# DSRA-BT / HCTC SUBSIDIES FOR 2019



# DSRA-BT and HCTC Subsidies for 2019

Last Updated: 23 September 2018

Dear Delphi Retiree or Eligible Dependent:

Are you aware of the subsidy programs that are available to help reduce the cost of your <u>DSRA-BT</u> health care premium? There are **TWO** distinct and separate subsidy programs you may be eligible for: 1. <u>DSRA-BT</u> subsidy from the Trust, 2. <u>HCTC</u> from the government. You cannot receive benefits from both of these programs at the same time.



## **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 that are not eligible for the HCTC and who purchase medical insurance from the trust in 2019.

#### For 2019, the Board of Directors has determined the subsidies as follows:

	2019 Monthly DSRA-BT Subsidy Amount		
Plan Option	Single	Two Person	Family
Under Age 55 & Special Circumstance	\$615	\$1,470	\$1,840
Under Age 65 & Medicare Disabled	\$830	\$1,660	N/A
Under 65 QFM (Available to QFMs of a retiree who is age 67 or 68 only)	\$425	1	N/A
Post-65	No subsidy available for	post-65 members	N/A

Special Circumstance subsidies are available to those members who are under the age of 55 or retirees age 55-64 who are not eligible for the <u>HCTC</u> because they are no longer drawing a <u>PBGC</u> pension or family members of a Medicare disabled retiree who is <65 and has been on Medicare for more than two years which makes them ineligible for the <u>HCTC</u>.

There are situations where a 55 to 64 year old <u>DSRA-BT</u> eligible retiree is eligible for a Trust subsidy. Retirees in this situation have taken their pension in a lump sum or over a defined period for example, 5 years. To meet the Trust requirements for subsidy eligibility, the retiree must satisfy the following requirements:

- 1. Delphi Salaried retiree
- 2. Retirement date previous to 4-2-2009
- 3. Be the Age of 55 to 64
- 4. Provide proof of lump sum distribution or agreement between both parties to a defined time period of pension payments.

**EXCEPTION:** There are pre-65 salaried retirees that retired before 4-2-09 that have not initiated their <u>PBGC</u> pension payout. This makes them ineligible for the <u>HCTC</u> and thus the Trust subsidy. We cannot approve a subsidy for these retirees.

Eligibility for this subsidy ends the first of the month the retiree achieves age 69.

- To receive this subsidy, you must be an eligible pre-April 2, 2009 salaried retiree; the retiree must be age 67 or 68 and thus no longer eligible for the HCTC to qualify for this subsidy.
- You must submit a new enrollment form to our pre-65 medical plan administrator (BCBSM) to qualify for this subsidy.
- Please submit 30 days prior to eligibility date. No retroactive subsidies will be allowed.
- \*One subsidy is available per family with the exception of dual Delphi retiree households who carry separate policies.



#### **HEALTH COVERAGE TAX CREDIT**

The Health Coverage Tax Credit (HCTC) was reauthorized June 29, 2015 and will remain in effect through the end of 2019. The HCTC provides premium assistance for 72.5% of healthcare premiums. You can obtain the HCTC in two different ways:

#### Option I

Pay your premiums in full and then claim the HCTC on your 2019 tax return through Form 8885, Health Coverage Tax Credit.

#### Option 2

Take advantage of the Advance Monthly Payment (AMP) program.

Note: For 2019, if you purchase medical insurance through the Affordable Care Act Health Insurance Marketplace Insurance, you will not be eligible for the HCTC.



## **HCTC ELIGIBILITY**

You may be eligible to elect the HCTC only if you are one of the following:

- An eligible trade adjustment assistance recipient, alternative TAA recipient or reemployment TAA recipient,
- An eligible Pension Benefit Guaranty Corporation payee, or
- The family member of an eligible TAA, ATAA, or RTAA recipient or PBGC payee who is deceased or who finalized a divorce with you.

You are **not** eligible for the **HCTC** if you:

- Can be claimed as a dependent on another person's federal income tax return or
- Are enrolled in Medicare, Medicaid, the Children's Health Insurance Program, or the Federal Employees Health Benefits Program or are eligible to receive benefits under the U.S. military health system (TRICARE).

QFM eligibility for the HCTC is established based on the age of the retiree. The HCTC law provides eligibility for QFM's for a limited 24 month time period. Once the retiree reaches the age of 65, his or her QFM's are eligible for the HCTC for a maximum of 24 months or until the retiree attains the age of 67 or the QFM attains the age of 65. The IRS does not monitor your eligibility for this subsidy. It is your responsibility upon the expiration of your HCTC eligibility to notify both the IRS and BCBSM. Upon termination of HCTC eligibility, if the QFM is still under the age of 65, you should review the subsidy eligibility requirements for the DSRA-Benefit Trust QFM subsidy.

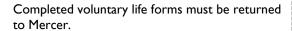
Further details about our benefits will be posted to our website - www.dsrabenefittrust.net. We will send an email blast when it's available. We encourage you to review the benefit information carefully and ask that you make prompt decisions regarding your 2019 benefit elections. Stay tuned for more information!

**DSRA-Benefit Trust Board of Directors** 



Are you considering a plan change for 2019? Upon your review of the 2019 open enrollment materials, if you want to make a change to your benefit elections, you will need to complete a benefit enrollment form and other applicable paperwork.

PRE-65 & PRE-65 MEDICARE DISABLED	POST-65
Completed forms must be returned to BCBSM (medical, dental, vision) via mail, fax, or email no later than TUESDAY, NOVEMBER 13th.	Completed forms for dental and vision coverage must be returned to BCBSM via mail, fax, or email by TUESDAY, NOVEMBER 13th.



Completed forms for medical and voluntary life coverage must be returned to Mercer via mail, fax, or email no later than **FRIDAY**, **DECEMBER 7**<sup>th</sup>.

In order to receive benefit communications, please take a moment to update your contact information through our plan administrators.