

**DSRA+BENEFIT TRUST**  
**BENEFIT PLANS FOR DELPHI RETIREES**



**2020 GUIDE TO BENEFITS**  
**Dental & Vision**

## Dental Benefits

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](http://www.dsrabenefittrust.net).

Annual Dental Maximum per Person \$3,000

### Class I Service

Includes but not limited to:

Oral Exams	0% = Your Coinsurance
Bitewing X-rays	
Full Mouth X-Rays	
Fluoride Treatment	

\* 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)	\$50 = Your Deductible
Repairs and Recementation of Onlays, Crowns, Veneers, Inlays, & Bridge	20% = Your Coinsurance
Oral Surgery	
Root Canal	

\* 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)	\$50 = Your Deductible
	50% = Your Coinsurance
Endosteal Implants	
Bridge Installations	

\* 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.



## Vision Benefits

Your eyes are your windows to wellness. Routine eye exams each year allows 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). 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](http://www.dsrabenefittrust.net). To find a VSP doctor, call 1-800-877-7195 or log on to the VSP website at [www.vsp.com](http://www.vsp.com).

	In-Network	Out-of-Network
<b>Eye Exam</b>		
Frequency	One eye exam in any period of 12 <b>consecutive</b> months	
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	Plan Reimburses Up to \$45
<b>Frames</b>		
Frequency	One frame in any period of 24 <b>consecutive</b> months	
Standard frames	\$15 Copay (Up to \$130 Allowance)	Plan Reimburses Up to \$70
<b>Lenses</b>		
Frequency	One pair of lenses, with or without frames, in any period of 12 <b>consecutive</b> months	
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground glass or plastic.	\$15 Copay	<i>Single Vision:</i> Plan Reimburses Up to \$30 <i>Bifocal:</i> Plan Reimburses Up to \$50 <i>Trifocal:</i> Plan Reimburses Up to \$65 <i>Lenticular:</i> Plan Reimburses Up to \$100
<b>Lens Options</b>		
	Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	Discounts are not available out-of-network
<b>Contact Lenses</b>		
Frequency	One pair of contact lenses in any period of 12 <b>consecutive</b> months	
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$15 Copay	Plan Reimburses Up to \$210
Elective & disposable contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$130 Allowance Applied toward contact lens exam (fitting and materials) and the contact lenses	\$105 Allowance Applied toward contact lens exam (fitting and materials) and the contact lenses



## 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

**NEW for 2020!** Our plan administrator is now Benistar Admin Services. If you elect any of the benefit plans offered through BCBSM – dental or vision – you will be billed monthly by Benistar, our plan administrator. Contact Benistar with any questions regarding the enrollment in these plans at **1-888-588-6682**.

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

### 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 will cease and no claims will be paid.

If you are not making any changes to your Dental / Vision coverage, **no action** is required however, if you use Automatic Electronic Fund Transfers, they will need to be established with Benistar for 2020.