

2021 Health Matters

A Guide to Your Health Care Options from Delphi Salaried
Retirees Association – Benefit Trust

Important health plan information enclosed.



DSRA★BENEFIT TRUST
BENEFIT PLANS FOR DELPHI RETIREES

UNDERSTANDING Medicare: *What is it?*

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. Simply stated, Medicare is a health insurance program offered by the federal government.



It covers:

- ◆ People 65 and older.
- ◆ People under 65 with certain disabilities.
- ◆ People of any age with End Stage Renal Disease (ESRD) requiring kidney dialysis or kidney transplant.

THE MANY PARTS OF MEDICARE: A QUICK OVERVIEW.

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.

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. **

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.

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.

Medicare Supplement insurance, also called "Medigap," is a private policy designed to pay some or all of the health care costs that Original Medicare doesn't cover. It helps with expenses like co-payments, co-insurance and deductibles. Medicare Supplement plans can drastically reduce your financial liability, particularly during a prolonged hospitalization.

* Medicare Part A & B deductibles are set by CMS. Please check Medicare.Gov for 2021 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.

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.

Your Medicare Coverage Choices

STEP 1: Decide how you want to get your coverage.

Original Medicare



Part A

**HOSPITAL
INSURANCE**



Part B

**MEDICAL
INSURANCE**

OR

Medicare Advantage Plan

(Like an HMO or PPO)



Part C

**HOSPITAL
INSURANCE**

**MEDICAL
INSURANCE**

STEP 2: Decide if you need to add drug coverage.



Part D

**PRESCRIPTION DRUG
COVERAGE**

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

(If not already included in the Medicare Advantage Plan)



Part D

**PRESCRIPTION DRUG
COVERAGE**

STEP 3: Decide if you need to add supplemental coverage.



**MEDICARE SUPPLEMENT
INSURANCE POLICY**

If you join a Medicare Advantage Plan, you don't need and can't be sold a Medigap policy.

END

END



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?

**Need Help with Your Enrollment
for 2021?
Call Your One Stop Shop for
Enrollment Questions?
The Benistar Retiree Service
Center at **1-888-588-6682****





Medicare Supplement

WORKBOOK

To make the process as easy as possible, take a few minutes to fill out the following workbook. By organizing your needs, preferences, and personal information you can better understand what you need from a plan and get prepared to enroll in the best coverage for you.

STEP 1 **PREPARE** YOUR PERSONAL INFORMATION

STEP 2 **WRITE DOWN** YOUR PREFERRED PHYSICIANS & HOSPITALS

(If you spend significant time out-of-state, include your preferred hospitals there as well.)

Preferred Physicians:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Preferred Hospitals:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

STEP 3

NOTE YOUR EXPECTED HEALTH CARE EXPENSES

Based on the previous year and what you know about your own health, how many of the following do you anticipate in the coming year?

Doctor visits: _____ Hospital visits: _____

Emergency rooms visits: _____ Surgeries: _____

Prescription Drugs:

Name of drug		Dose		Quantity	
Name of drug		Dose		Quantity	
Name of drug		Dose		Quantity	
Name of drug		Dose		Quantity	
Name of drug		Dose		Quantity	

STEP 4

CONSIDER YOUR PRIORITIES

Think about what's most important to you, and rank each of the following categories in terms of importance. (1 is least important and 5 is most important.) *If anything is missing from the list, add it in the "other features" space.*

The price of co-pays/co-insurance	1 2 3 4 5
The cost of your annual deductible	1 2 3 4 5
The cost of monthly premiums	1 2 3 4 5
The cost of prescription drugs	1 2 3 4 5
Coverage for specialized services	1 2 3 4 5
Coverage for specialized drugs	1 2 3 4 5
Retaining the same doctor or specialist	1 2 3 4 5
Coverage away from home/while traveling	1 2 3 4 5
Other features: _____	1 2 3 4 5

STEP 5 **THINK** ABOUT YOUR BUDGET

When you enroll in a Medicare Supplement or Medicare Advantage program, certain tradeoffs are possible.

- ◆ Medicare Supplement plans typically offer more comprehensive coverage, can have higher monthly premiums and may require fewer out-of-pocket expenses. These plans do not include prescription drug coverage, so you will need to add a Medicare Part D plan to your coverage.
- ◆ Medicare Advantage plans have low monthly premiums as well as co-pays and co-insurance. Some people prefer these plans because of their lower up-front costs and out-of-pocket maximums. These plans typically include prescription drug coverage.

STEP 6 **LET YOUR** BENISTAR REPRESENTATIVE WALK YOU THROUGH THE ENROLLMENT PROCESS.

Call 1-888-588-6682

Delphi Salaried Retirees Association - Benefit Trust

THE HARTFORD PREMIUM PLUS, PREMIUM, ELITE AND CHOICE MEDICAL PLAN OPTIONS

The Elite, Premium, Choice and Premium Plus Retiree Medical Plans are available to ALL DSRA Benefit Trust Members in ALL states for 2021. Benefits for these plans have been enhanced for 2021 to include the "Silver and Fit" fitness club membership program as well as a yearly \$25 copay full physical (up to \$500 value). Also new for 2021, members can elect one of two AETNA prescription drug plans, High or Low to pair with the Hartford medical plan or as a standalone plan. You will not be required to complete a new form if you are currently enrolled in the Hartford plans, members will automatically be enrolled in the low plan. If you would like to enroll in the high plan please contact Benistar. You do not need to enroll in the Hartford medical plan to enroll in the AETNA prescription drug plan.

DSRA-BT NOW OFFERS MEDICARE ADVANTAGE OPTIONS

AETNA MEDICARE ADVANTAGE PLANS ARE NOW AVAILABLE THROUGH THE AUTO VEBA TRUST AT www.MyMedPlans.com



NEW**DSRA-BT NOW OFFERS MEDICARE ADVANTAGE OPTIONS****AETNA Medicare Advantage Plans****Now available to DSRABT****2 Aetna Medicare Advantage Plans SM**

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to Aetna members. These plans allow you to see a doctor and/or visit a hospital in or out of the plan's nationwide network. Covered services received from in-network providers will generally cost less. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. (A higher cost may apply for covered services received from out-of-network providers.)

Members who reside within the Aetna Medicare PPO network can elect the following options:

- Medicare 20 PPO with High Rx (11S3)
- Medicare 25 PPO with Low Rx (1203)

aetna[®]

Medicare Advantage Plans	Medical \$20 PPO with High RX (11S3)		Medical \$25 PPO with LOW RX (1203)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$0	\$0	\$0	\$0
Annual Out-of-Pocket	\$6,700	\$10,000 for in and out of network services combined	\$6,700	\$10,000 for in and out of network services combined
Primary Care Physician Selection	Optional	Not Applicable	Optional	Not Applicable
Referral Requirement	There is no requirement for member pre-certification. Your provider will do for you.		There is no requirement for members pre-certification. Your provider will do for you	
PREVENTATIVE CARE				
Annual Wellness Exams	\$0	20%	\$0	25%
Routine Physical Exams	\$0	20%	\$0	25%
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	\$0		\$0	
Routine GYN Care)Cervical and Vaginal Cancer Screening	\$0	20%	\$0	25%
Routine Mammograms (Breast Cancer Screening) one Annual Screening	\$0	20%	\$0	25%
Routine Prostate Cancer Screening Exam for males over age 50, every 12 months	\$0	20%	\$0	25%
Routine Colorectal Cancer Screening	\$0	20%	\$0	25%
Routine Bone Mass Measurements	\$0	20%	\$0	25%
Additional Medicare Preventative Services	\$0	20%	\$0	25%
Routine Eye Exams NEW!	\$0	20%	\$0	25%
Routine Hearing Screening NEW!	\$0	20%	\$0	25%
Physician Services				
Primary Doctor Office Visit	\$10 copay	20%	\$25 copay	25%
Specialist Office Visit (includes mental health & substance abuse)	\$20 copay	20%	\$25 copay	25%
Outpatient Diagnostic Testing, Imaging, X-ray, Complex Imaging	\$20 copay	20%	\$25 copay	25%
Emergency/Urgent Care Services				
Emergency Care Worldwide (copay waived, if admitted)	\$50 copay	\$50 copay	\$90 copay	\$90 copay
Urgent Care: Worldwide	\$35	\$35	\$25	\$25
Ambulance	\$0	\$100	\$25 copay	25%
Hospital Services				
Hospital Admissions member cost sharing applies to covered benefits incurred during member's inpatient stay	Covered 100%	20%	\$250 per stay	25%
Annual Deductible	\$0		\$0	
Initial Coverage Limit (ICL) – total drug expenditures determined each year by CMS (total cost of prescriptions includes copays).				
	Retail (1 month supply)	Mail Order/ Local Aetna Pharmacy (3 month supply)	Retail (1 month supply)	Mail Order/ Local Aetna Pharmacy (3 month supply)
Tier 1 Preferred Generic	\$2 copay	\$4 copay	\$2 copay	\$4 copay
Tier 2 Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Tier 3 Preferred Brand	\$40 copay	\$80 copay	\$40 copay	\$80 copay
Tier 4 Non-Preferred Drug	\$75 copay	\$150 copay	\$75 copay	\$150 copay
Tier 5 Specialty- Tier Medications	33% coinsurance	33% coinsurance	33% coinsurance	Limited to monthlylv

Please review page 15 for more detail on the RX plans paired with the two medical plans above.

Find the enrollment forms on www.MyMedPlans.com or www.DSRABenefitTrust.net

NEW

Retirees Post-65

AETNA (High and Low)

Prescription Drug Plans

We are pleased to announce that the prescription drug plan offered by the DSRA Benefit Trust in 2021 will be through AETNA. In addition, there will be two levels of prescription drug plans available to members, High and Low. The High plan is comparable to the previous Express Scripts plan design.

However, 85% of DSRA-BT members do not meet the coverage gap "donut hole" and therefore the Low plan is a more economical option. Allowing DSRA Benefit Trust members to tailor their prescription drug needs will save most members a considerable amount each month. In 2021, members will also have the opportunity to enroll in stand-alone prescription drug coverage with AETNA in either the High or Low plan. For complete details about these plans, please refer to the Plan Summary of Coverage on the website at the www.DSRABenefitTrust.net website.

Prescription Drug Plans	High RX (11S3)		LOW RX (1203)	
Annual Deductible	\$0		\$0	
Initial Coverage Limit (ICL) – total drug expenditures determined each year by CMS (total cost of prescriptions includes copays).				
	Retail	Mail Order/ Local Aetna Pharmacy	Retail	Mail Order/ Local Aetna Pharmacy
	(1 month supply)	(3 month supply)	(1 month supply)	(3 month supply)
Tier 1 Preferred Generic	\$2 copay	\$4 copay	\$2 copay	\$4 copay
Tier 2 Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Tier 3 Preferred Brand	\$40 copay	\$80 copay	\$40 copay	\$80 copay
Tier 4 Non-Preferred Drug	\$75 copay	\$150 copay	\$75 copay	\$150 copay
Specialty- Tier Medications	33% coinsurance	33% coinsurance	33% coinsurance	Limited to monthly
Coverage Gap – Once the total drug expenditures reach the Initial Coverage Gap Limit of \$4,130, the Coverage Gap begins and continues until the total True Out of Pocket (TrOOP) member expenses reach \$6,550 in 2021				
Tier 1 Preferred Generic	\$2 copay	\$4 copay	Member pays 25% for Generic and Brand	
Tier 2 Generic	\$10 copay	\$20 copay		
Tier 3 Preferred Brand Includes some high cost Generics and Preferred Brand Drugs	Member pays 25% for Generic and Brand	Member pays 25% for Generic and Brand		
Tier 4 Preferred Brand Includes some high cost Generics and Preferred Brand Drugs	Member pays 25% for Generic and Brand	Member pays 25% for Generic and Brand		
Tier 5 Specialty Drugs Includes high-cost/unique generic and brand drugs	25% Generic and Brand Limited to 1 month supply	25% Generic and Brand Limited to 1 month supply	25% Generic and Brand Limited to 1 month supply	
Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) (2021 begins at \$6,550)				
Generic or Those Treated as Generic	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
All Other Covered Drugs	Greater of \$9.20 or 5%	Greater of \$9.20 or 5%	Greater of \$9.20 or 5%	Greater of \$9.20 or 5%

AETNA (High and Low) Prescription Drug Plan

Monthly Cost

High RX (11S3)	\$122.10
LOW RX (1203)	\$96.93

\$6 Admin fee included in the pricing for Standalone AETNA PDP Plans above

Important Changes for 2021

- Move from Express Scripts to AETNA
- Everyone automatically enrolled in low plan
- Must call Benistar Call Center if you want to enroll in high plan.
- 2 x copay for 3 month supply
- 2 options to choose from low plan and high plan

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

ATTENTION

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 new health plan options and the savings they can provide.

Premiums for 2021 are summarized in the following charts:

PLAN OPTIONS Medical & RX	Age Band	Monthly Premium Per Person	RX Low Plan Per Person	RX High Plan Per Person	Total Premium w/ Low RX	Total Premium w/ High RX
ELITE Retiree Medical Plan	65-69	\$166.55	\$90.93	\$116.10	\$257.48	\$282.65
	70-74	\$205.83	\$90.93	\$116.10	\$296.76	\$321.93
	75-79	\$256.62	\$90.93	\$116.10	\$347.55	\$372.72
	80-84	\$313.19	\$90.93	\$116.10	\$404.12	\$429.29
	85+	\$350.85	\$90.93	\$116.10	\$441.78	\$466.95
PREMIUM Retiree Medical Plan	65-69	\$127.01	\$90.93	\$116.10	\$217.94	\$243.11
	70-74	\$155.60	\$90.93	\$116.10	\$246.59	\$271.76
	75-79	\$192.72	\$90.93	\$116.10	\$283.65	\$308.82
	80-84	\$233.99	\$90.93	\$116.10	\$324.92	\$350.09
	85+	\$261.46	\$90.93	\$116.10	\$352.39	\$377.56
CHOICE Retiree Medical Plan	65-69	\$105.32	\$90.93	\$116.10	\$196.25	\$221.42
	70-74	\$128.15	\$90.93	\$116.10	\$219.08	\$244.25
	75-79	\$157.67	\$90.93	\$116.10	\$248.60	\$273.77
	80-84	\$190.56	\$90.93	\$116.10	\$281.49	\$306.66
	85+	\$212.44	\$90.93	\$116.10	\$303.37	\$328.54
PREMIUM PLUS Retiree Medical Plan	65-69	\$149.64	\$90.93	\$116.10	\$240.57	\$265.74
	70-74	\$184.36	\$90.93	\$116.10	\$275.29	\$300.46
	75-79	\$229.29	\$90.93	\$116.10	\$320.22	\$345.39
	80-84	\$279.30	\$90.93	\$116.10	\$370.23	\$395.40
	85+	\$312.60	\$90.93	\$116.10	\$403.53	\$428.70

*Rates do NOT include the \$3.00 DSRA-BT administration fee.

IMPORTANT CHANGES FOR 2021

- The DSRA BT Post-65 medical plans offered through the Hartford have been simplified. All plan levels are now available to all members in all states.
- The DSRA-BT prescription drug plans are now offered by AETNA. There are two options (High Plan and Low Plan) available to members. 85% of DSRA Benefit Trust members never reach the coverage gap "donut hole". Having the low plan option could save you money. The high plan is comparable to the previous Express Scripts plan offered.

ELITE

Retirees Post-65 Group

Retiree Insurance Plan

DSRA-BT offers four medical plan choices to retirees over the age of 65. All four plans are underwritten by The Hartford. The table below provides a side-by-side comparison of the four medical plans.



Medical Plan Description	Medicare	ELITE	
		Hartford	You
Preventive Care Screening ^[i]			
Pap Test & Pelvic Exam (1 every 2 years)	100%	\$0	\$0
Prostate Cancer Screening PSA Test once a year	100%	\$0	\$0
Mammogram Screening (once a year)	100%	\$0	\$0
Hospital Confinement Benefit ^[ii]			
1–60 th Day	All but Part A Deductible	Part A Deductible	\$0
61 st –90 th Day	All but 25% Medicare Part A Deductible per day	25% of Medicare Part A Deductible per day	\$0
91 st –150 th Day (60 Day Lifetime Reserve Period)	All but 50% Medicare Part A Deductible per day	50% Medicare Part A Deductible per day	\$0
Once Lifetime Reserve Days are Used (or Ended) Add'l 365 Days per Person per Lifetime	\$0	100%	\$0
Out-Patient Medical Expenses			
Medicare Part B Deductible of Medicare-Approved Amounts	\$0	Part B Deductible	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
Clinical Laboratory Services	100%	\$0	\$0
Part B Excess Charges	\$0	100%	\$0
Blood Deductible			
1–3 Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Skilled Nursing Facilities			
1–20 th Day	All Approved Amounts	\$0	\$0
21 st –100 th Day	All but 12.5% of the Medicare Part A Deductible per day	Up to 12.5% of the Part A Deductible per day	\$0
101 st –365 th Day	\$0	\$0	All Costs
Hospice Care	All Costs (limited to costs for out-patient drug & in-patient respite care)	Co-insurance charges (in-patient respite care, drugs & biological approved by Medicare)	All other charges
Foreign Travel Emergency	\$0	80% after \$250 Deductible (up to \$50,000)	\$250 Deductible 20% (to a lifetime maximum of \$50,000 then 100% thereafter)

NEW FOR 2021!

- Silver and Fit Fitness membership is now 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 now include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.
- The SMIP & GRIP Elite plans were combined for 2021.

PREMIUM

Retirees Post-65 Group

Retiree Insurance Plan



Medical Plan Description	Medicare	PREMIUM	
		Hartford	You
Preventive Care Screening ^[i]			
Pap Test & Pelvic Exam (1 every 2 years)	100%	\$0	\$0
Prostate Cancer Screening PSA Test once a year	100%	\$0	\$0
Mammogram Screening (once a year)	100%	\$0	\$0
Hospital Confinement Benefit ^[ii]			
1–60 th Day	All but Part A Deductible	Part A Deductible	\$0
61 st –90 th Day	All but 25% Medicare Part A Deductible per day	25% of the Medicare Part A Deductible per day	\$0
91 st –150 th Day (60 Day Lifetime Reserve Period)	All but 50% Medicare Part A Deductible per day	50% of the Medicare Part A Deductible per day	\$0
Once Lifetime Reserve Days are Used (or Ended) Add'l 365 Days per Person per Lifetime	\$0	100%	\$0
Out-Patient Medical Expenses			
Medicare Part B Deductible of Medicare-Approved Amounts	\$0	\$0	Part B Deductible
Remainder of Medicare-Approved Amounts	80%	20% after \$500 Deductible in out-of-pocket expenses	20% until \$500 in out-of-pocket expenses
Clinical Laboratory Services	100%	\$0	\$0
Part B Excess Charges	\$0	100%	\$0
Blood Deductible			
1–3 Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Skilled Nursing Facilities			
1–20 th Day	All Approved Amounts	\$0	\$0
21 st –100 th Day	All but 12.5% of the Medicare Part A Deductible per day	Up to 12.5% of the Part A Deductible per day	\$0
101 st –365 th Day	\$0	\$0	All Costs
Hospice Care			
	All Costs (limited to costs for out-patient drug & in-patient respite care)	Co-insurance charges (in-patient respite care, drugs & biological approved by Medicare)	All other charges
Foreign Travel Emergency			
	\$0	80% after \$250 Deductible (up to \$50,000)	\$250 Deductible 20% (to a lifetime maximum of \$50,000 then 100% thereafter)

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- The SMIP & GRIP Elite plans were combined for 2021.

CHOICE

Retirees Post-65 Group

Retiree Insurance Plan



Medical Plan Description	Medicare	CHOICE	
		Hartford	You
Preventive Care Screening ^[i]			
Pap Test & Pelvic Exam (1 every 2 years)	100%	\$0	\$0
Prostate Cancer Screening PSA Test once a year	100%	\$0	\$0
Mammogram Screening (once a year)	100%	\$0	\$0
Hospital Confinement Benefit ^[ii]			
1– 60 th Day	All but Part A Deductible	Part A Deductible	\$0
61 st – 90 th Day	All but 25% Medicare Part A Deductible per day	25% of the Medicare Part A Deductible per day	\$0
91 st – 150 th Day (60 Day Lifetime Reserve Period)	All but 50% Medicare Part A Deductible per day	50% of the Medicare Part A Deductible per day	\$0
Once Lifetime Reserve Days are Used (or Ended) Add'l 365 Days per Person per Lifetime	\$0	100%	0
Out-Patient Medical Expenses			
Medicare Part B Deductible of Medicare-Approved Amounts	\$0	\$0	Part B Deductible
Remainder of Medicare-Approved Amounts	80%	20% after \$1,000 Deductible in out-of-pocket expenses	20% until \$1,000 in out-of-pocket expenses
Clinical Laboratory Services	100%	\$0	\$0
Part B Excess Charges	\$0	100%	\$0
Blood Deductible			
1– 3 Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Skilled Nursing Facilities			
1– 20 th Day	All Approved Amounts	\$0	\$0
21 st – 100 th Day	All but 12.5% of the Medicare Part A Deductible per day	Up to 12.5% of the Part A Deductible per day	\$0
101 st – 365 th Day	\$0	\$0	All Costs
Hospice Care	All Costs (limited to costs for out-patient drug & in-patient respite care)	Co-insurance charges (in-patient respite care, drugs & biological approved by Medicare)	All other charges
Foreign Travel Emergency	\$0	80% after \$250 Deductible (up to \$50,000)	\$250 Deductible 20% (to a lifetime maximum of \$50,000 then 100% thereafter)

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- The SMIP & GRIP Elite plans were combined for 2021.

PREMIUM PLUS

Retirees Post-65 Group

Retiree Insurance Plan



Medical Plan Description	Medicare	PREMIUM PLUS	
		Hartford	You
Preventive Care Screening ^[i]			
Pap Test & Pelvic Exam (1 every 2 years)	100%	\$0	\$0
Prostate Cancer Screening PSA Test once a year	100%	\$0	\$0
Mammogram Screening (once a year)	100%	\$0	\$0
Hospital Confinement Benefit ^[ii]			
1– 60 th Day	All but Part A Deductible	100%	\$0
61 st – 90 th Day	All but 25% Medicare Part A Deductible per day	100%	\$0
91 st – 150 th Day (60 Day Lifetime Reserve Period)	All but 50% Medicare Part A Deductible per day	100%	\$0
Once Lifetime Reserve Days are Used (or Ended) Add'l 365 Days per Person per Lifetime	\$0	100%	0
Out-Patient Medical Expenses			
Medicare Part B Deductible of Medicare-Approved Amounts	\$0	\$0	Part B Deductible
Remainder of Medicare-Approved Amounts	80%	100%	\$0
Clinical Laboratory Services	100%	\$0	\$0
Part B Excess Charges	\$0	100%	\$0
Blood Deductible			
1– 3 Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Skilled Nursing Facilities			
1– 20 th Day	All Approved Amounts	\$0	\$0
21 st – 100 th Day	All but 12.5% of the Medicare Part A Deductible per day	100%	\$0
101 st – 365 th Day	\$0	\$0	All Costs
Hospice Care	All Costs (limited to costs for out-patient drug & in-patient respite care)	100%	\$0
Foreign Travel Emergency	\$0	80% after \$250 Deductible (up to \$50,000)	\$250 Deductible 20% (to a lifetime maximum of \$50,000 then 100% thereafter)

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FOR 2021!

- Silver and Fit Fitness membership is now 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 now include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.
- The SMIP & GRIP Elite plans were combined for 2021.



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

NEW

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. DSR-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.dsrbenefittrust.net.

LOW 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)
- 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)
- Fluoride Treatment -Any age**

\$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)
- 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.

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.

	In-Network	Out-of-Network
Eye Exam		
Frequency 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.	One eye exam in any period of 12 consecutive months	
	\$10 Copay	Plan Reimburses Up to \$45
Frames		
Frequency Standard frames	One frame in any period of 24 consecutive months	
	\$15 Copay (Up to \$130 Allowance)	Plan Reimburses Up to \$70
Lenses		
Frequency 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.	One pair of lenses, with or without frames, in any period of 12 consecutive months	
	\$15 Copay	Single Vision: Plan Reimburses Up to \$30 Bifocal: Plan Reimburses Up to \$50 Trifocal: Plan Reimburses Up to \$65 Lenticular: Plan Reimburses Up to \$100
Lens Options		
	Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	Discounts are not available out-of-network

Contact Lenses		
Frequency Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary) Elective & disposable contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	One pair of contact lenses in any period of 12 consecutive months	
	\$15 Copay	Plan Reimburses Up to \$210
	\$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

Dental & Vision Rates (with Medical)

BCBSM Dental and Vision taken with Hartford or Medicare Advantage Plan Rates

	LOW PLAN			HIGH PLAN		
	Dental /Vision	Dental Only	Vision Only	Dental /Vision	Dental Only	Vision Only
Single	\$61.87	\$56.59	\$5.28	\$65.69	\$60.41	\$5.28
Two-Person	\$123.74	\$113.18	\$10.56	\$131.38	\$120.82	\$10.56
Family	\$185.61	\$169.77	\$15.84	\$197.07	\$181.23	\$15.84

No admin fee is added to the BCBSM Dental & Vision rates when enrolling in a bundled medical, dental and/or vision.

Dental & Vision Rates (StandAlone)

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

	LOW PLAN			HIGH PLAN		
	Dental /Vision	Dental Only	Vision Only	Dental /Vision	Dental Only	Vision Only
Single	\$66.12	\$60.84	\$5.28	\$69.94	\$64.66	\$5.28
Two-Person	\$127.99	\$117.43	\$10.56	\$135.63	\$125.07	\$10.56
Family	\$189.86	\$174.02	\$15.84	\$201.32	\$185.48	\$15.84

The BCBSM Dental & Vision Standalone rates above include the admin fee of \$4.25

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 directly at 1-888-588-6682 to receive the reduced rate.

Voluntary Life Benefits

Voluntary life benefits are offered through Guardian Life 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 Guardian 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 \$30,000 is available in \$10,000 increments. Retiree coverage, however, is required for spouse coverage to be available.

Guardian has made the following changes to the Life Insurance program for DSRA participants effective 01/01/2021:

- Upon death of the Retiree, a surviving Spouse has the option to remain in the DSRA Benefit Trust Guardian Life 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 Guardian Life Insurance coverage.
- The Spouse must notify Benistar if they elect to continue coverage with the Guardian Life Insurance program following the death of the Retiree.
- The Spouse is limited to a maximum of \$30,000.00 coverage

Please contact Benistar at 1-888-588-6682 for more information.

Voluntary Life Through Guardian

Retiree Estimated Monthly Cost^{vi, vii}

Amount	Age									
	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$5,000	\$4.02	\$4.28	\$4.69	\$5.61	\$6.81	\$9.80	\$13.90	\$20.94	\$32.52	\$40.14
\$10,000	\$4.53	\$5.05	\$5.88	\$7.71	\$10.12	\$16.10	\$24.29	\$38.38	\$60.53	\$76.77
\$15,000	\$5.05	\$5.83	\$7.07	\$9.82	\$13.43	\$22.40	\$34.69	\$55.82	\$88.55	\$113.41
\$20,000	\$5.56	\$6.60	\$8.26	\$11.92	\$16.74	\$28.70	\$45.08	\$73.26	\$116.56	\$150.04
\$25,000	\$6.08	\$7.38	\$9.45	\$14.03	\$20.05	\$35.00	\$55.48	\$90.70	\$144.58	\$186.68
\$30,000	\$6.59	\$8.15	\$10.64	\$16.13	\$23.36	\$41.30	\$65.87	\$108.14	\$172.59	\$223.31
\$35,000	\$7.11	\$8.93	\$11.83	\$18.24	\$26.67	\$47.60	\$76.27	\$125.58	\$200.61	\$259.95
\$40,000	\$7.62	\$9.70	\$13.02	\$22.34	\$29.98	\$53.90	\$86.66	\$143.02	\$228.62	\$296.58
\$45,000	\$8.14	\$10.48	\$14.21	\$22.45	\$33.29	\$60.20	\$97.06	\$160.46	\$255.64	\$333.22
\$50,000	\$8.65	\$11.25	\$15.40	\$24.55	\$36.60	\$66.50	\$107.45	\$177.90	\$283.65	\$369.85
\$60,000	\$9.68	\$12.80	\$17.78	\$28.76	\$43.22	\$79.10	\$128.24	\$212.78	\$339.68	\$443.12
\$70,000	\$10.71	\$14.35	\$20.16	\$32.97	\$49.84	\$91.70	\$149.03	\$247.66	\$396.71	\$516.39
\$80,000	\$11.74	\$15.90	\$22.54	\$37.18	\$56.46	\$104.30	\$169.82	\$282.54	\$452.74	\$589.66
\$90,000	\$12.77	\$17.45	\$24.92	\$41.39	\$63.08	\$116.90	\$190.61	\$317.42	\$507.77	\$662.93
\$100,000	\$13.80	\$19.00	\$27.30	\$45.60	\$69.70	\$129.50	\$211.40	\$352.30	\$563.80	\$736.20
\$110,000	\$14.83	\$20.55	\$29.68	\$49.81	\$76.32	\$142.10	\$232.19	\$387.18	\$619.83	\$809.47
\$120,000	\$15.86	\$22.10	\$32.06	\$54.02	\$82.94	\$154.70	\$252.98	\$422.06	\$675.86	\$882.74

Spouse/Domestic Partner Monthly Cost^{vi, vii}

Amount	Age									
	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	\$1.03	\$1.55	\$2.38	\$4.21	\$6.62	\$12.60	\$20.79	\$34.48	\$56.03	\$73.27
\$20,000	\$2.06	\$3.10	\$4.76	\$8.42	\$13.24	\$25.20	\$41.54	\$68.96	\$112.06	\$146.54
\$30,000	\$3.09	\$4.65	\$7.14	\$12.63	\$19.86	\$37.80	\$62.37	\$103.44	\$168.09	\$219.81

^{vi}The rates above include a \$3.50 administration charge.

^{vii}Voluntary 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.

^{viii}Spouse 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.



Call 1-888-588-6682

Or visit dsrabenefittrust.net