2026 Health Matters

A Guide to Your Healthcare Options

Important Health Plan Information Enclosed

Delphi Salaried Retirees Association – Benefit Trust
Post 65 / Medicare Eligible Member Benefits

– HEALTHCARE INSURANCE –
DSRA★BENEFIT TRUST
BENEFIT PLANS FOR DELPHI RETIREES

Why am I receiving this brochure?

Understanding your health care coverage options is more complex than ever. Delphi Salaried Retirees Association - Benefit Trust (DSRA-BT) is committed to helping you make an informed choice, with tools and resources to guide you in exploring today'shealth plan options and the savings they canprovide.

When it's time to select your health plan, think about how it will fit into your lifestyle.

Some things to consider:

COVERAGE

Are the services you need covered?

COST

How much are your premiums, deductibles, and other costs for things like doctor visits or hospital stays? What's the yearly limit for out-of-pocket costs?

TRAVEL

Does the plan cover you in another state or outside the U.S.?

CHOICE DOCTOR & HOSPITAL

Do your doctors accept the coverage? If not, are the doctors you want to see accepting new patients? Do you have to select your hospital and health care providers from a network?

PRESCRIPTION DRUG

Do you need to join a Medicare drug plan? Will you pay a penalty if you join a plan later? What do your prescription drugs cost, and will they be covered?

CONVENIENCE

Where are the doctors' offices? What are their hours? Which pharmacies can you use? Can you get your prescriptions by mail?

WHAT IS Medicare?
UNDERSTANDING THE BASICS

You have important decisions to make when you become eligible for Medicare. Our goal is to help you understand your options and feel confident about choosing coverage based on your needs.

Delphi Salaried Retirees Association - Benefit Trust's current coverage requires participation in Medicare Parts A and B. Before you look into a Medicare Supplement or Medicare Advantage plan, it's important to understand what Medicare covers and the costs you may incur when utilizing Medicare services. You are either coming into Medicare because you are turning 65 or you qualify for Medicare under 65 due to a disability, such as End Stage Renal Disease (ESRD) requiring kidney dialysis or kidney transplant.

Medicare has *four* parts

PART A
Hospial Insurance

Medicare Part A covers inpatient treatment in a variety of settings including hospitals, skilled nursing facilities, hospice, and other inpatient facilities. Medicare Part A involves deductibles and co-pays*, per benefit period, as well as long-term hospital stays over 90 days.

PART B
Medical Insurance

Medicare Part B is health insurance that covers doctor visits, exams, immunizations, checkups, and durable medical equipment. Like Part A, Medicare Part B involves out-of-pocket expenses including a monthly premium, annual deductible and typically 20% of the total cost of your care.**

Together, Part A & Part B make up Original Medicare. These are the portions provided and administered by the federal government. (They aren't provided for free) Important: Original Medicare does not cover outpatient prescription drugs, nor does it cover some basic services, including dental, vision or hearing.

PART C
Medicare Advantage

Medicare Advantage plans, sometimes called "Part C" or "MA Plans," are offered by private, Medicare-approved companies. A Medicare Advantage plan provides all of your Part A and Part B coverage. Part D prescription drug coverage is sometimes included as well. Each plan can charge different out-of-pocket costs and have different rules for how you get services.

PART D
Prescription Drug Insurance

Medicare Part D is prescription drug coverage. These plans reduce your overall health care costs by lowering the cost of your prescriptions. Each plan can vary by cost and drug coverage.

Part C & Part D are both sold by private companies (example: Blue Cross) instead of the federal government, and must abide by government regulations. Medicare Advantage must cover at least the same benefits as Original Medicare.

WHAT ARE YOUR MEDICARE OPTIONS?

The two main ways to get your Medicare coverage are: Original Medicare or a Medicare Advantage Plan. The chart on the following page can help you visualize your choices.

Medicare Enrollment Period

*Medicare Part A & B is set by CMS and Part A depends on your work history and Part B is determined by your earnings. Medicare Part A is free for most people, as long as you or a spouse have worked 40 quarters. Please check www.Medicare.Gov for current year amounts.

**In addition to the monthly premium associated with a Medicare Advantage Plan, or Medicare Supplement Plan and/or Prescription Drug Plan, you must continue to pay your Medicare Part B premium.

Your Medicare Coverage Options

STEP 1 — Decide What Coverage Works Best For You!

Original Medicare

Part A — Hospital Insurance

Part B — Medical Insurance

Medicare Advantage

Part C *(Ours is like a PPO)*

Hospital Insurance
Medical Insurance
RX

= *(Part A, Part B and Part D)*

STEP 2 — Do You Need Prescription Drug Coverage?

Prescription Drug — *Part D*

You must enroll when you become Medicare eligible to avoid the risk of a penalty.

Prescription Drug coverage is already included in the Medicare Advantage Plans offered through your Group Trust

STEP 3 — Do You Need Supplemental Coverage?

Medicare Supplement Plan → **Secondary Plan**
Secondary to Medicare A & B

If you join one of our Medicare Advantage Plans, you can not participate in a Medigap plan.

Don't Miss Your Medicare Enrollment Window!

Enrollment Windows:

1. 3 months prior to, the month of or the 3 months following the month of your 65th birthday
2. If you are moving from an employer sponsored plan you have an 8 month window to enroll
3. Following a 24 month disability, you qualify on your 25th month.

MEDICARE ADVANTAGE PLANS

3 BCBSM Medicare Advantage Plans SM

- NO PDP DEDUCTIBLE FOR ANY DRUG TIERS!
- NO AGE BANDS, NO ZIP CODES, NO DEDUCTIBLES, NATIONWIDE PLANS
- NO COVERAGE GAP / DONUT HOLE ON PDP 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 (MA), if your Doctor accepts Medicare, and will accept your plan. If the doctor does not accept BCBSM, please contact Benistar. The plans offered are nationwide plans with a flat rate, regardless of pre-existing conditions, your age or the State you live in. The rates are NOT based on Zip Codes! The BCBSM MA Plans are inclusive of Medical and Prescription Drug (MAPD). The BCBSM Medicare Advantage Plans include a Silver Sneakers Program.

There is a $3 VEBA fee and a $10 administration fee added to all Medicare Advantage Plans.

The BCBSM Medicare Advantage plan (Part C) gives you complete coverage

Part A includes:
- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Premium
- There is no charge if you or your spouse have at least 40 quarters.

+

Part B includes:
- Provider visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

Premium
- You must pay your Part B premium every month
- Your premium depends on when you first signed up and your income

+

Part D
- Prescription Drugs
- Part D is a government-sponsored program that helps cover prescription drug costs
- PDP Plans through BCBSM

=

Part C includes:
- Original Medicare benefits
- Original Medicare rights and protections
- Original Medicare covered service
- Prescription Drug coverage
- May include extra benefits

SilverSneakers®*, and care management services

You must continue to pay your monthly Part B premium.

MEDICARE ADVANTAGE PPO PROVIDERS

Your plan allows you to go to any doctor or hospital that accepts Medicare

What does this mean?

- You have freedom to choose any provider, specialist or hospital that accepts Medicare and accepts your BCBSM Medicare Advantage Plan
- Referrals aren't required
- Member out-of-pocket costs are the same as long as the doctor or hospital accepts Medicare and bills BCBSM

In-network

- A Medicare provider who has a contractual agreement to be a part of the Blue Cross Blue Shield Medicare Advantage PPO Network

YOUR MAPD PLAN CHOICES

Out Of Pocket Maximum	$0	$750	$4,500
OPTIONS	**Diamond**	**Emerald**	**Ruby**
Type Of Network	No Deductible	No Deductible	No Deductible
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

See enrollment form for all plan rates.

YOUR MAPD PRESCRIPTION DRUG PLANS

NO PDP Deductibles on any of these 3 plans

Your Prescription Drug Benefits **cover you through the Donut Hole**

There is no extra out-of-pocket expense

PRESCRIPTION DRUG PLANS FOR DIAMOND AND EMERALD PLANS

High Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	**$0**	**$0**
Tier 1	$2	$10
Tier 2	$2	$10
Tier 3	$40	$50
Tier 4	$75	$100
Tier 5	30% Member Cost	30% Member Cost
BCBS will notify you when Catastrophic Coverage Phase begins (Information can be found on your EOB, amount can change year to year)		
90 Day Supply*	x2	x2

PRESCRIPTION DRUG PLANS FOR RUBY PLAN

Ruby Plan PDP	Preferred Rx	Standard Rx
Prior Authorization/Step Therapy	Yes	Yes
Rx Deductible	**$0**	**$0**
Tier 1	$10	$15
Tier 2	$10	$15
Tier 3	$45	$50
Tier 4	$90	$100
Tier 5	30% Member Cost	30% Member Cost
BCBS will notify you when Catastrophic Coverage Phase begins (Information can be found on your EOB, amount can change year to year)		
90 Day Supply*	x2	x2

Copays are the only differences in the Diamond, Emerald High PDP and Ruby PDP Plan

Additional Prescription Drug Services on all PDP plans	
Oral and injectable contraceptives	Covered
Smoking cessation drugs	Covered
Weight loss drugs	Covered
Impotency drugs	Covered

Most Common Preferred Pharmacies: ***(less expensive option)***
Walmart, Kroger & Walgreens

Most Common Standard Pharmacies:
CVS & Winn-Dixie

★ Member may get a 90-day supply at their local pharmacy or mail order for the same x2 co-pay

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
Catastrophic = Over $8,000

MEDICARE ADVANTAGE PLAN BENEFITS

BRIEF DESCRIPTION OF BENEFITS

Medicare Advantage Medical / Surgical Group Benefits and Services	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX	EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX	RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX
Deductible	**$0**	**$0**	**$0**
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**
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
> 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 > Approved E & M > Approved Physical Therapy	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above
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

MEDICARE ADVANTAGE PLAN BENEFITS

BRIEF DESCRIPTION OF BENEFITS

(Continued)

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

FITNESS PROGRAM BENEFITS WITH SILVER SNEAKERS

Fitness program benefits:

- Membership in a network of thousands of health clubs and exercise classes
- Exercise at your own pace with people in your age group
- Online support to help you lose weight, reduce stress
- Online classes, walking and home fitness programs

SilverSneakers® Tuition Rewards

- SilverSneakers® members can earn college tuition discounts for loved ones simply by exercising

Visit:
SilverSneakers.com for participating fitness locations
SilverSneakers.tuitionrewards.com to learn about Tuition Rewards
Or call:
1(866)584-7352,
Monday through Friday,
8 a.m. to 8 p.m. Eastern time.
TTY users, call 711.

SilverSneakers® by Tivity Health

MEDICARE SUPPLEMENT PLANS

The Hartford offers 4 Supplemental Plans

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 combine 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).

A Medicare Supplement plan gives you extra coverage with Original Medicare

Part A includes:
- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Premium
- There is no charge for people who have at least 40 work quarters.

Part B includes:
- Provider visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

Premium
- You must pay your Part B premium every month
- Your premium depends on when you first signed up and your income

The HARTFORD includes:
- Original Medicare benefits
- Original Medicare rights and protections
- Original Medicare covered service
- May include extra benefits

Silver & Fit Benefit services available

You must continue to pay your monthly Part B Deductible for Premium, Choice and Premier Plus Plans.

Part D

You have the option to purchase a BCBS Part D plan through the Trust.

- Prescription Drugs
- Part D is a government-sponsored program that helps cover prescription drug costs

Can Purchase a BCBSM PDP plan through the Trust

The Hartford 4 Supplemental Plans Benefits

Silver&Fit Fitness membership is an included benefit elected by the majority of the members for 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.

MEDICARE SUPPLEMENT PLANS

DSRA-BT offers four medical plan choices to retirees over the age of 65.

All four plans are underwritten by The Hartford.

BENEFIT DESCRIPTION	AGP-3845 AGP-7050 Premium	AGP-3846 AGP-7051 Choice	AGP-7052 Premium Plus	AGP-3862 AGP-7053 Elite
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum (OOP)	$500	$1,000	N/A	N/A
(Applies to Medicare Part B Services)	√	√		
Part A				
Part A Deductible (days 1-60; Part A Deductible)	100%	100%	100%	100%
Hospital 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				
Preventive 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)	√	√	√	√

See enrollment form for all plan rates.

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 arow.

SOMETHING FOR EVERYONE

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Members should talk to a doctor before starting or changing an exercise routine. The people in this piece are not Silver&Fit members. Something for Everyone, Silver&Fit, ASH Connect, the Silver&Fit logo, and The Silver Slate are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Home kits are subject to change. Not all YMCAs participate in the network. Members are advised to check the searchable directory on the Silver&Fit website to see if their location participates in the program.

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

Telehealth Services

Medicare has temporarily expanded its coverage of telehealth services to respond to the previous Public Health Emergency. These services expand the current telehealth covered services, to help you have access from more places (including your home), with a wider range of communication tools (including smartphones), to interact with a range of providers (like doctors, nurse practitioners, clinical psychologists, licensed clinical social workers, physical therapists, occupational therapists, and speech language pathologists). During this time, you will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings without a copayment if you have Original Medicare. This will help ensure you are able to visit with your doctor from your home, without having to go to a doctor's office or hospital, which puts you and others at risk of exposure to COVID-19.

You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "virtual check-ins"—brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).

You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.

Medicare also pays for you to communicate with your doctors using online patient portals without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.

Since some people don't have access to interactive audio-video technology needed for Medicare telehealth services or choose not to use it even if offered by their practitioner, Medicare is allowing people to use an audio-only phone.

You may use communication technology to have full visits with your doctors. Also, you can get these visits at rural health clinics and federally qualified health clinics. Medicare pays for many medical visits through this telehealth benefit.

Visit your doctor from home!

Telehealth Services

BCBSM Standalone Prescription Drug Plans

The Trust offers two prescription drug plans for participants enrolling in a Supplemental Medical plan or enrolling in a Standalone Prescription Drug Plan.

	High RX Plan		Low RX Plan	
	Preferred Cost-Shares	**Standard Cost-Shares**	**Preferred Cost-Shares**	**Standard Cost-Shares**
Tier 1 (Preferred Generic)	$2	$10	$5	$10
32-90 Day Supply Mail Order Copay Multiplier	X2	X2	X2	X2
Minimum / Maximum Charge per Claim (applies only to coinsurance cost-shares and is subject to copay multipliers)	Not Applicable		Not Applicable	
Tier 2 (Generic)	$2	$10	$5	$10
32-90 Day Supply Mail Order Copay Multiplier	X2	X2	X2	X2
Minimum / Maximum Charge per Claim (applies only to coinsurance cost-shares and is subject to copay multipliers)	Not Applicable		Not Applicable	
Tier 3 (Preferred Brand)	$40	$50	$50	$60
32-90 Day Supply Mail Order Copay Multiplier	X2	X2	X2	X2
Minimum / Maximum Charge per Claim (applies only to coinsurance cost-shares and is subject to copay multipliers)	Not Applicable		Not Applicable	
Tier 4 (Non-Preferred Drug)	$75	$100	$80	$100
32-90 Day Supply Mail Order Copay Multiplier	X2	X2	X2	X2
Minimum / Maximum Charge per Claim (applies only to coinsurance cost-shares and is subject to copay multipliers)	Not Applicable		Not Applicable	
Tier 5 (Specialty)	30%	30%	35%	35%
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order		Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order	
Minimum / Maximum Charge per Claim (applies only to coinsurance cost-shares and is subject to copay multipliers)	Not Applicable		Not Applicable	

Admin Fee of $10 will be added for RX Standalone Plans

DENTAL AND 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 (888)588-6682 or access the DSRA-BT enrollment form on the DSRA-BT website and complete new enrollment form. www.dsrabenefittrust.net.

Understanding the TWO BCBSM Dental Plans

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. Considering the relatively small cost difference between the High and Low Pans, members may want to consider the High plan which includes substantially more coverage - 80% vs 50%, for Onlays, Crowns, Veneers, Inlays-permanent teeth, even though the need for them may not be anticipated at this time.
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.

$0 Deductible for Class 1 Services
$50 Deductible for Class 2 and 3 Services

Benefits	Low Plan Coverage	High Plan Coverage
Deductible **Class 1** Class 2 and Class 3	**$ 0** $50 per member limited to a maximum of $150 per family per calendar year	**$0** $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%

See enrollment form for all plan rates.

DENTAL PLAN – HIGH PLAN VS LOW 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 1 services	
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 2 services	
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 3 services	
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 4 services	
Orthodontic services for dependents under age 19	Not Covered

See enrollment form for all plan rates.

All rates for plans are listed on the Enrollment Form available at the back of the brochure.

DENTAL PLAN – HIGH PLAN VS LOW PLAN

(Continued)

High Plan

Annual Dental Maximum per person	$3,000
Class 1 services	
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 2 services	
Includes but not limited to: Onlays, Crowns,Veneers, Inlays - permanent teeth** Occlusal biteguards** 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 3 services	
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 4 services	
Orthodontic services for dependents under age 19** Class IV Lifetime Maximum per Individual	50% = Your Coinsurance $2,500

See enrollment form for all plan rates.

*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. Notice the relatively small cost difference between the High and Low Pans, Members may want to consider the High plan which includes substantially more services, even though the need for them may not be anticipated at this time.

VISION PLAN 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 offers 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.

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 •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)
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

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.

Current retiree members that have not elected life coverage within 90 days of retiring are no longer eligible to elect life insurance coverage.

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 (888)588-6682 to help you or if you need additional information.

See enrollment form for all plan rates.

[vi]Voluntarylife 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.

[vii]Spouse costs are based on the retiree's age.

- Only new retired members or thosewho havejust been made aware of theseplan options can elect to enroll in the voluntarylifeplan.

IMPORTANTchange – Spouseof retireehas 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.

1(888)588-6682

8:30 am to 5:00 pm EST
Monday - Friday

Benistar Retiree Service Center

Enrollment Questions?

all the information you need to be an informed buyer.

Answers

all your questions about Medicare and additional coverage options including Life Insurance through the DSRA-BT .

Call Center

for the plans offered through the DSRA-BT Medical, Prescription Drugs, Dental, Vision and Life Insurance Help!

DSRA★BENEFIT TRUST

BENEFIT PLANS FOR DELPHI RETIREES

Have Questions or need Assistance,
Please call your Call Center!
Benistar - they are there to help with personalized service!

Call TODAY! 1-888-588-6682

www.DSRABenefitTrust.net

Health Matters Guide
for Medicare Eligible Members