

Subsidies

One subsidy is available per family with the exception of dual Delphi retiree households who carry separate policies. When a subsidy is available, it is automatically applied by Benistar, our pre-65 plan administrator.

Sunset of the Health Coverage Tax Credit

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 Pre-65 election deadline of November 15th, 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, 2019, the program will shutdown for a minimum of 1-2 months into 2020 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 Subsidy

Eligibility for a Trust 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 who purchase medical insurance from the Trust in 2020. If the HCTC program is not extended, all eligible retirees must submit a new enrollment form to request to receive the DSRA-BT subsidy.

Plan Option	2020 Monthly DSRA-BT Subsidy Amount (HCTC Extended)		
	Single	Two Person	Family
Under Age 65 & Special Circumstance	\$640	\$1,280	\$1,900
Under Age 65 & Medicare Disabled	\$880	\$1,760	N/A
*Under 65 QFM	\$445		N/A
Post-65	No subsidy available for post-65 members		

Plan Option	2020 Monthly DSRA-BT Subsidy Amount (HCTC Not Extended)		
	Single	Two Person	Family
Under Age 65 & Special Circumstance	\$240	\$480	\$710
Under Age 65 & Medicare Disabled	\$660	\$1,320	N/A
*Under 65 QFM	\$240		N/A
Post-65	No subsidy available for post-65 members		

*Available to QFMs of a retiree who is age 67 or 68 only.

Special Circumstance subsidies are available to those members who are family members of a Medicare disabled retiree who is <65 and has been on Medicare for more than two years. The family member(s) will be eligible for the Special Circumstance subsidy until the retiree turns 67 or they turn 65, whichever comes first. If they are still under 65 when the retiree turns 67 they will be eligible for the QFM subsidy for 24 months.

There are pre-65 salaried retirees that retired before 4-2-09 that have not initiated their PBGC pension payout. This makes them ineligible for the Trust subsidy. We cannot approve a subsidy for these retirees.

Under Age 65 QFM - The provision in the HCTC law limiting eligibility to 24 months for the pre-65 spouse/dependents of a post-65 retiree remains in effect. The DSRA-BT is again offering an additional maximum of 24 months subsidy paid from the DSRA Benefit Trust funds to eligible QFM's of retirees that are either age 65, 66, 67 or 68 (24 months in a 4 year time period).

- Eligibility for this subsidy ends in all cases the first of the month the retiree achieves age 69.
- To receive this subsidy, you must be a QFM of a salaried retiree retired by April 1, 2009;
- You must submit a new enrollment form to our pre-65 medical plan administrator Benistar to qualify for this subsidy. If you are currently receiving a QFM subsidy, you do not need to submit a new enrollment form unless you are changing plans.
- Please submit 30 days prior to eligibility date. No retroactive subsidies will be allowed.
- One subsidy is available per family with the exception of dual Delphi retiree households who carry separate policies.

DSRA-BT Hardship Grant

The DSRA-BT will continue to provide financial assistance to those in need for the 2020 plan year. The Hardship Grant is intended to assist Delphi Salaried Retirees and/or their survivors, dependents, and spouses that face serious financial hardship with funds to assist them in paying the costs for medical and prescription drug coverage.

Criteria for the Hardship Grant

Retiree must have retired by April 1, 2009 to be eligible for a Hardship Grant. All applicants must submit a Hardship Grant application to document household Modified Adjusted Gross Income (MAGI) and assets. First, home equity assets are excluded, and then a percent of net assets is added to MAGI to determine eligibility. The percent added varies for 1-person, 2-person, and family households.

Under Age 65

For those Under Age 65, eligible for federal or state exchange plans, and eligible for an Affordable Care Act (ACA) subsidy, changes to the Hardship Grant were required to ensure you remain eligible for an ACA subsidy, and to ensure you have choices in your selection of a plan.

Per the ACA, you become INELIGIBLE for an ACA subsidy if you are provided a DSRA-BT premium subsidy to pay for any portion of your premium. To retain ACA subsidy eligibility, the DSRA-BT will once again be giving a Hardship Grant rather than a premium subsidy. If you qualify for and accept a Hardship Grant, it will be provided to you as ONE PAYMENT early in 2020.

Once you accept a Hardship Grant, you will be ineligible for health coverage provided through DSRA-BT, and your coverage will expire December 31, 2019. You will, however, be eligible to enroll in a plan through the public Health Insurance Marketplace (a.k.a. the Public Exchange) and qualify for financial assistance in the form of advance premium tax credits and cost-sharing subsidies for coverage starting January 1, 2020.

PLEASE NOTE: If you enroll in a plan through the public Health Insurance Marketplace, you are responsible for premium payments. The DSRA-BT cannot make payments on your behalf. Your monthly payment for an exchange plan will be the difference between the premium and your ACA subsidy. Visit Health Insurance Marketplace to complete your ACA application.

Age 65 & Over

For those Age 65 & Over, Medicare remains your primary plan. You are not eligible for an ACA subsidy. The Hartford group plan will be available to you via the DSRA-BT whether or not you are awarded a Hardship Grant. The application process remains very similar to 2019, and will be based on a MAGI and asset formula.

Medical Rates

HCTC AMP Eligible Retirees Under Age 65

GOLD	Medical / Dental / Vision*	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$1,449.53	\$1,050.91	\$398.62
Two-Person	\$3,422.03	\$2,480.97	\$941.06
Family	\$4,343.60	\$3,149.11	\$1,194.49
SILVER	Medical / Dental / Vision	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$1,227.77	\$890.13	\$337.64
Two-Person	\$2,889.79	\$2,095.10	\$794.69
Family	\$3,678.31	\$2,666.77	\$1,011.54
BRONZE	Medical / Dental / Vision	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$958.60	\$694.98	\$263.62
Two-Person	\$2,243.78	\$1,626.74	\$617.04
Family	\$2,870.80	\$2,081.33	\$789.47
COPPER	Medical / Dental / Vision	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$838.08	\$607.61	\$230.47
Two-Person	\$1,954.53	\$1,417.03	\$537.50
Family	\$2,509.23	\$1,819.19	\$690.04

All HCTC Gold, Silver, Bronze, and Copper plans include Medical, Dental, and Vision Coverage.

Medical Rates

Eligible Retirees Under Age 65

GOLD	Medical / Dental / Vision *			
Single	\$1,449.53			
Two-Person	\$3,422.03			
Family 141	\$4,343.60			
SILVER	Medical / Dental / Vision	Medical / Dental	Medical / Vision	Medical Only
Single	\$1,227.77	\$1,222.13	\$1,161.32	\$1,155.68
Two-Person	\$2,889.79	\$2,878.51	\$2,756.89	\$2,745.61
Family	\$3,678.31	\$3,659.59	\$3,445.74	\$3,427.02
BRONZE	Medical / Dental / Vision	Medical / Dental	Medical / Vision	Medical Only
Single	\$958.60	\$952.96	\$892.15	\$886.51
Two-Person	\$2,243.78	\$2,232.50	\$2,110.88	\$2,099.60
Family	\$2,870.80	\$2,852.08	\$2,638.23	\$2,619.51
COPPER	Medical / Dental / Vision	Medical / Dental	Medical / Vision	Medical Only
Single	\$838.08	\$832.44	\$771.63	\$765.99
Two-Person	\$1,954.53	\$1,943.25	\$1,821.63	\$1,810.35
Family	\$2,509.23	\$2,490.51	\$2,276.66	\$2,257.94

If you are eligible for a subsidy, please refer to that section in this Guide to see amounts.

Medicare Disabled Retirees or Eligible Dependents Under Age 65

The rates below only apply to pre-65 Medicare disabled members.

SILVER	Medical / Dental / Vision	Medical / Dental	Medical / Vision	Medical Only
Single	\$1,826.35	\$1,821.79	\$1,764.24	\$1,759.68
Two-Person	\$3,632.70	\$3,623.58	\$3,508.48	\$3,499.36

If you are eligible for a subsidy, please refer to that section in this Guide to see amounts.

Dental & Vision Rates (Stand Alone)

Retirees Under Age 65

	Dental /Vision	Dental Only	Vision Only
Single	\$64.26	\$56.40	\$7.86
Two-Person	\$124.26	\$108.54	\$15.72
Family	\$212.86	\$186.77	\$26.09

Medicare Disabled Retirees or Eligible Dependents Under Age 65 Retirees Post-65

	Dental /Vision	Dental Only	Vision Only
Single	\$62.77	\$56.40	\$6.37
Two-Person	\$121.29	\$108.55	\$12.74
Family	\$179.81	\$160.70	\$19.11

If you are over 65 and covered by Medicare, you must provide your Medicare ID number and Part A and/or Part B effective Date in Section I of the Benefit Enrollment and Change of Status Form or call Benistar, our plan administrator, at 1-888-588-6682 to receive the reduced rate.

Billing & Payments

Billing

Medical and Medicare Disabled – Under Age 65

Dental – Under Age 65 and Post-65

Vision – Under Age 65 and Post-65

If 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.

It is essential that your premium payments be made on time. As such, members are **highly encouraged** to set up a new automatic electronic-funds transfer with Benistar to make health premium payments.

Benistar Payments

1. **Credit Cards** will no longer be accepted as a form of payment. EFTs and checks are the only allowable forms of payment in 2020.
2. Take advantage of automated payment plans utilizing your checking or savings account online through Benistar by enrolling in the EFT (Electronic Funds Transfer) service. Enroll with Benistar Admin Services at **1-888-588-6682**.
3. Once enrolled in the EFT program, you will no longer receive invoices. Premium deductions occur between the 7th and 10th of the current month.
4. Payments by check should be mailed to the Benistar Retiree Service Center - 10 Tower Lane, Suite 100, Avon CT 06001. Premiums are due on the first day of the covered month.

Medical – Post-65

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 – Under Age 65 and Post-65

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

Questions

If you have questions about the enrollment process for the pre-65 medical, dental and vision or post-65 dental and vision, please contact Benistar, our plan administrator, at 1-888-588-6682 or Cone Retiree Healthcare Group, our insurance broker, at 1-713-446-3501.

Payments Received After the Due Date

If you do not pay your monthly premium by the 1st of the month for which coverage is provided, you run the risk of your coverage being **terminated**.

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.