug Plans, you may pay as little as \$2 for a 31 day supply of certain, commonly-prescribed generic drugs when you fill your prescription at a pharmacy in OptumRX Preferred Network, which includes major retailers like Walgreens, Walmart, Kroger and Sam's Club. For complete details about these plans, please refer to the Plan Summary of Coverage on the website at www.DSRABenefitTrust.net

	HIGH PDP Plan		LOW PDP Plan	
Formulary Option	Comprehensive Enhanced Formulary		Comprehensive Enhanced Formulary	
Prior Authorization/Step Therapy	Yes		Yes	
Rx Deductible	\$0		\$0	
	Preferred Rx	Standard Rx	Preferred Rx	Standard Rx
Tier 1 (Preferred Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 2 (Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 3 (Preferred Brand)	\$40	\$50	\$50	\$60
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 4 (Non-Preferred)	\$75	\$100	\$80	\$100
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 5 (Specialty)	30% member cost	30% member cost	35% member cost	35% member cost

BCBSM Monthly Cost for your Prescription Drug Plan

HIGH PDP Plan	LOW PDP Plan
\$91.90	\$72.92
- \$10 admin fee will need to be added to the Standalone PDP Plans	

Price and Copays are the only differences in the High / Low PDP Plan

- Your **formulary** is a list of drugs covered by your plan.
 - Out-of-pocket cost is applied based on drug tiers and pharmacy type:
- Tier 1**= Preferred generic drugs **Tier 4**= Non-preferred drugs
Tier 2= Generic **Tier 5**= Specialty drugs
Tier 3= Preferred brand drugs

The BCBSM High and Low plans do not have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-of-pocket cost may be lower but never more than your group plan copay.

! ATTENTION

Important Prescription Drug Changes for 2023

- OptumRX will now manage your pharmacy benefits.
- All prescriptions you are currently taking will transfer to OptumRX for 2023
- Continue to use your current member ID cards at your pharmacy and health care providers' offices through December 31. You should begin to use your new member ID cards starting January 1, 2023.
- OptumRx Toll free: (855) 810-0007

There are no changes to benefits due to the pharmacy manager change.

Review the BCBSM formulary to ensure your medications are covered www.DSRABenefitTrust.net

The Hartford

The Elite, Premium, Choice and Premium Plus Retiree Medical Plans are available to ALL DSRA Benefit Trust Members in ALL states. Members can elect one of two BCBSM prescription drug plans, High or Low to pair with the Hartford medical plan or as a standalone plan. You do not need to enroll in the Hartford medical plan to enroll in the BCBSM prescription drug plan. The Hartford Plans are Medigap/Medicare Supplemental plans for traditional Medicare coverage (not a Medicare Advantage Plan).

Premiums for 2023 are summarized in the following charts:

5 Year Bands - Upon the 1st day of your birthday month

The total monthly cost for your coverage is per person per month, and listed below based on your age:

STANDALONE PLAN RATES Admin fee already included (plan administration, billing and claims)	INSURED'S AGE BANDED RATES				
	65-69	70-74	75-79	80-84	85+
Elite (Mirrors Plan F)	\$ 170.57	\$ 211.42	\$ 264.24	\$ 323.08	\$ 362.24
Premium Plus (Mirrors Plan G)	\$ 152.98	\$ 189.09	\$ 235.82	\$ 287.83	\$ 322.46
Premium	\$ 129.45	\$ 159.24	\$ 197.79	\$ 240.71	\$ 269.28
Choice	\$ 106.89	\$ 130.63	\$ 161.34	\$ 195.54	\$ 218.30
Florida Residents ONLY	\$ 215.08 (NO AGE BANDS for FL)				

MEDICAL PLAN + **HIGH** RX PLAN - MONTHLY RATES

Elite (Mirrors Plan F)	\$ 262.47	\$ 303.32	\$ 356.14	\$ 414.98	\$ 454.14
Premium Plus (Mirrors Plan G)	\$ 244.88	\$ 280.99	\$ 327.72	\$ 379.73	\$ 414.36
Premium	\$ 221.35	\$ 251.14	\$ 289.69	\$ 332.61	\$ 361.18
Choice	\$ 198.79	\$ 222.53	\$ 253.24	\$ 287.44	\$ 310.20

MEDICAL PLAN + **LOW** RX PLAN - MONTHLY RATES

Elite (Mirrors Plan F)	\$ 243.49	\$ 284.34	\$ 337.16	\$ 396.00	\$ 435.16
Premium Plus (Mirrors Plan G)	\$ 225.90	\$ 262.01	\$ 308.74	\$ 360.75	\$ 395.38
Premium	\$ 202.37	\$ 232.16	\$ 270.71	\$ 313.63	\$ 342.20
Choice	\$ 179.81	\$ 203.55	\$ 234.26	\$ 268.46	\$ 291.22

*Rates include a \$3.00 DSRA-BT VEBA fee.

DSRA-BT offers four medical plan choices to retirees over the age of 65. All four plans are underwritten by The Hartford. The table above provides a side-by-side rate comparison of the four medical plans. For complete details about these plans, please refer to the Group Retiree Insurance Plan Summary of Coverage on the www.DSRABenefitTrust.net website.

- Silver&Fit Fitness membership is available to all DSRA Benefit Trust members participating in the Hartford Medical plans. Silver&Fit offers gym membership and online classes. Please visit www.SilverandFit.com to find the participating club nearest you.
- The Hartford plans include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.

BENEFIT DESCRIPTION	AGP-3845 AGP-7050	AGP-3846 AGP-7051	AGP-7052	AGP-3862 AGP-7053
	Premium	Choice	Premium Plus	Elite
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum (OOP) (Applies to Medicare Part B Services)	\$500 ✓	\$1,000 ✓	N/A	N/A
Part A				
Part A Deductible (days 1-60; Part A Deductible)	100%	100%	100%	100%
ⁱⁱHospital Confinement (days 61-90; 25% of Part A Deductible) (days 91-150; 50% of Part A Deductible)	100%	100%	100%	100%
Extended Hospital Confinement (Additional 365 days) payable at 100%	100%	100%	100%	100%
Skilled Nursing Facility Confinement (days 21-100; 12 1/2% Part A Deductible)	100%	100%	100%	100%
Part B				
Part B Deductible	Not Covered	Not Covered	Not Covered	100%
Physician Services Benefit	100%	100%	100%	100%
Specialist Services Benefit	100%	100%	100%	100%
Outpatient Hospital Services and Ambulatory Surgical Care	100%	100%	100%	100%
Outpatient Diagnostic and Radiology Services	100%	100%	100%	100%
Outpatient Mental Health and Substance Abuse Services	100%	100%	100%	100%
Outpatient Rehabilitative and Cardiac Rehabilitative Services	100%	100%	100%	100%
Emergency Care Benefit	100%	100%	100%	100%
Urgent Care Benefit	100%	100%	100%	100%
Ambulance Services Benefit	100%	100%	100%	100%
Durable Medical Equipment and Prosthetics Benefit	100%	100%	100%	100%
Part B Excess	100%	100%	100%	100%
Additional Services				
ⁱPreventive Care Cancer Screening	100%	100%	100%	100%
Hospice (Inpatient respite care, drugs)	100%	100%	100%	100%
Blood Deductible	100%	100%	100%	100%
Foreign Travel Emergency (\$250 Deductible; 80% coinsurance up to \$50,000 Lifetime Maximum)	✓	✓	✓	✓
Annual Physical Exam (\$25 copay; \$500 calendar year maximum)	✓	✓	✓	✓
Private Duty Nursing	Not Included	Not Included	Not Included	Not Included
Silver&Fit Exercise Program	✓	✓	✓	✓

i. If any cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

ii. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.



SOMETHING FOR EVERYONE



Welcome to the enhanced Silver&Fit® Healthy Aging and Exercise program

Members will discover a better life balance in a program with flexibility, personalized support, and the following features tailored to meet their unique needs:

National Network of 14,000+ Fitness Centers

- No-cost membership at 14,000+ participating fitness centers and YMCAs
- Many fitness centers and YMCAs also offer:
 - Group fitness classes tailored to older adults
 - Dance or yoga studios and/or swimming pools (where available)



One-on-One Silver&Fit Healthy Aging Coaching

In weekly sessions by phone, trained health coaches guide members in areas like:

- Being active
- Healthy eating
- Lifestyle choices
- Aging well
- Managing conditions



Silver&Fit's ASHConnect Mobile App

- Enhanced fitness center search with photos and location details to help members find fitness centers and YMCAs with their favorite features
- Activity tracking on over 250 wearable fitness devices, including Apple Watch®, apps, and exercise equipment**
- Virtual streaming group exercise videos so members can work out on their schedule



Home Fitness Kits

- Members who prefer to work out at home receive up to 2 kits per benefit year
- 35 unique options available, including a Fitbit® Connected! kit



Member Resources

- 48 Healthy Aging classes
- The Silver Slate® quarterly newsletter



Visit your Doctor from your home!

TELEHEALTH SERVICES

Medicare has temporarily expanded its coverage of telehealth services to respond to the current Public Health Emergency. These services expand the current telehealth covered services, to help you have access from more places (including your home), with a wider range of communication tools (including smartphones), to interact with a range of providers (like doctors, nurse practitioners, clinical psychologists, licensed clinical social workers, physical therapists, occupational therapists, and speech language pathologists). During this time, you will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings without a copayment if you have Original Medicare. This will help ensure you are able to visit with your doctor from your home, without having to go to a doctor's office or hospital, which puts you and others at risk of exposure to COVID-19.



- You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "virtual check-ins"—brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.
- Medicare also pays for you to communicate with your doctors using online patient portals without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.
- Since some people don't have access to interactive audio-video technology needed for Medicare telehealth services, or choose not to use it even if offered by their practitioner, Medicare is allowing people to use an audio-only phone.
- You may use communication technology to have full visits with your doctors. Also, you can get these visits at rural health clinics and federally qualified health clinics. Medicare pays for many medical visits through this telehealth benefit.

Dental & Vision Benefits

DSRA-BT offers dental and vision coverage through Blue Cross Blue Shield of Michigan (BCBSM). If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at 1-888-588-6682 or access the DSRA-BT enrollment form on the DSRA-BT website – www.dsrabenefittrust.net.

Dental Benefits 2 plans to choose from!

We understand the importance of good dental health. Good oral hygiene is important to your overall health. Regular visits to the dentist can help detect problems like gingivitis and even oral cancer. Plan on visiting your dentist once every six months.

DSRA-BT offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). The dental plan provides a wide variety of covered services – either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.dsrabenefittrust.net.



BCBSM Dental Plan - \$50 Deductible for Class 2 and 3 Services

Benefits	Low Plan Coverage	High Plan Coverage
Deductible (Applies to Class 2 and Class 3 services only)	\$50 per member limited to a maximum of \$150 per family per calendar year	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member	\$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

Dental Rates (Standalone or with another option)

The rates below are priced for eligible plan participants enrolling in the Dental Plan Only.

	Low Plan Rate	High Plan Rate
Single	\$64.41	\$68.46
Two-Person	\$124.57	\$132.67

An Administration Fee of \$4.25 is INCLUDED in the rate above.

Dental Rates (Hartford or BCBSM Medicare Advantage)

The rates below are priced for eligible plan participants enrolling in the Dental Plan with a Medical Plan.

	Low Plan Rate	High Plan Rate
Single	\$60.16	\$64.21
Two-Person	\$120.32	\$128.42

No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage.

BCBSM Dental Plan – High Dental Plan vs. Low Dental Plan

The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plans benefits. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.DSRABenefitTrust.net

LOW PLAN

Annual Dental Maximum per Person

\$3,000

Class I Service

Includes but not limited to:
 Bitewing X-rays Full Mouth X-
 Rays
 Dental prophylaxis (Teeth Cleaning)
 Fluoride Treatment - Under 19y/o

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class II Service

Includes but not limited to:
 Fillings (for permanent & primary teeth)
 Root Canal Oral Surgery
 General anesthesia or IV sedation

\$50 = Your Deductible per member to a maximum of
 \$150 per family per calendar year
 20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class III Service

Includes but not limited to:
 Dentures (complete & partial)
 Occlusal biteguards
 Endosteal Implants
 Onlays, crowns and veneer fillings- permanent
 teeth age 12 and older
 Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class IV Service

Orthodontic services for dependents under age 19

Not Covered

HIGH PLAN

Annual Dental Maximum per Person

\$3,000

Class I Service

Includes but not limited to:
 Oral Exams
 Bitewing X-rays
 Full Mouth X-Rays
 Dental prophylaxis (Teeth Cleaning)

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Fluoride Treatment -Any age**

Class II Service

Includes but not limited to:
 Fillings (for permanent & primary teeth)
 Onlays, Crowns, Veneers, Inlays - permanent teeth**
 Occlusal biteguards**
 Oral Surgery
 Root Canal

\$50 = Your Deductible per member to a maximum of
 \$150 per family per calendar year
 20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class III Service

Includes but not limited to:
 Dentures (complete & partial)
 Endosteal Implants
 Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class IV Service

Orthodontic services for dependents under age 19**

50% = Your Coinsurance

Class IV Lifetime Maximum per Individual

\$2,500

*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information.

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan.



2023 Vision Benefits

Member's responsibility (copays)

Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay
Medically necessary contact lenses	\$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay

Note: No copay is required for prescribed contact lenses that are not medically necessary.

Eye exam

Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)

One eye exam in any period of 12 consecutive months

Lenses and frames

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor •Progressive Lenses – Covered when rendered by a VSP network doctor	One pair of lenses, with or without frames in any period of 12 consecutive months	
Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$70 less \$15 copay (member responsible for any difference)

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses

Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$15 copay	Reimbursement up to \$210 less \$15 copay (member responsible for any difference)

One pair of contact lenses in any period of 12 consecutive months

Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
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Vision Benefits

Your eyes are your windows to wellness. Routine eye exams each year allow your eye doctor to detect symptoms of serious eye disease – such as cataracts, glaucoma, and macular degeneration – and health conditions – such as diabetes, cardiovascular disease, and high blood pressure. Caught early, many of these diseases are treatable. However, left undetected and untreated, these conditions can result in vision loss, a lower quality of life, and higher overall health care costs.

DSRA-BT will continue to offer vision benefits through Blue Cross Blue Shield of Michigan (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.

Members will continue to have the choice to enroll in vision and/or dental which requires an application to be completed.

The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at

www.dsrabenefittrust.net. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP website at www.vsp.com.

2023 Blue Cross Blue Shield Vision Rates (VSP)

Single	\$ 6.99
Two-Person	\$ 13.98

Vision plans are only available when purchased with a High or Low Dental plan.



WE
CAN
HELP



Benistar Retiree Service Center

1-888-588-6682

**Your One Stop Shop for
Enrollment Questions?**



Voluntary Life Benefits

Voluntary life benefits are offered through MetLife Insurance. If you are a Delphi salaried retiree and wish to elect voluntary term life insurance for the first time or make any modifications to your current election, you must complete the MetLife enrollment form and Statement of Health form. (NOTE: Delphi hourly Retirees are not eligible for this voluntary benefit.) Retiree coverage from \$10,000 to \$120,000 and spouse coverage from \$10,000 to \$50,000 is available in \$10,000 increments. Retiree coverage, however, is required for spouse coverage to be available.

MetLife replaced Guardian Life effective 01/01/2022. The premiums were reduced an average of 6.3%.

The changes and added benefits to the Life Insurance program for DSRA participants effective 01/01/2022:

- Upon death of the Retiree, a surviving Spouse has the option to remain in the DSRA Benefit Trust MetLife Insurance program until the age of 80, at which time they will have the option to move to a Whole Life Insurance plan or to discontinue coverage
- The Spouse will continue to use the age of the Retiree to determine their premium amount if the Spouse elects to continue their MetLife Insurance coverage.
- The Spouse must notify Benistar if they elect to continue coverage with the MetLife Insurance program following the death of the Retiree.
- The Spousal coverage above \$30,000 requires a physical.
- Age Banded Prices guaranteed for 3 years.

Please review the DSRA-BT website www.DSRABenefitTrust.net for additional information and documents to help you with your Life Insurance questions. Benistar is always available at 1-888-588-6682 to help you or if you need additional information.

Voluntary Life Through MetLife

	AGE							
Amount	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90
\$60,000	\$ 13.80	\$ 25.80	\$ 39.60	\$ 76.20	\$ 123.60	\$ 178.98	\$ 290.82	\$ 380.28
\$70,000	\$ 16.10	\$ 30.10	\$ 46.20	\$ 88.90	\$ 144.20	\$ 208.81	\$ 339.29	\$ 443.66
\$80,000	\$ 18.40	\$ 34.40	\$ 52.80	\$ 101.60	\$ 164.80	\$ 238.64	\$ 387.76	\$ 507.04
\$90,000	\$ 20.70	\$ 38.70	\$ 59.40	\$ 114.30	\$ 185.40	\$ 268.47	\$ 436.23	\$ 570.42
\$100,000	\$ 23.00	\$ 43.00	\$ 66.00	\$ 127.00	\$ 206.00	\$ 298.30	\$ 484.70	\$ 633.80
\$110,000	\$ 25.30	\$ 47.30	\$ 72.60	\$ 139.70	\$ 226.60	\$ 328.13	\$ 533.17	\$ 697.18
\$120,000	\$ 27.60	\$ 51.60	\$ 79.20	\$ 152.40	\$ 247.20	\$ 357.96	\$ 581.64	\$ 760.56

Spousal Coverage Voluntary Life Through MetLife

	AGE							
Amount	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90

^vThe rates above do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage.

^vVoluntary life plan rates change in five year increments, i.e. 40, 45, 50, etc. The new rate becomes effective 1/1 after the insured enters a new age category.

^vSpouse costs are based on the retiree's age.

IMPORTANT change – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age, until age 80, then move to a whole life plan.

General Questions

Q.	Do you have a website where I can find information about the insurance programs you have for the DSRA –Benefit Trust?	A.	Yes! The DSRA Benefit Trust website, www.DSRABenefitTrust.net , contains important information on all healthcare and life insurance plans available to members. The DSRA Benefit Trust Call Center is also available M-F 8:30am – 5:00pm EST at 1-888-588-6682 if you would prefer to speak to a knowledgeable representative about the plans available to you.
Q.	When is “Annual Open Enrollment” period each year?	A.	The “Annual Open Enrollment” period is October 25 through December 7 th .
Q.	Will I receive an Enrollment Booklet to review the plans prior to open enrollment.	A.	Due to the lack of HCTC reauthorization, mailed Open Enrollment and OE materials have been delayed this year and will be sent in early November. ALL 2023 Open Enrollment materials are available on the www.dsrabenefittrust.net website.
Q.	Is there a Lifetime Maximum on the Medical Insurance Plans the Trust offers?	A.	No. There is no Lifetime Maximum on the Medical plans offered through the DSRA Benefit Trust.
Q.	I only worked for Delphi for 7 years, am I eligible to enroll in the healthcare plans in this Trust?	A.	Yes. You are eligible to participate in the healthcare plans in the trust by providing proof that you worked for Delphi for at least 5 years. Your spouse/domestic partner is also eligible to participate in this Trust if you are eligible for the Trust.
Q.	What Healthcare options do I have to choose from if I am Medicare Eligible?	A.	The Trust offers 2 medical coverage options, Hartford Secondary Retiree Plans available in 4 levels of coverage (depending on your state of residence) and BCBSM Nationwide Medicare Advantage Plans available in 3 levels of coverage .
Q.	Can I enroll in Medicare plans in this Trust at anytime?	A.	Yes. You can enroll in plans depending on your circumstance. (Example) Attaining retirement age and need a healthcare plan? Divorced and are no longer covered by your spouse? Failed to enroll during the “turning Medicare eligible, Open Enrollment window” or during the Annual Open Enrollment (AOE) window without a valid reason? There may be restrictions for plan enrollment, and you may be subject to penalties if you are not enrolled in a Medicare medical and prescription drug plan when you become Medicare eligible and not enrolled in an employer group plan.

Do not delay your 2023 Open Enrollment elections. If you are not on our email list, please sign up today at the website, www.DSRABenefitTrust.net. You can also contact the DSRA Benefit Trust Call Center 1-888-588-6682 to update your mailing address or other important personal information or to request additional Enrollment Books or Enrollment Forms. We realize all members may not have access to a computer, please share this information and the Call Center phone number if you know someone that may need the information mailed to them.

Payment and Claims processing for Hartford Plans

Q.	Who handles the Billing for my Medical, Prescription Drug, Dental and Vision Plans in the Trust	A.	Benistar Retiree Service Center is responsible for the billing and eligibility for the Trust Plans. Their contact information is 1-888-588-6682
Q.	How are my medical claims paid if I am enrolled in the Hartford Retiree Secondary Medical (similar to a "Plan F") through the Trust?	A.	When you visit your doctor, simply present your ID card. Your provider will submit a claim to Medicare. Depending on the coverage you elected, there may be costs for items that are Medicare eligible and not fully paid by your plan. You will be required to pay the additional costs. You will not need to file paperwork; however, you will receive an Explanation of Benefits (EOB.)
Q.	Am I required to send a check for my first month's premium payment when I submit my enrollment form for the first time?	A.	No. You will be billed by the plan administrator, Benistar, for your first month's payment once you have completed the enrollment process and all your enrollment materials are in and approved. Benistar will mail your first bill for your first month of coverage.

The Hartford Secondary Medical Plans (Elite, Premium Plus, Premium and Choice)

Q.	What will my cost be if I go in the hospital, and I am enrolled in the "Elite" Medicare Secondary Plan (similar to a Plan "F") ?	A.	You will not be responsible for any cost associated with your hospital stay as long as it is a Medicare approved charge if you are enrolled in the "Elite" Hartford plan. The Hartford will pick up all the cost up to 115% above the Medicare approved cost. The "Elite" Hartford Secondary Plan (similar to Plan "F") has ZERO out of pocket cost and ZERO deductibles.
Q.	What is the difference between the "Elite" Secondary Plan and the "Premium Plus" Plan?	A.	The Hartford "Elite" Plan differs from the Hartford "Premium Plus" Plan in that the "Elite" Plan has a Zero Deductible and Zero out of pocket while the "Premium Plus" Plan requires the participant to pay 100% of the cost of the Part B deductible.
Q.	Are the Silver&Fit gym membership and online classes included in the Hartford Secondary Plans?	A.	Yes. The Silver&Fit gym membership and online classes are included in the Hartford Secondary Plans across the country and gyms can be found in most areas. Contact your local gyms to ask if they are participating in the Silver&Fit program.
Q.	Since the Trust is going to be offering 2 different options for Medicare Plans in 2023, a Medicare Retiree Secondary Plan, and a BCBSM Medicare Advantage Plan, can I move to a Medicare Advantage Plan in 2023 and then decide to go back to my Secondary Plan through the Trust in a subsequent year, without pre-existing conditions?	A.	Yes. These are group plans provided through the Delphi Benefit Trust which allow you move to the plan of your choice offered by the Trust during the "Annual Open Enrollment Period" each year.

Blue Cross Blue Shield Michigan (BCBSM) Medicare Advantage Plans (MA)

Q.	Do the BCBSM Medicare Advantage (MA) Plans include both Medical and Prescription Drug coverage together?	A.	Yes. The BCBSM Medicare Advantage Plans offered in 2023 include both the Medical and the Prescription Drug Plans together for 1 price.
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Q.	If I select your Medicare Advantage PPO Plan, will I have out of pocket cost associated with the plan if I go into the hospital or go to the doctor?	A.	<p>It will depend on the plan you have selected. If you enroll in the Medicare Advantage Diamond Plan, there are no additional costs as long as it is a Medicare Approved Service and they accept your BCBSM Card. Your only cost would be any Prescription Drug co-pays.</p> <p>The Emerald and Ruby plans will have cost associated with using them and you can refer to the enrollment booklet for more information call the DSRA BT Call Center 1-888-588-6682 or visit the website www.DSRABenefitTrust.net for more details about the plans provided.</p> <p>Medicare Advantage PPO plans are designed for those Retirees looking for a cost-effective plan with a smaller monthly cost.</p>
Q.	Does the BCBSM Medicare Advantage Prescription Drug Plan have 2 Levels of Coverage like the Aetna Plan did?	A.	<p>There are 3 BCBSM Medicare Advantage PPO plans are offered. The BCBSM MA Diamond and Emerald Plans are only offered with the HIGH BCBSM PDP Plan. The BCBSM MA Ruby Plan has a PDP Plan designed specifically for this plan. Please review the Summary of Benefits found on the website or call Benistar to discuss benefits and the formulary for the Plans offered in 2023. BCBSM 2023 Medicare Formulary</p>
Q.	Can I go to any hospital or doctor if I enroll in the BCBSM Medicare Advantage Plan?	A.	<p>Yes. You have the ability to go to any hospital or doctor that accepts Medicare and accepts your BCBSM card. If your providers tell you they do not accept BCBSM MA PPO Plans, you can contact Benistar, the plan administrator for assistance. As long as you are enrolled in Medicare Part A and Part B the providers should accept your BCBSM MA Plan for Medicare approved services.</p>
Q.	If I go to a doctor or hospital that says they do not accept the BCBSM MA PPO Plan however they do accept Medicare, what can I do to get my healthcare covered by BCBSM MA Plan?	A.	<p>BCBSM has a form you can complete, "Paid Subscriber Form" to be reimbursed for your cost as long as they are Medicare Approved services and facilities. The Paid Subscriber Form is available from the DSRA BT Call Center and online at www.DSRABenefitTrust.net.</p>
Q.	Is the Silver Sneakers Program provided with the BCBSM Medicare Advantage PPO Plans offered through the Trust?	A.	<p>Yes, the Silver Sneakers program is provided by BCBSM at no additional charge to plan participants enrolling in the Medicare Advantage PPO Plans provided through the Trust.</p>
Blue Cross Blue Shield Prescription Drug Plan			
Q.	How many options are available in the PDP plans with the BCBSM Stand-Alone PDP Plans?	A.	<p>There are 2 levels of coverage in the PDP plans, a High Plan and a Low Plan. They will use the same formulary and neither plan has a coverage gap. The only difference is the co-pays for drugs depending on the PDP plan you select.</p>

Q.	I don't take many drugs and/or I purchase my prescription drugs from a discount pharmacy such as Walmart without a PDP plan. Do I have to enroll in a Medicare Prescription Drug Plan?	A.	Yes, you must enroll in a Medicare PDP Plan once you become Medicare eligible or you will be assessed a lifetime penalty when you enroll in the Medicare PDP plans in the future .
Q.	Will I have to pay more for my prescription drugs in 2023?	A.	We anticipate the majority of plan participants will receive a substantial savings in the cost of their prescription drugs in 2023 by moving to the BCBSM PDP Plans.
Q.	What is the difference between the Preferred and Standard Networks with the BCBSM PDP Plans?	A.	BCBSM has negotiated better cost savings agreements for you using their Preferred Networks. The Standard Networks are pharmacies and stores that accept the PDP Plan and will fill the prescription however, it will cost you \$5 more in most cases than if you use a Preferred Drugstore.
Q.	Where can I get my drug prescriptions filled for both 30 day and a 90- day BCBSM in my town in 2023? Also, do I still have the option of Mail Order, if I don't want to go to my local pharmacy to get my prescriptions filled?	A.	Yes. You can go to any pharmacy however; you will receive a better price if you use the "Preferred Provider Network". Some of the Preferred Network chain pharmacies are: <ul style="list-style-type: none"> • Costco • Kroger • Meijer • Walmart • Rite Aid * This is a partial list of pharmacies. Please look online at www.bcbsm.com/pharmaciesmedicare or in your directory for a complete list. Take advantage of home delivery of your prescriptions through: Express Scripts, Inc. (P) Toll-free: 1-877-801-2332/TTY: 1-800-716-3231 AllianceRx Walgreens Prime Home Delivery (S) Toll-free: 1-866-877-2392/TTY: 1-800-573-1833
Q.	How can I find out if my doctor accepts the BCBSM plans	A.	Visit www.bcbsm.com/medicare and click Find a Doctor.
Life Insurance			
Q.	Who will be handling the Billing for Life Insurance?	A.	Benistar, the Third Party Administrator, will manage the Billing for the Life Insurance premiums each month. If you have questions or need help regarding your Life Insurance Plan, please contact DSRA BT Call Center 1-888-588-6682.

CALL TODAY FOR PRICING AND MORE INFORMATION ABOUT OUR PLANS FOR 2023!
BENISTAR, THE PLAN ADMINISTRATOR
1-888-588-6682

MEDICARE PLANS CONTACT INFORMATION

Call Center and Plan Administrator:

Benistar DSRA-BT Service Center

Toll Free Phone Number: 1-888-588-6682

Benistar....Fax: **1-860-408-7025**

Benistar Email Address: memelig@Benistar.com

Mailing Address: **Benistar DSRA-BT Service Center
10 Tower Lane, Suite 100
Avon, CT 06001**

BCBSM Medicare Advantage Plan Information:

Includes both Medical and High Prescription Drug Plan

BCBSM Pre-Enrollment Benefit Inquiries	(888)588-6682	
Post Enrollment Benefits & Claims	(866)684-8216	
Find BCBSM Doctors and Hospitals	(800)810-2583	www.bcbsm.com/medicare
BCBSM Online Visits	(844)606-1608	www.bcbsmonlinevisits.com
BCBSM Mobile App		www.bcbsm.com/index/members/online-account
SilverSneakers	(866)584-7486	www.SilverSneakers.com

Medicare Prescription Drug Plans

Express Script Prescription Drug Formulary	(888)588-6682
Express Scripts Home Delivery	(877)801-2332
Express Scripts Mail Order	(800)948-8779
Specialty PDP Rx Vendor, Option Care	(866)515-1355
Find a Pharmacy	www.bcbsm.com/pharmaciesmedicare

Dental and Vision Plan Information:

Blue Cross Blue Shield Nationwide Plans (Dental)

Blue Cross Blue Shield of Michigan	(888)588-6682
Dental Customer Service Find a Doctor	(888)826-8152

Blue Cross Blue Shield Michigan (Blue Vision VSP with BCBSM)

BCBSM Customer Service	(800)877-7195
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Secondary Medical Plan Information:

The Hartford Retiree Medicare Plans

Post-Enrollment Benefits and Claims	(888)588-6682
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Voluntary Term Life:

MetLife

MetLife/Contact Benistar	(888)588-6682
MetLife	(888)622-6616

- **Your Customer Service Department**, providing a **"1 Stop Shop"** for Information regarding your Medical, Prescription Drug, Dental & Vision Plans and Life Insurance through MetLife, All Available Through the Trust
- Contact Benistar for all benefit/plan questions, invoicing/billing questions document questions, changes in contact information, & eligibility questions



Call 1-888-588-6682

Or visit dsrabenefittrust.net