

2020

# HealthMatters

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



## 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 2020 are summarized in the following charts:*

### IMPORTANT CHANGES FOR 2020

- The DSRA BT medical and prescription drug plan designs will remain the same for 2020 with the exception of the annual Medicare mandated adjustments.
- The Voluntary Life Benefit from Guardian Life Insurance will continued to be offered for 2020. However, the admin fee has been reduced by \$1.00. Please make note of this change when sending in your payment to Benistar. If your payment is made with an EFT, notify your banking institution of the updated price.

PLAN OPTIONS Medical & RX	Age Band	Monthly Premium Per Person	RX Premium Per Person	Total Premium Per Person
<b>GRIP: ELITE Retiree Medical Plan</b>	65-69	\$159.15	\$123.50	\$282.65
	70-74	\$196.55	\$123.50	\$320.05
	75-79	\$244.91	\$123.50	\$368.41
	80-84	\$298.76	\$123.50	\$422.26
	85+	\$334.62	\$123.50	\$458.12
<b>GRIP: PREMIUM Retiree Medical Plan</b>	65-69	\$121.51	\$123.50	\$245.01
	70-74	\$148.78	\$123.50	\$272.28
	75-79	\$184.07	\$123.50	\$307.57
	80-84	\$223.36	\$123.50	\$346.86
	85+	\$249.51	\$123.50	\$373.01
<b>GRIP: CHOICE Retiree Medical Plan</b>	65-69	\$100.85	\$123.50	\$224.35
	70-74	\$122.59	\$123.50	\$246.09
	75-79	\$150.70	\$123.50	\$274.20
	80-84	\$182.01	\$123.50	\$305.51
	85+	\$202.84	\$123.50	\$326.34
<b>SMIP: ELITE Senior Medical Plan</b> New enrollees that live in KS, MD, MT, NY, or OR	65-69	\$159.15	\$123.50	\$282.65
	70-74	\$196.55	\$123.50	\$320.05
	75-79	\$244.91	\$123.50	\$368.41
	80-84	\$298.76	\$123.50	\$422.26
	85+	\$334.62	\$123.50	\$458.12
<b>SMIP: PREMIUM Senior Medical Plan</b> New enrollees that live in KS, MD, MT, NY, or OR	65-69	\$143.05	\$123.50	\$266.55
	70-74	\$176.11	\$123.50	\$299.61
	75-79	\$218.88	\$123.50	\$342.38
	80-84	\$266.50	\$123.50	\$390.00
	85+	\$298.20	\$123.50	\$421.70

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

## Delphi Salaried Retirees Association - Benefit Trust

ELITE RETIREE MEDICAL PLAN, PREMIUM RETIREE MEDICAL PLAN, CHOICE RETIREE MEDICAL PLAN, ELITE SENIOR MEDICAL PLAN (SMIP),\* PREMIUM SENIOR MEDICAL PLAN\*

The Elite, Premium, and Choice Retiree Medical Plans, and Elite and Premium Senior Medical Plans will remain available in 2020. Benefits provided within each of these plans remain the same. The medical and prescription drug plan no longer have to be elected as a combined offering. You can choose to enroll in just the medical plan or in a medical and prescription drug plan. In order to have the prescription drug plan, you do need to enroll in the medical plan

## DSRA-BT No Longer Partners with SelectQuote Senior

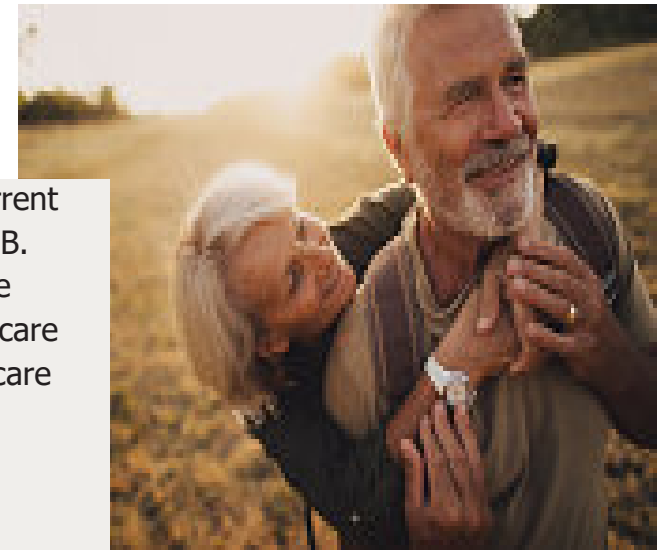
### MEDICARE SUPPLEMENT AND MEDICARE ADVANTAGE PLANS

DSRA-BT no longer partners with SelectQuote Senior to offer individual Medicare Supplement, Medicare Advantage and Prescription Drug Plans. For information on SelectQuote regarding plans on the individual market, contact them directly at 1-855-721-3878.

\*SMIP plan for KS, MD, MT, NY, and OR residents not enrolled in the DSRA-BT Hartford Plan prior to 1-1-2012.



# 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 2019 amounts.

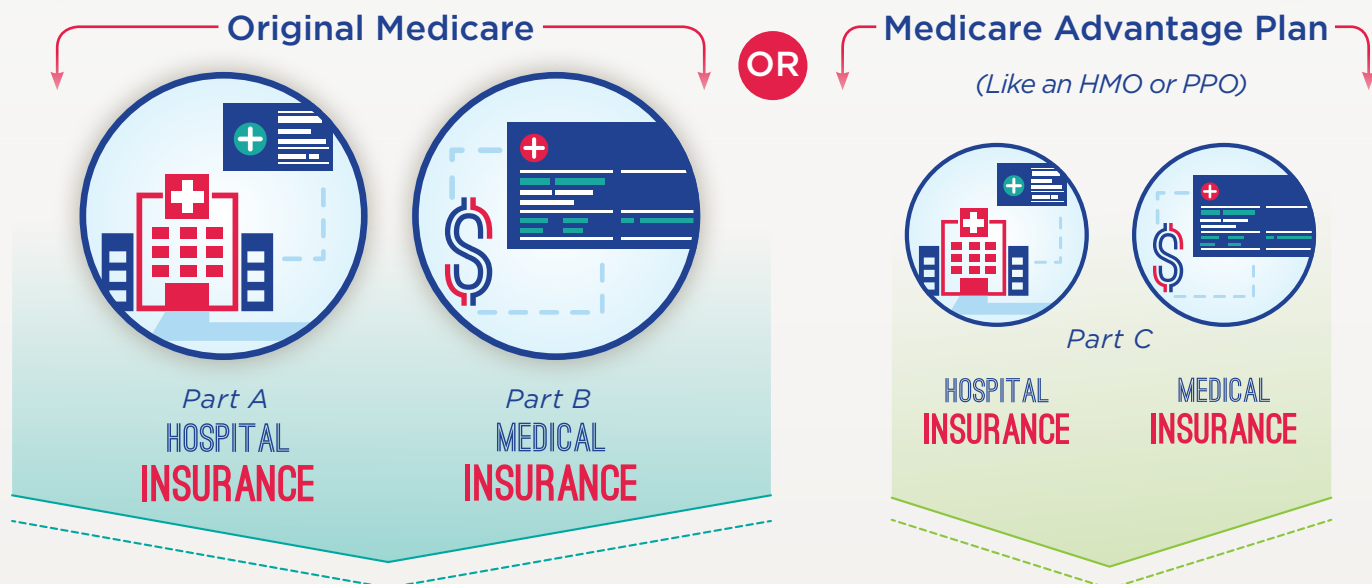
\*\* In addition to the monthly premium associated with a Medicare Advantage Plan, or Medicare Supplement Plan and/or Prescription Drug Plan, you must continue to pay your Medicare Part B premium.

## WHAT ARE YOUR MEDICARE OPTIONS?

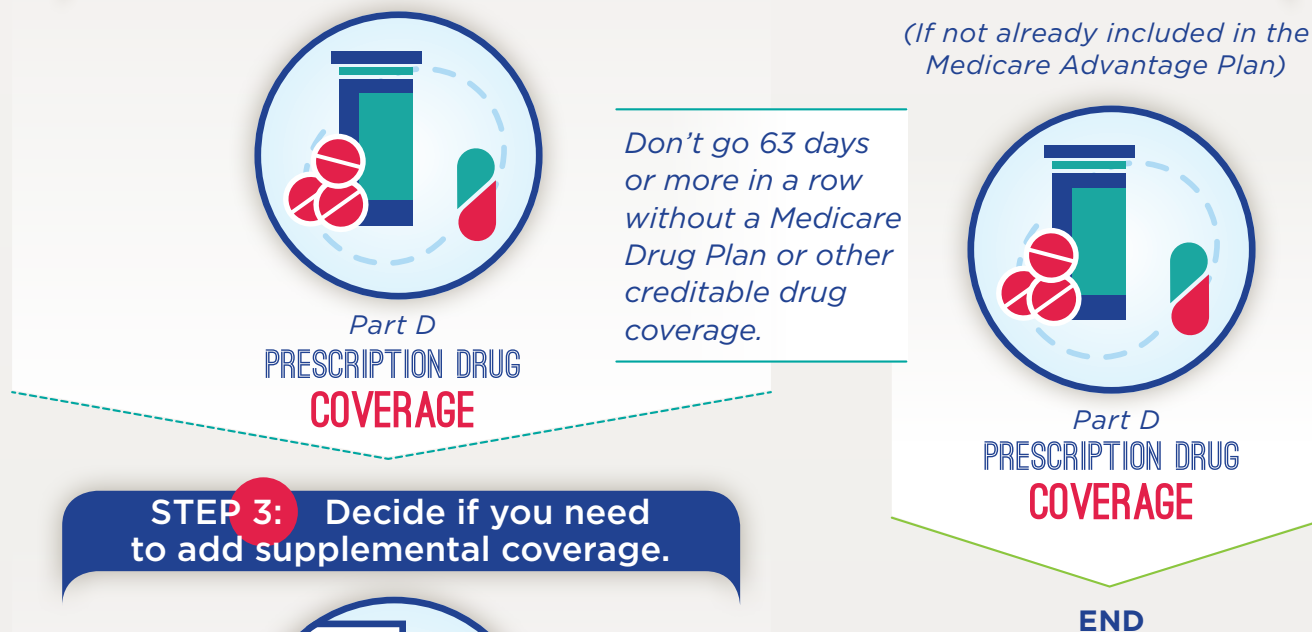
The two main ways to get your Medicare coverage are: Original Medicare or a Medicare Advantage Plan. The chart on the following page can help you visualize your choices.

## Your Medicare Coverage Choices

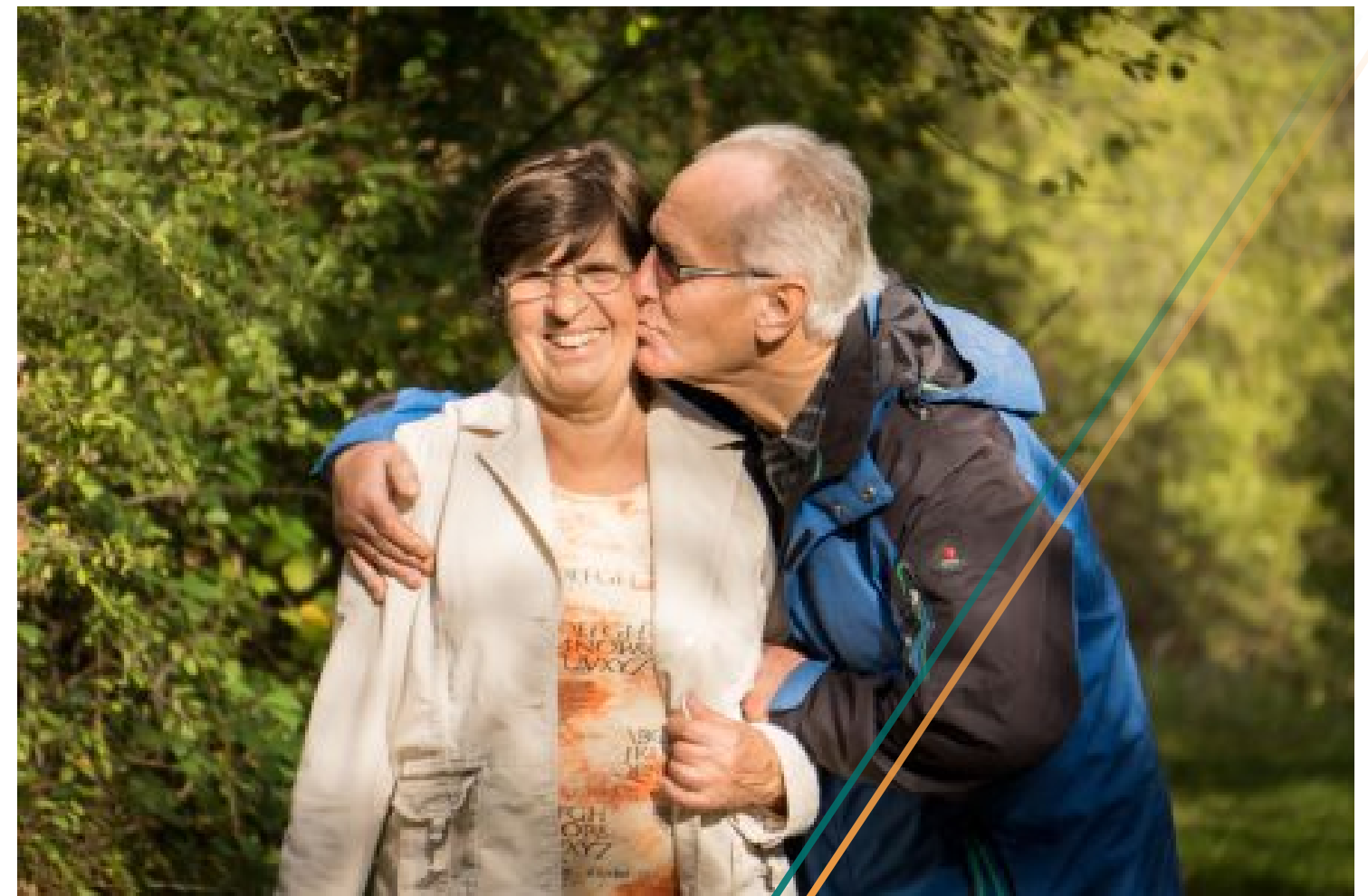
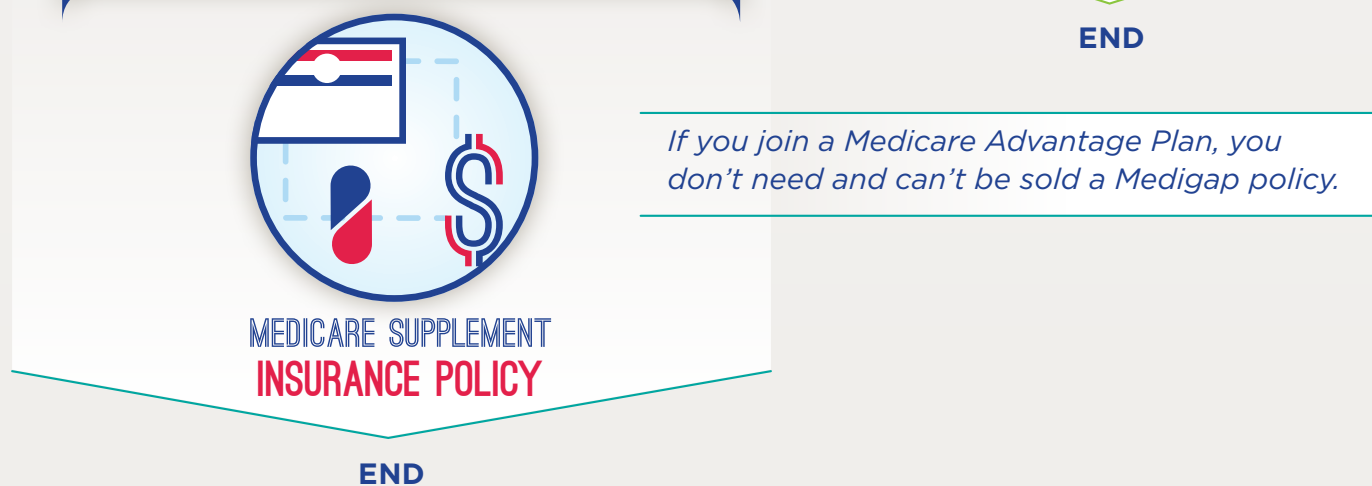
### STEP 1: Decide how you want to get your coverage.



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



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



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?
- ◆ 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?
- ◆ 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.?

# Need Help with Your Enrollment for 2020?

## 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
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
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 CALL REPRESENTATIVE WALK YOU THROUGH THE ENROLLMENT PROCESS.

**Call 1-888-588-6682**

**Retirees Post-65  
Prescription Drug Plan**

For complete details about the plans, please refer to the Plan summary of coverage on the website at [www.DSRABenefitTrust.net](http://www.DSRABenefitTrust.net).

<b>Retail Pharmacy Drug Plan (Initial Coverage Stage)</b>	1 Month	2 Months	3 Months
Prescription Deductible	\$0		
Initial Coverage Stage Limit (total drug costs)	\$3,750		
Tier 1 - Generic	\$12	\$24	\$36
Tier 2 - Preferred Brand	\$30	\$60	\$90
Tier 3 - Non-Preferred Brand	\$60	\$120	\$180
Tier 4 - Specialty	33%	33%	33%
<b>Express Scripts Home Delivery Drug Plan (Initial Coverage Stage)</b>			
Prescription Deductible	Same as Above		
Initial Coverage Stage Limit (total drug costs)	Same as Above		
Tier 1 - Generic	\$12	\$24	\$24
Tier 2 - Preferred Brand	\$30	\$60	\$60
Tier 3 - Non-Preferred Brand	\$60	\$120	\$120
Tier 4 - Specialty	33%	33%	33%
<b>Retail Pharmacy and Express Scripts Home Delivery Drug Plans (Coverage Gap Stage)</b>			
Coverage Gap Stage Limit (Your Out-of-Pocket Expenses)	\$5,000		
Tier 1 - Generic	During this stage, you will pay the copays listed above		
Tiers 2 and 3 - Preferred and Non-preferred Brand	During this stage you will pay 40% of the price plus the dispensing fee		
<b>Retail Pharmacy and Express Scripts Home Delivery Drug Plans (Catastrophic Coverage Stage)</b>			
Tier 1 - Generic	Greater of \$3.35 or 5%		
All other drugs	Greater of \$8.35 or 5%		

**Retirees Post-65 Group  
Retiree Insurance Plan  
(GRIP)**

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

For complete details about the plans, please refer to the Group Retiree Insurance Plan summary of coverage on the website at [www.DSRABenefitTrust.net](http://www.DSRABenefitTrust.net).

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

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



**Retirees Post-65 Elite**  
**Senior Medical Insurance**  
**Plan (SMIP)**



DSRA-BT offers Senior Medical Plans through The Hartford to retirees over the age of 65 who reside in Kansas, Maryland, Montana, New York, and Oregon. The table below provides an overview of the medical plan. For complete details about the plan, please refer to the Senior Medical Insurance Plan summary of coverage on the website at [www.dsrabenfittrust.net](http://www.dsrabenfittrust.net).

Medical Plan Description	Medicare	Hartford	You
<b>HOSPITAL CONFINEMENT BENEFIT<sup>2</sup></b>			
1 - 60 <sup>th</sup> Day	All but Part A Deductible	Part A Deductible	\$0
61 <sup>st</sup> - 90 <sup>th</sup> Day	All but 25% of the Medicare Part A Deductible per day	25% of the Medicare Part A Deductible per day	\$0
91 <sup>st</sup> - 150 <sup>th</sup> Day (60 Day Lifetime Reserve Period)	All but 50% of the 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
<b>SKILLED NURSING FACILITY CARE<sup>2</sup></b>			
1 - 20 <sup>th</sup> Day	All approved amounts	\$0	\$0
21 <sup>st</sup> - 100 <sup>th</sup> 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 <sup>st</sup> - 365 <sup>th</sup> Day	\$0	\$0	All costs
<b>HOSPICE CARE</b>	All costs (limited to costs for out-patient drug and in-patient respite care)	Co-insurance charges (in-patient respite care, drugs & biological approved by Medicare)	All other charges
<b>BLOOD DEDUCTIBLE</b>			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0

**SENIOR MEDICAL INSURANCE PLAN - SUMMARY OF COVERAGE**

Medical Plan Descriptions	Medicare	Hartford	You
<b>OUT-PATIENT MEDICAL EXPENSES</b>			
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%
<b>PREVENTIVE SCREENING</b>			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	\$0	\$0
Colon Cancer Screening - Fecal occult blood test once per year; - Colonoscopy once every 10 years, or every two years if high risk - Barium enema once every 4 years, or once every 2 years if at high risk	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
	80% after deductible for Barium Enema		
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	100%	\$0
Prostate Cancer Screening Test - PSA Test once per year - Digital Rectal exam once per year	100% for PSA	\$0	\$0
	80% after deductible for Digital Rectal exam	100%	\$0
Ovarian Cancer Surveillance Tests - once per year if at high risk	80% after deductible	100%	\$0
<b>FOREIGN TRAVEL EMERGENCY</b>	\$0	80% after \$250 Deductible (up to \$50,000)	\$250 Deductible 20% (to a lifetime maximum of \$50,000, 100% thereafter)

**Retirees Post-65  
Premium Senior  
Medical Insurance Plan  
(SMIP)**

This plan is only available for residents of Kansas, Maryland, Montana, New York, and Oregon. This applies to new enrollees only with effective dates of 1/1/2012 and later. The table below provides an overview of the medical plan. For complete details about the plan, please refer to the Senior Medical Insurance Plan summary of coverage on the website at [www.dsrabenefittrust.net](http://www.dsrabenefittrust.net).

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

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

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

**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
<b>Class I Service</b>	
Includes but not limited to:	
Oral Exams	0% = Your Coinsurance
Bitewing X-rays	
Full Mouth X-Rays	* 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	
<b>Class II Service</b>	
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	* 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.
Root Canal	
<b>Class III Services</b>	
Includes but not limited to:	
Dentures (complete & partial)	\$50 = Your Deductible 50% = Your Coinsurance
Endosteal Implants	* 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.
Bridge Installations	
<b>Class IV Services</b>	
Orthodontic services for dependents under age 19	50% = Your Coinsurance
*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 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) BlueVision. 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.dsrabeneitrust.net](http://www.dsrabeneitrust.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

## Dental & Vision Rates (Stand Alone)

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

	Dental /Vision	Dental Only	Vision Only
Single	\$70.67	\$66.11	\$4.56
Two-Person	\$137.34	\$128.22	\$9.12
Family	\$204.01	\$190.33	\$13.68

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 of 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 in order for spouse coverage to be available. Please contact Benistar at 1-888-588-6682 to request enrollment materials or you can download the materials from our website.

### Voluntary Life Through Guardian

Retiree Estimated Monthly Cost<sup>vi, vii</sup>

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<sup>vi, vii</sup>

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

<sup>vi</sup>The rates above include a \$3.50 administration charge.

<sup>vii</sup>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.

<sup>viii</sup>Spouse costs are based on the retiree’s age.



**Call 1-888-588-6682**

Or visit [dsrabenefittrust.net](http://dsrabenefittrust.net)