



2021 GUIDE TO BENEFITS
Dental & Vision

NEW

Medical and Prescription Drug Options in 2021

- The DSRA-BT Medigap plans offered through the Hartford are now ALL available in ALL states.
- AETNA Medicare Advantage Plans are available to DSRA-BT members through the Auto VEBA Trust at www.MyMedPlans.com
- Two AETNA Prescription Drug plans, High and Low are available for DSRA-BT participants with the Hartford Medigap plans, AETNA Medicare Advantage plans or as “standalone” plans. 85% of DSRA-BT members do not reach the coverage gap “donut hole”. Enrolling in the Low plan could save you money.

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 plan benefit. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.dsrabenfitrust.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)
 Repairs and Recementation of Onlays, Crowns, Veneers, Inlays, & Bridges
 Oral Surgery
 Root Canal

\$50 = Your Deductible per member limited 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)
 Onlays, Crowns and Veneer restorations
 Endosteal Implant
 Bridge Installations
 Occlusal biteguards

\$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	\$0 = Your Deductible
Bitewing X-rays	0% = Your Coinsurance

Full Mouth X-Rays

Dental prophylaxis (Teeth Cleaning)

Fluoride Treatment - Any age**

* 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
Onlays, Crowns and Veneer restoration or repair**	20% = Your Coinsurance

Oral Surgery

Occlusal biteguards**

Root Canal

* 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)	\$50 = Your Deductible
	50% = Your Coinsurance

Endosteal Implants

Bridge Installations

* 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 Low Plan vs. High Plan.



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. 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	One eye exam in any period of 12 consecutive 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
Frames		
Frequency	One frame in any period of 24 consecutive months	
Standard frames	\$15 Copay (Up to \$130 Allowance)	Plan Reimburses Up to \$70
Lenses		
Frequency	One pair of lenses, with or without frames, in any period of 12 consecutive 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
	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	One pair of contact lenses in any period of 12 consecutive 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 no Medical)

Retirees Under Age 65 -

LOW PLAN

	Dental /Vision	Dental Only	Vision Only
Single	\$63.10	\$56.59	\$6.51
Two Person	\$126.21	\$113.19	\$13.02
Family	\$219.69	\$198.08	\$21.61

The BCBSM Dental & Vision Standalone rates above do NOT include the admin fee of \$4.25

HIGH PLAN

	Dental /Vision	Dental Only	Vision Only
Single	\$70.21	\$63.70	\$6.51
Two Person	\$140.42	\$127.40	\$13.02
Family	\$244.55	\$222.94	\$21.61

The BCBSM Dental & Vision Standalone rates above do NOT include the admin fee of \$4.25

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

LOW PLAN

	Dental /Vision	Dental Only	Vision Only
Single	\$61.87	\$56.59	\$5.28
Two Person	\$123.74	\$113.18	\$10.56
Family	\$185.61	\$169.77	\$15.84

The BCBSM Dental & Vision Standalone rates above do NOT include the admin fee of \$4.25

HIGH PLAN

	Dental /Vision	Dental Only	Vision Only
Single	\$65.69	\$60.41	\$5.28
Two Person	\$126.10	\$120.82	\$10.56
Family	\$186.51	\$181.23	\$15.84

The BCBSM Dental & Vision Standalone rates above do NOT 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

	Dental /Vision	Dental Only	Vision Only
Single	\$61.87	\$56.59	\$5.28
Two Person	\$123.74	\$113.18	\$10.56
Family	\$185.61	\$169.77	\$15.84

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

HIGH PLAN

	Dental /Vision	Dental Only	Vision Only
Single	\$65.69	\$60.41	\$5.28
Two Person	\$126.10	\$120.82	\$10.56
Family	\$186.51	\$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.

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

Our plan administrator is 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 2021.