



DSRA★BENEFIT TRUST
BENEFIT PLANS FOR DELPHI RETIREES

2023 DENTAL AND VISION GUIDE
for Pre-65 Members

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 plans provide a wide variety of covered services – either covered in full or partially by the plans. Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plans benefits. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.dsrabenefittrust.net.

LOW PLAN

(Low Plan is Included with Bundled Plans)

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 with 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.dsrabenfitrust.net. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP website at www.vsp.com.

Member’s responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$15 copay	Member responsible for difference between approved amount and provider’s charge, after \$15 copay
Medically necessary contact lenses	\$15 copay	Member responsible for difference between approved amount and provider’s charge, after \$15 copay

Note: No copay is required for prescribed contact lenses that are not medically necessary.

Eye exam

Benefits	VSP network doctor	Non-VSP provider
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	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)

One eye exam in any period of 12 consecutive months

Lenses and frames

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	One pair of lenses, with or without frames in any period of 12 consecutive months	
•Progressive Lenses – Covered when rendered by a VSP network doctor		
Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$70 less \$15 copay (member responsible for any difference)

One frame in any period of 24 consecutive months

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses

Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$15 copay	Reimbursement up to \$210 less \$15 copay (member responsible for any difference)
	One pair of contact lenses in any period of 12 consecutive months	
Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)



Voluntary Life Benefits

Did you know that 61% of Americans have no life insurance coverage? The financial impact of death is not only significant, but the effects can be long-term, lasting five years or more for the surviving family members.ⁱ

DSRA-BT offers salaried Delphi retirees the opportunity to purchase voluntary life insurance for you and your spouse through MetLife. (NOTE: Delphi hourly retirees are not eligible for this voluntary benefit.) This plan is designed to complement the life insurance benefits you may already have and is 100% retiree-paid. Rates do change every five years on insured's birthdays ending in a 0 or 5. There is a small administrative fee to cover Benistar and DSRA-BT expenses. Notify your bank of the 2022 rate change, if you are set up on auto payments..

If you have elected voluntary coverage in the past, your elected benefit will continue into 2023. **No action is required.** If, however, you wish to make any modifications to your current election (e.g. increase or decrease your elected amount) or wish to elect voluntary term life insurance for the first time, you must complete the MetLife enrollment form and Statement of Health form. If your change is a reduction in benefits, or to cancel your benefits, then only an enrollment form is required, not a Statement of Health. 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.

The table below provides an overview of the voluntary life benefit. For specific details about the plan, please refer to the summary of benefits on the website at www.dsrabenefittrust.net.

	Retiree	Spouse ¹
Coverage	\$10,000 increments	\$ 10,000 increments
Minimum	\$10,000	\$ 10,000
Maximum	\$120,000	\$ 50,000
		The Spousal coverage above \$30,000 requires a physical.

i MetLife's Impact of Premature Death Study, 2010.

Subsidies

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

THE HEALTH COVERAGE TAX CREDIT (HCTC) HAS EXPIRED.

The Health Coverage Tax Credit (HCTC) has NOT been reauthorized.

HCTC Eligible DSRA-BT Subsidy

Eligibility for a Trust subsidy is generally defined as being a Delphi Salaried Retiree (including spouse and eligible dependents) who retired on or before April 1, 2009. The DSRA-BT will continue to provide a health premium subsidy to eligible pre-65 salaried retirees, spouses and dependents who purchase medical insurance from the Trust in 2023.

There are pre-65 salaried retirees that retired before April 02, 2009 that have not initiated their PBGC pension payout. This makes them ineligible for the Trust subsidy. We cannot approve a subsidy for these retirees.

Plan Option	2023 Monthly DSRA-BT Subsidy Amount (HCTC if NOT Extended)		
	Single	Two-Person	Family
Under Age 65	\$937.65	N/A	\$2,769.59
Under Age 65 & Medicare Disabled BCBS - Silver Plan	\$1,511.95	N/A	N/A
Under Age 65 & Medicare Disabled BCBS MA Diamond	\$360.19	N/A	N/A

Plans are all bundled plans – Medical, Prescription Drug, Dental and Vision

Medical Rates

Eligible Retirees Under Age 65 – Non HCTC AMP

Pre-65 Medical Plan Options - **HIGH** Dental

Pre-65 Medical Plan Options - HIGH Dental		Pre-65 Medical Plan Options - NO Dental		
GOLD	Medical / High Dental / Vision			
Single	\$1,601.71			
Family	\$4,761.79			
SILVER	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,427.94	\$1,419.32	\$1,360.23	\$1,351.61
Family	\$4,240.47	\$4,211.84	\$4,003.48	\$3,974.85
BRONZE	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,138.09	\$1,129.47	\$1,070.38	\$1,061.76
Family	\$3,370.89	\$3,342.26	\$3,133.90	\$3,105.27
COPPER	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$937.65	\$929.03	\$869.94	\$861.32
Family	\$2,769.59	\$2,740.96	\$2,532.60	\$2,503.97

All BUNDLED Gold, Silver, Bronze and Copper plans include Medical, High Dental and Vision Coverage
If you are not included in the HCTC, you can choose the Low Dental Plan.

Pre-65 Medical Plan Options - **LOW** Dental

Pre-65 Medical Plan Options - LOW Dental		Pre-65 Medical Plan Options - NO Dental		
GOLD	Medical / Low Dental / Vision			
Single	\$1,594.16			
Family	\$4,735.36			
SILVER	Medical / Low Dental / Vision	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$1,420.39	\$1,411.77	\$1,360.23	\$1,351.61
Family	\$4,214.04	\$4,185.41	\$4,003.48	\$3,974.85
BRONZE	Medical / Low Dental / Vision	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$1,130.54	\$1,121.92	\$1,070.38	\$1,061.76
Family	\$3,344.46	\$3,315.83	\$3,133.90	\$3,105.27
COPPER	Medical / Low Dental / Vision	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$930.10	\$921.48	\$869.94	\$861.32
Family	\$2,743.16	\$2,714.53	\$2,532.60	\$2,503.97

Medicare Disabled Retirees or Eligible Dependents Under Age 65

The rates below only apply to **pre-65 Medicare disabled** members. BCBSM Medicare Advantage plans are now available to Pre 65 Medicare Disabled members at a much lower premium or cost free to DSRA-BT Subsidy recipients.

SILVER	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,885.89	\$1,882.95	\$1,825.73	\$1,818.74

Retirees Post-65

For complete details about the post-65 plan options including rates, please refer to the **2023 Health Matters Guide for Post-65 Members** at www.dsrabenefittrust.net. Retirees may also contact Benistar at 1-888-588-6682 for further information.

Dental & Vision Rates (StandAlone no Medical)

Retirees Under Age 65 -

LOW PLAN			HIGH PLAN		
	Dental /Vision	Dental Only		Dental /Vision	Dental Only
Single	\$73.03	\$64.41	Single	\$80.58	\$71.96
Two Person	\$141.82	\$124.57	Two Person	\$156.92	\$139.67
Family	\$243.44	\$214.81	Family	\$269.87	\$241.24

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

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

LOW PLAN			HIGH PLAN		
	Dental /Vision	Dental Only		Dental /Vision	Dental Only
Single	\$71.40	\$64.41	Single	\$75.45	\$68.46
Two Person	\$138.55	\$124.57	Two Person	\$146.65	\$132.67

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

Dental & Vision Rates (with Hartford or Medicare Advantage Medical)

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

LOW PLAN				HIGH PLAN			
	Dental /Vision	Dental Only	Vision Only		Dental /Vision	Dental Only	Vision Only
Single	\$67.15	\$60.16	\$6.99	Single	\$71.20	\$64.21	\$6.99
Family	\$134.30	\$120.32	\$13.98	Family	\$142.40	\$128.42	\$13.98

No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage.

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

Refer to Page 10 for services covered in High and Low plans..

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.

If you are over age 65 please review the Health Matters Guide for all Post 65 plan offerings.