

3 BCBSM Medicare Advantage Plans SM

NO AGE BANDS, NO ZIP CODES, NO DEDUCTIBLES, NATIONWIDE PLANS

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to BCBSM members. These plans are PPO (Passive Plan) and allow you to see any doctor and/or any hospital with your BCBSM Medicare Advantage Plan. If your Doctor accepts Medicare, they will accept your plan. If they say they do not accept BCBSM, please contact Benistar in order to learn what you can do to have your Medicare services, outside of the standard 80%, covered by BCBSM. The plans offered are nationwide plans with a flat rate, regardless of pre-existing conditions, your age or the State you live in. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. The BCBSM MA Plans are all inclusive with Medical and Prescription Drug (MAPD). The Diamond Plan mirrors the F Plan with some added benefits!

Members can elect the following BCBSM options listed in the chart below.

OPTIONS	Diamond	Emerald	Ruby
Type Of Network	Passive	Passive	Passive
Out Of Pocket Maximum	\$0	\$750	\$4,500
Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
Inpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Outpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Office Visit	\$0	\$5	\$20
Chiropractic	\$0	\$5	\$20
Specialist	\$0	\$15	\$40
Urgent Care	\$0	\$10	\$50
Facility Evaluation	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Psych	\$0	\$5	\$25
Surgical Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Other Physician Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Preventative	No Cost	No Cost	No Cost
Emergency	\$0	\$75	\$90
Ambulance Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Durable Medical Equipment	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Medical & Prescription Drug/ MAPD Rate	\$285.99	\$224.06	\$109.04

Copays are the only differences in the High PDP and Ruby PDP Plan

DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX	EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX	RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX
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Medicare Advantage Medical / Surgical Group Benefits and Services	Schedule B		
PPO Benefit Structure	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)
Member Out-of-Pocket Cost- Sharing Options	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays
Combined Out-of-Pocket Maximum	\$0	\$750	\$4,500
Single Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
> Core Benefits			
Inpatient Facility Services (No Member Cost-Share - Home Health Care)	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply
Outpatient Facility Services	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply

(Continued)	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX		EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX		RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX	
> Physician / Practitioner Benefits						
Office Visits, Online Visits, and Consultations	\$0		\$5		\$20	
Chiropractic Services	\$0		\$5		\$20	
Specialist Services	\$0		\$15		\$40	
Psychiatric and Psychotherapy Services	\$0		\$5		\$25	
Facility Evaluation and Management Services	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Other Physician Services (No Member Cost-Share for Clinical Labs)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Surgical Services (Includes Anesthesia Services, Cardiac Catheterization Services, and Therapeutic Cardiovascular Services)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
> Emergency / Other Benefits						
Urgent Care	\$0		\$10		\$50	
Emergency Department / Emergency Room Care	No Member Cost-Share		\$75		\$90	
Ambulance Services	No Member Cost-Share		Ded,Coins,OOPM Will Apply		Ded,Coins,OOPM Will Apply	
DME, P & O, and Supplies	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Preventive Services	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Additional Medicare Advantage Group Benefits						
Adult Diapers / Incontinence Liners	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Annual Physical (removes Office Visit cost-share)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Chiropractic Enhanced Services						
> Approved Radiological	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above
> Approved E & M						
> Approved Physical Therapy						
Determination of Refractive State	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.
Gradient Compression Stockings	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hearing Services						
> Exam (measurement of hearing ability)	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above
> Hearing Aids	Included	Covered up to \$500	Included	Covered up to \$500	Included	Covered up to \$500
Home Infusion Therapy	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hospice Care (Cost-Share associated with Respite and Drugs)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above
Private Duty Nursing	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)
Wigs (includes wig stands and adhesive)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services

Copays are the only differences in the High PDP and Ruby PDP Plan. Please refer to the Summary of Benefits to see the difference in RX Copays. Formulary of ALL BCBSM PDP plans are the same.

Silver Sneakers

It's never too late to start living a longer, healthier life. Take advantage of all SilverSneakers has to offer.



Classes Designed for seniors

Whether indoors or outdoors, beginner or experienced, we have fitness classes fit for everyone. All SilverSneakers classes are led by our supportive instructors.

No Additional Cost to You

If you have SilverSneakers included in your Medicare Advantage Plan, you get all of the location access, SilverSneakers classes, on-demand videos, and perks of membership at no additional cost.

More Classes. More Places

Whether you live too far away from a gym or prefer the comfort of a familiar place, join others with instructor-led SilverSneakers FLEX classes. From community centers to nearby parks - you'll have access to over 80 different types of classes like outdoor walking groups and nutrition workshops.

The Freedom to Choose

Weights, treadmills, stationary bikes, and so much more - whether you're starting to exercise or keeping up with your proven workout, you'll have access to equipment you need.

A fitness app designed for you

Access fitness programs on the go, track and schedule activities, find locations, and get your member ID with SilverSneakers GO.

On-Demand video workouts

Prefer exercising at home? Use your SilverSneakers membership to log in to our on-demand video library of classes, workouts, and how-to videos..

Retirees Post-65

BCBSM (High and Low)

Prescription Drug Plans

Our prescription drug plans are included when you enroll in any of our Medicare Advantage health plans. The BCBSM RX Plans include 100% of drugs covered by Medicare Part D. The plan is insured and administered by OptumRX. Members also have the opportunity to enroll in Stand-Alone prescription drug coverage with BCBSM in either the High or Low plan.

With OptumRX you can fill your prescriptions at more than 62,000 pharmacies nationwide, including national chains as well as thousands of locally-owned and operated independent specialty pharmacies. With our prescription Drug Plans, you may pay as little as \$2 for a 31 day supply of certain, commonly-prescribed generic drugs when you fill your prescription at a pharmacy in OptumRX Preferred Network, which includes major retailers like Walgreens, Walmart, Kroger and Sam's Club. For complete details about these plans, please refer to the Plan Summary of Coverage on the website at www.DSRABenefitTrust.net

	HIGH PDP Plan		LOW PDP Plan	
Formulary Option	Comprehensive Enhanced Formulary		Comprehensive Enhanced Formulary	
Prior Authorization/ Step Therapy	Yes		Yes	
Rx Deductible	\$0		\$0	
	Preferred Rx	Standard Rx	Preferred Rx	Standard Rx
Tier 1 (Preferred Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 2 (Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 3 (Preferred Brand)	\$40	\$50	\$50	\$60
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 4 (Non-Preferred)	\$75	\$100	\$80	\$100
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 5 (Specialty)	30% member cost	30% member cost	35% member cost	35% member cost

BCBSM Monthly Cost for your Prescription Drug Plan

HIGH PDP Plan	LOW PDP Plan
\$91.90	\$72.92
- \$10 admin fee will need to be added to the Standalone PDP Plans	

Price and Copays are the only differences in the High / Low PDP Plan

- Your **formulary** is a list of drugs covered by your plan.
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:
 - Tier 1**= Preferred generic drugs
 - Tier 2**= Generic
 - Tier 3**= Preferred brand drugs
 - Tier 4**= Non-preferred drugs
 - Tier 5**= Specialty drugs

The BCBSM High and Low plans do not have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-of-pocket cost may be lower but never more than your group plan copay.

! ATTENTION

Important Prescription Drug Changes for 2023

- OptumRX will now manage your pharmacy benefits.
- All prescriptions you are currently taking will transfer to OptumRX for 2023
- Continue to use your current member ID cards at your pharmacy and health care providers' offices through December 31. You should begin to use your new member ID cards starting January 1, 2023.
- OptumRx Toll free: (855) 810-0007

There are no changes to benefits due to the pharmacy manager change.

Review the BCBSM formulary to ensure your medications are covered www.DSRABenefitTrust.net

The Hartford

The Elite, Premium, Choice and Premium Plus Retiree Medical Plans are available to ALL DSRA Benefit Trust Members in ALL states. Members can elect one of two BCBSM prescription drug plans, High or Low to pair with the Hartford medical plan or as a standalone plan. You do not need to enroll in the Hartford medical plan to enroll in the BCBSM prescription drug plan. The Hartford Plans are Medigap/Medicare Supplemental plans for traditional Medicare coverage (not a Medicare Advantage Plan).

Premiums for 2023 are summarized in the following charts:

5 Year Bands - Upon the 1st day of your birthday month

The total monthly cost for your coverage is per person per month, and listed below based on your age:

PLAN OPTIONS	Age Band	Monthly Premium Per Person	RX Low Plan Per Person	RX High Plan Per Person	Total Premium w/ Low RX	Total Premium w/ High RX
Medical only OR						
Medical with RX						
ELITE Retiree Medical Plan (Mirrors Plan F)	65-69	\$176.11	\$72.92	\$91.90	\$249.03	\$268.01
	70-74	\$216.96	\$72.92	\$91.90	\$289.88	\$308.86
	75-79	\$269.78	\$72.92	\$91.90	\$342.70	\$361.68
	80-84	\$328.62	\$72.92	\$91.90	\$401.54	\$420.52
	85+	\$367.78	\$72.92	\$91.90	\$440.70	\$459.68
PREMIUM PLUS Retiree Medical Plan (Mirrors Plan G)	65-69	\$134.99	\$72.92	\$91.90	\$207.91	\$226.89
	70-74	\$164.78	\$72.92	\$91.90	\$237.70	\$256.68
	75-79	\$203.33	\$72.92	\$91.90	\$276.25	\$295.23
	80-84	\$246.25	\$72.92	\$91.90	\$319.17	\$338.15
	85+	\$274.82	\$72.92	\$91.90	\$347.74	\$366.72
PREMIUM Retiree Medical Plan	65-69	\$112.43	\$72.92	\$91.90	\$185.35	\$204.33
	70-74	\$136.17	\$72.92	\$91.90	\$209.09	\$228.07
	75-79	\$166.88	\$72.92	\$91.90	\$239.80	\$258.78
	80-84	\$201.08	\$72.92	\$91.90	\$274.00	\$292.98
	85+	\$223.84	\$72.92	\$91.90	\$296.76	\$315.74
CHOICE Retiree Medical Plan	65-69	\$158.52	\$72.92	\$91.90	\$231.44	\$250.42
	70-74	\$194.63	\$72.92	\$91.90	\$267.55	\$286.53
	75-79	\$241.36	\$72.92	\$91.90	\$314.28	\$333.26
	80-84	\$293.37	\$72.92	\$91.90	\$366.29	\$385.27
	85+	\$328.00	\$72.92	\$91.90	\$400.92	\$419.90
EXCLUSIVE PLAN (FL only) NO AGE BANDS		\$220.62	\$72.92	\$91.90	\$293.54	\$312.52

*Rates include a \$3.00 DSRA-BT VEBA fee and Administration fee.

DSRA-BT offers four medical plan choices to retirees over the age of 65. All four plans are underwritten by The Hartford. The table above provides a side-by-side rate comparison of the four medical plans. For complete details about these plans, please refer to the Group Retiree Insurance Plan Summary of Coverage on the www.DSRABenefitTrust.net website.

- Silver&Fit Fitness membership is available to all DSRA Benefit Trust members participating in the Hartford Medical plans. Silver&Fit offers gym membership and online classes. Please visit www.SilverandFit.com to find the participating club nearest you.
- The Hartford plans include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.

BENEFIT DESCRIPTION	AGP-3845 AGP-7050	AGP-3846 AGP-7051	AGP-7052	AGP-3862 AGP-7053
	Premium	Choice	Premium Plus	Elite
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum (OOP) (Applies to Medicare Part B Services)	\$500 ✓	\$1,000 ✓	N/A	N/A
Part A				
Part A Deductible (days 1-60; Part A Deductible)	100%	100%	100%	100%
ⁱⁱHospital Confinement (days 61-90; 25% of Part A Deductible) (days 91-150; 50% of Part A Deductible)	100%	100%	100%	100%
Extended Hospital Confinement (Additional 365 days) payable at 100%	100%	100%	100%	100%
Skilled Nursing Facility Confinement (days 21-100; 12 1/2% Part A Deductible)	100%	100%	100%	100%
Part B				
Part B Deductible	Not Covered	Not Covered	Not Covered	100%
Physician Services Benefit	100%	100%	100%	100%
Specialist Services Benefit	100%	100%	100%	100%
Outpatient Hospital Services and Ambulatory Surgical Care	100%	100%	100%	100%
Outpatient Diagnostic and Radiology Services	100%	100%	100%	100%
Outpatient Mental Health and Substance Abuse Services	100%	100%	100%	100%
Outpatient Rehabilitative and Cardiac Rehabilitative Services	100%	100%	100%	100%
Emergency Care Benefit	100%	100%	100%	100%
Urgent Care Benefit	100%	100%	100%	100%
Ambulance Services Benefit	100%	100%	100%	100%
Durable Medical Equipment and Prosthetics Benefit	100%	100%	100%	100%
Part B Excess	100%	100%	100%	100%
Additional Services				
ⁱPreventive Care Cancer Screening	100%	100%	100%	100%
Hospice (Inpatient respite care, drugs)	100%	100%	100%	100%
Blood Deductible	100%	100%	100%	100%
Foreign Travel Emergency (\$250 Deductible; 80% coinsurance up to \$50,000 Lifetime Maximum)	✓	✓	✓	✓
Annual Physical Exam (\$25 copay; \$500 calendar year maximum)	✓	✓	✓	✓
Private Duty Nursing	Not Included	Not Included	Not Included	Not Included
Silver&Fit Exercise Program	✓	✓	✓	✓

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

ii. 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.



SOMETHING FOR EVERYONE



Welcome to the enhanced Silver&Fit® Healthy Aging and Exercise program

Members will discover a better life balance in a program with flexibility, personalized support, and the following features tailored to meet their unique needs:

National Network of 14,000+ Fitness Centers

- No-cost membership at 14,000+ participating fitness centers and YMCAs
- Many fitness centers and YMCAs also offer:
 - Group fitness classes tailored to older adults
 - Dance or yoga studios and/or swimming pools (where available)



One-on-One Silver&Fit Healthy Aging Coaching

In weekly sessions by phone, trained health coaches guide members in areas like:

- Being active
- Healthy eating
- Lifestyle choices
- Aging well
- Managing conditions



Silver&Fit's ASHConnect Mobile App

- Enhanced fitness center search with photos and location details to help members find fitness centers and YMCAs with their favorite features
- Activity tracking on over 250 wearable fitness devices, including Apple Watch®, apps, and exercise equipment**
- Virtual streaming group exercise videos so members can work out on their schedule



Home Fitness Kits

- Members who prefer to work out at home receive up to 2 kits per benefit year
- 35 unique options available, including a Fitbit® Connected! kit



Member Resources

- 48 Healthy Aging classes
- The Silver Slate® quarterly newsletter



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.

Dental Benefits 2 plans to choose from!

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.



BCBSM Dental Plan - \$50 Deductible for Class 2 and 3 Services

Benefits	Low Plan Coverage	High Plan Coverage
Deductible (Applies to Class 2 and Class 3 services only)	\$50 per member limited to a maximum of \$150 per family per calendar year	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member	\$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

Dental Rates (Standalone or with another option)

The rates below are priced for eligible plan participants enrolling in the Dental Plan Only.

	Low Plan Rate	High Plan Rate
Single	\$64.41	\$68.46
Two-Person	\$124.57	\$132.67

An Administration Fee of \$4.25 is INCLUDED in the rate above.

Dental Rates (Hartford or BCBSM Medicare Advantage)

The rates below are priced for eligible plan participants enrolling in the Dental Plan with a Medical Plan.

	Low Plan Rate	High Plan Rate
Single	\$60.16	\$64.21
Two-Person	\$120.32	\$128.42

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

BCBSM Dental Plan – High Dental Plan vs. Low Dental Plan

The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). 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

Annual Dental Maximum per Person

\$3,000

Class I Service

Includes but not limited to:
 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)

\$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.

Fluoride Treatment -Any age**

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.



2023 Vision Benefits

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 ground, 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

•Progressive Lenses – Covered when rendered by a VSP network doctor

One pair of lenses, with or without frames in any period of 12 consecutive months

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)
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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)
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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 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.

2023 Blue Cross Blue Shield Vision Rates (VSP)

Single	\$ 6.99
Two-Person	\$ 13.98

Vision plans are only available when purchased with a High or Low Dental plan.



Voluntary Life Benefits

Voluntary life benefits are offered through MetLife 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 MetLife enrollment form and Statement of Health form. (NOTE: Delphi hourly Retirees are not eligible for this voluntary benefit.) Retiree coverage from \$10,000 to \$120,000 and spouse coverage from \$10,000 to \$50,000 is available in \$10,000 increments. Retiree coverage, however, is required for spouse coverage to be available.

MetLife replaced Guardian Life effective 01/01/2022. The premiums were reduced an average of 6.3%.

The changes and added benefits to the Life Insurance program for DSRA participants effective 01/01/2022:

- Upon death of the Retiree, a surviving Spouse has the option to remain in the DSRA Benefit Trust MetLife Insurance program until the age of 80, at which time they will have the option to move to a Whole Life Insurance plan or to discontinue coverage
- The Spouse will continue to use the age of the Retiree to determine their premium amount if the Spouse elects to continue their MetLife Insurance coverage.
- The Spouse must notify Benistar if they elect to continue coverage with the MetLife Insurance program following the death of the Retiree.
- The Spousal coverage above \$30,000 requires a physical.
- Age Banded Prices guaranteed for 3 years.

Please review the DSRA-BT website www.DSRABenefitTrust.net for additional information and documents to help you with your Life Insurance questions. Benistar is always available at 1-888-588-6682 to help you or if you need additional information.

Voluntary Life Through MetLife

	AGE							
Amount	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90
\$60,000	\$ 13.80	\$ 25.80	\$ 39.60	\$ 76.20	\$ 123.60	\$ 178.98	\$ 290.82	\$ 380.28
\$70,000	\$ 16.10	\$ 30.10	\$ 46.20	\$ 88.90	\$ 144.20	\$ 208.81	\$ 339.29	\$ 443.66
\$80,000	\$ 18.40	\$ 34.40	\$ 52.80	\$ 101.60	\$ 164.80	\$ 238.64	\$ 387.76	\$ 507.04
\$90,000	\$ 20.70	\$ 38.70	\$ 59.40	\$ 114.30	\$ 185.40	\$ 268.47	\$ 436.23	\$ 570.42
\$100,000	\$ 23.00	\$ 43.00	\$ 66.00	\$ 127.00	\$ 206.00	\$ 298.30	\$ 484.70	\$ 633.80
\$110,000	\$ 25.30	\$ 47.30	\$ 72.60	\$ 139.70	\$ 226.60	\$ 328.13	\$ 533.17	\$ 697.18
\$120,000	\$ 27.60	\$ 51.60	\$ 79.20	\$ 152.40	\$ 247.20	\$ 357.96	\$ 581.64	\$ 760.56

Spousal Coverage Voluntary Life Through MetLife

	AGE							
Amount	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90

^vThe rates above do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage.

^vVoluntary 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.

^vSpouse costs are based on the retiree's age.

IMPORTANT change – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age, until age 80, then move to a whole life plan.