

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 2022. **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.dsrabenfitrust.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.dsrabenfitrust.net.

	Retiree	Spouse ¹
Coverage	\$10,000 increments	\$ 10,000 increments
Minimum	\$10,000	\$ 10,000
Maximum	\$120,000	\$ 50,000

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

The Spousal coverage above \$30,000 requires a physical.

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.

Sunset of the Health Coverage Tax Credit (HCTC)

To date, the Health Coverage Tax Credit (HCTC) has not been extended and funding continues to not be available. If Congress fails to extend the HCTC program before December 1, 2021, the program will shutdown for a minimum of 1-2 months into 2022 or until reauthorization is passed. If you wish to remain in the DSRA-BT insurance plans be prepared to pay 100% of the plan premium for each month the HCTC program is not in operation. If Congress extends the HCTC Program after the DSRA open enrollment period, there will be a special open enrollment period available at a later date.



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 2022. If the HCTC program is not extended, all eligible retirees must submit a new enrollment form to request to receive the DSRA-BT subsidy.

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	2022 Monthly DSRA-BT Subsidy Amount (HCTC Extended)	
	Single	Family
Under Age 65	\$650	\$1,900
Under Age 65 & Medicare Disabled	\$360.15	N/A
*Under 65 QFM	\$650	N/A
Post-65	No subsidy available for post-65 members	

*Available to QFMs of a retiree who is age 67 or 68 only.

Application for the Hardship Grant

If you believe you might be eligible for a Hardship Grant, you are encouraged to apply. Hardship application forms are available at www.dsrabenefittrust.net under, "Resources/Hardship Fund/Click Here for the Hardship Application." Alternatively, you may request an application form from Benistar, our Hardship Grant administrator at 1-888-588-6682.

The deadline for completing the application process for both pre-65 and post-65 members is Friday, November 20, 2021. All materials must be received by this date.


Please submit your application as soon as possible to Benistar as indicated below:

Mail: Benistar DSRA-BT Service Center
10 Tower Lane, Suite 100
Avon, CT 06001

Email: memelig@benistar.com

Fax: (860)408-7025

Benistar will process applications and notify applicants of being accepted or rejected. Finally, please be aware that the Federal Government will consider your Hardship Grant as taxable income. If you receive a Grant in 2022, you will get a 1099 from DSRA-BT to be filed with your 2022 federal income tax return.

 Additional details about the Hardship Grant including the qualifying criteria and application can be found on the DSRA-BT website at www.dsrabenefittrust.net.

The HCTC program has not been reauthorized.
These subsidy rates are calculated in anticipation of the program
being reauthorized for 2022.

Medical Rates

HCTC AMP Eligible Retirees Under Age 65

GOLD	Medical / High Dental / Vision*	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$1,522.23	\$1,092.62	\$429.61
Family	\$4,523.15	\$3,268.28	\$1,254.87
SILVER	Medical / High Dental / Vision*	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$1,353.55	\$970.32	\$383.23
Family	\$4,017.14	\$2,901.43	\$1,115.71
BRONZE	Medical / High Dental / Vision*	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$1,076.11	\$761.70	\$306.93
Family	\$3,214.91	\$2,319.81	\$895.10
COPPER	Medical / High Dental / Vision*	(-) 72.5% HCTC Subsidy	27.5% Member Cost
Single	\$884.17	\$630.02	\$254.15
Family	\$2,609.00	\$1,880.52	\$728.48

*All HCTC Gold, Silver, Bronze and Copper plans include Medical, High Dental and Vision Coverage
If you are eligible for a subsidy, please refer to that section in this Guide to see amounts.



Medical Rates

Eligible Retirees Under Age 65 – Non HCTC AMP

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

Pre-65 Medical Plan Options with HIGH Dental			Pre-65 Medical Plan Options with NO Dental	
GOLD	Medical / High Dental / Vision*			
Single	\$1,522.23			
Family	\$4,523.15			
SILVER	Medical / High Dental / Vision*	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,353.55	\$1,346.07	\$1,285.46	\$1,277.98
Family	\$4,017.14	\$3,992.29	\$3,778.81	\$3,753.96
BRONZE	Medical / High Dental / Vision*	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,076.11	\$1,068.63	\$1,008.02	\$1,000.54
Family	\$3,214.91	\$3,196.19	\$2,946.47	\$2,921.62
COPPER	Medical / High Dental / Vision*	Medical /High Dental	Medical / Vision	Medical Only
Single	\$884.17	\$876.69	\$816.08	\$808.60
Family	\$2,609.00	\$2,584.15	\$2,370.67	\$2,345.82

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

Pre-65 Medical Plan Options with LOW Dental			Pre-65 Medical Plan Options with NO Dental	
GOLD	Medical / Low Dental / Vision*			
Single	\$1,514.64			
Family	\$4,496.57			
SILVER	Medical / Low Dental / Vision*	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$1,345.96	\$1,338.48	\$1,285.46	\$1,277.98
Family	\$3,990.56	\$3,965.71	\$3,778.81	\$3,753.96
BRONZE	Medical / Low Dental / Vision*	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$1,068.52	\$1,061.04	\$1,008.02	\$1,000.54
Family	\$3,158.22	\$3,133.37	\$2,946.47	\$2,921.62
COPPER	Medical / Low Dental / Vision*	Medical /Low Dental	Medical / Vision	Medical Only
Single	\$876.58	\$869.10	\$816.08	\$808.60
Family	\$2,582.42	\$2,557.57	\$2,370.67	\$2,345.82

*All 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.

Medicare Disabled Retirees or Eligible Dependents Under Age 65

The rates below only apply to **pre-65 Medicare disabled** members. NEW for 2022! 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.

	Medical / High Dental / Vision*	Medical /High Dental	Medical / Vision	Medical Only
Single	\$1,845.60	\$1,840.16	\$1,781.65	\$1,774.95
Two-Person	\$3,651.20	\$3,639.06	\$3,522.04	\$3,509.90

Retirees Post-65

For complete details about the post-65 plan options including rates, please refer to the **2022 Health Matters Guide for Post-65 Members** at www.dsrabenfitrust.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	Vision Only		Dental /Vision	Dental Only	Vision Only
Single	\$72.23	\$64.75	\$7.48	Single	\$79.82	\$72.34	\$7.48
Two Person	\$140.22	\$125.25	\$14.97	Two Person	\$155.41	\$140.44	\$14.97
Family	\$240.85	\$216.00	\$24.85	Family	\$267.43	\$242.58	\$24.85

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	Vision Only		Dental /Vision	Dental Only	Vision Only
Single	\$70.82	\$64.75	\$6.07	Single	\$74.90	\$68.83	\$6.07
Two Person	\$137.39	\$125.25	\$12.14	Two Person	\$145.55	\$133.41	\$12.14
Family	\$203.96	\$185.75	\$18.21	Family	\$216.20	\$197.99	\$18.21

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	\$66.57	\$60.50	\$6.07	Single	\$70.65	\$64.58	\$6.07
Family	\$133.14	\$121.00	\$12.14	Family	\$141.30	\$129.16	\$12.14

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.