

Welcome to Open Enrollment 2022!

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

PRE-65 & PRE-65 MEDICARE DISABLED

POST-65

October 25th – December 15th

October 25th – 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 **2022 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, 2022. (For rate information, refer to the **2022 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

2022 BCBSM Medical Coverage Highlights

- The DSRA BT Pre 65 plans will merge with the Auto VEBA Trust Pre 65 plans in 2022. This action will create a rate decrease for members instead of a 15+% rate increase in 2022.
- Enrollees in the HCTC AMP program will be enrolled in Medical plans bundled with High Dental and Vision only.
- Enrollees paying 100% of the premium can elect from Medical only, Medical with Dental only, Medical with Vision only or Medical with Dental and Vision plans.

GOLD & SILVER – PPO

DSRA-BT through the Auto VEBA Trust 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. The previous DSRA BT Gold and Silver plans are designed the same as the Auto VEBA Trust plans with one exception, the Auto VEBA Trust Gold plan offers a lower out-of-network annual out of pocket while the Silver plan offers a lower annual in-network and out-of-network annual out of pocket.

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. The DSRA BT Bronze plan is the same as the Auto VEBA trust Bronze plan however, the Auto VEBA Copper Plan does have a higher in-network annual out of pocket but the same out-of-network annual out of pocket cost.

- **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 **2022 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. The new BCBSM Medicare Advantage plans are available to Pre 65 Medicare Disabled members and offer an excellent option for Medicare coverage including medical and prescription drugs at a lower cost.

Post-65 DSRA-BT offers medical plan choices through The Hartford Medicare Supplemental plans and the BCBSM Medicare Advantage plans new for 2022. The Hartford Supplemental plans will have no rate increase for 2022. The BCBSM Medicare Advantage plans provide medical and prescription drug (with no Coverage Gap) as well as the Silver Sneakers Fitness Club program. Members who previously left the DSRA BT plans and would like to return to a DSRA BT plan are now eligible to come back.

The standalone prescription drug plans are moving from Aetna to BCBSM for 2022. The BCBSM High and Low PDP plans will offer lower cost, a broader formulary and NO Coverage Gap. The only difference in the High and Low plans are the copays.

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 **2022 Health Matters Guide for Post-65 Members** on the website at www.dsrabenefittrust.net.



THE HEALTH COVERAGE TAX CREDIT (HCTC) HAS BEEN REAUTHORIZED PERMANENTLY

The Health Coverage Tax Credit (HCTC) has been extended and funding continues. Congress extended the HCTC in the budget reconciliation bill. The Section 137508 states:

Permanent Credit for Health Insurance Costs. This Section makes the health coverage tax credit permanent, removing the uncertainty of annual extensions, and increases the amount of the qualified health insurance premium covered by the credit from 72.5% to 80%.

DSRA-BT SUBSIDIES

HCTC Eligible Subsidy - 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 2022. If the HCTC program is not extended, all eligible retirees must submit a new enrollment form to request to receive the DSRA-BT subsidy.



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 2022 Guide to Benefits for Pre-65 Members.

Pre 65 Medicare Disabled Subsidy - 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.

For 2022, the Board of Directors has determined the subsidies as follows:

Plan Option	2022 Monthly DSRA-BT Subsidy Amount (HCTC NOT Extended)	
	Single	Family
Under Age 65	\$650.00	\$1,900.00
Under Age 65 & *Medicare Disabled	\$360.15	N/A
Under 65 QFM	\$650.00	N/A
Post-65	No Subsidy	

*Medicare Disabled subsidy is based on the BCBSM Medicare Advantage Diamond plan with High Dental and Vision.



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. Dental and Vision benefits are bundled for HCTC AMP Pre 65 BCBSM Medical plans. Non HCTC AMP Pre 65 can elect, Medical only, Medical and Dental only, Medical and Vision only, Medical with Dental and Vision.

VISION

DSRA-BT will continue to offer vision benefits through BCBSM Blue Vision. Vision benefits are not available as a standalone option. You must be enrolled in Dental benefits with Vision benefits. 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. Dental and Vision benefits are bundled for HCTC AMP Pre 65 BCBSM Medical plans. Non HCTC AMP Pre 65 can elect, Medical only, Medical and Dental only, Medical and Vision only, Medical with Dental and Vision.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance benefits will be available through MetLife in 2022 instead of the Guardian. (NOTE: Delphi hourly retirees are not eligible for this voluntary benefit.) Rates are decreasing for 2022. New for 2022: Surviving spouses are now eligible to remain in the life insurance plans after the death of a retiree. Spouses are now eligible to increase their coverage from \$30,000 maximum to \$50,000 maximum with a physical. 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 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 MetLife enrollment form and Statement of Health and return it to **Benistar**, as indicated below. Go to the **MetLife Insurance** section on the www.DSRABenefitTrust.net website to find the necessary forms.

POST-65

BCBSM Medicare Advantage plans do not include Dental and Vision. For complete details about the post-65 enrollment process, please refer to the **2022 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	POST-65
Return all <u>medical, dental or vision and voluntary life</u> forms (including the 13441-A form) to Benistar as indicated below.	Return all <u>medical, dental or vision and voluntary life</u> 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	Mail: Benistar DSRA-BT Service Center DSRA-BT Plan Administrator 10 Tower Lane, Suite 100 Avon, CT 06001
Email: memelig@benistar.com	Email: memelig@benistar.com
Fax: (860)408-7025	Fax: (860)408-7025

BILLING & PAYMENT

*Medical/Prescription – Under Age 65 and Pre-65 Medicare Disabled
 Dental and Vision – Under Age 65 & Post-65*

UPON REAUTHORIZATION, ALL HCTC ENROLLMENT FORMS ARE SENT TO BENISTAR FOR REVIEW.

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.

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

HCTC-eligible members enrolled in AMP must pay 20% 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 80% 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 BCBSM or The Hartford, you will be billed monthly by Benistar, our post-65 plan administrator.

Voluntary Life

If you elect voluntary life coverage through MetLife, 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	Sharon Delezenne	Lori Ostrander	Stephen Duca	Greg White
Chair	Secretary	Treasurer	Boardmember	Boardmember