

# Benefits Guide 2020

## Steel VEBA Trust Retirees Pre-65 Retirees Health Options for 2020

*Providing Coverage for ALL Pre-65 Eligible Retirees*



**Cone Retiree Healthcare Group Trust Representatives**



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**Group Plans Providing  
Choice, Quality  
and Value**



## Introduction of the Steel VEBA Trust for Retirees Program

### Overview

This benefits enrollment guide provides an overview of the benefits offered by the Steel VEBA Trust for Retirees. In the event of a conflict between this benefits enrollment guide and a Certificate or Summary Plan Description (SPD), the Certificate or SPD will govern. Please refer to them for additional information. An official detailed description of benefits, exclusions, limitations, eligibility and other terms and conditions is contained in individual benefit Summary Plan Descriptions. Copies of benefit plan materials are available to you via mail or email and may be requested by calling the Steel Trust Retiree Service Center at **1-800-236-4782**.

### Mission Statement

The mission of the Steel VEBA Trust for Retirees, is to establish and maintain quality benefits including medical, prescription drug, dental and vision benefits, at a reasonable cost to its members. The objective of the VEBA is to deliver benefits efficiently and effectively with a focus on providing quality benefits in a cost-conscious manner.

### Goals

- The Trust will provide quality benefit programs to all retirees in the Steel industry in 2020.
- Qualifying participants include people eligible for the Health Coverage Tax Credit (HCTC) between the ages of 55-64 (if and when reinstated) as well as their qualifying dependents under age 65. The dependent eligibility ends 24 months after the Retiree's 65th birth month.
- **New for 2020 is the ability for all Pre-65 Retirees and their dependents to enroll or to remain in these BCBSM plans regardless of their eligibility for the HCTC subsidy program.**
- We also provide Medicare-eligible retirees and their eligible dependents, the ability to enroll in Medicare healthcare plans that coordinate with and/or enhance the coverage provided by original Medicare. The website for Medicare eligible retirees is **www.mymedplans.com**
- The Trust Board will oversee the selection of healthcare plans that will be offered each year to members of the Trust, including medical, prescription drug, dental and vision plans.
- The Board manages the selection of the plan administrator for the Trust plans each year as they support the membership in enrolling in the IRS/HCTC Program, and completing the necessary documents, required to qualify for the 72.5% subsidy when enrolling in the HCTC program (if/when reauthorized).
- The Trust Insurance Representatives will provide timely updates about the STEEL Trust annual enrollment process as well as any changes to the plans offered including the cost of the programs during open enrollment.

### Trust Board

The Steel VEBA Trust Board is drawn from volunteers with experience on boards with health and disability benefits and in particular, with the Steel industry. They have volunteered their time and energy to serve as Board members for the STEEL Trust. If you are interested in serving on the board when vacancies occur, please contact the Board to express your interest. The email address for the Board Mail is **info@mymedplans.com**

### Keep Your Contact Information Up-to-Date!

It is important to have the most up-to-date contact information for retirees who are eligible to participate in these healthcare plans. Please go to our website **www.mymedplans.com** and click on **"Join Our Mailing List"** link and provide your contact information.

| VEBA TRUST  |
|---|
| TRUST BOARD   |
| Doug Guerdat, Chairman  |
| Gary Conley, Secretary  |
| Dick Davis, Treasurer   |
| INSURANCE BROKERS   |
| Cathy Cone, Managing Partner<br>Cone Retiree Healthcare Group   |
| John Cone, Managing Partner<br>Cone Retiree Healthcare Group    |
| Lisa Andrews, Managing Partner<br>Cone Retiree Healthcare Group |
| INSURANCE PROVIDERS   |
| BlueCross BlueShield<br>Nationwide Providers                    |
| Retiree Service Center & Call Center                            |
| Benistar Retiree Service Center                                 |

| Questions  | Company  | Phone        | Web Site   |
|--|--|--------------|--|
| Eligibility and Administration                                       | Benistar Retiree Service Center                                  | 800-236-4782 | N/A  |
| Health Plan Benefits/Providers                                       | Blue Cross Blue Shield of Michigan                               | 877-354-2583 | www.bcbsm.com  |
| Dental Plan Benefits/Providers                                       | Blue Cross Blue Shield of Michigan                               | 877-354-2583 | www.bcbsm.com  |
| Vision Plan Benefits/Providers                                       | Blue Cross Blue Vision (VSP)                                     | 877-354-2583 | www.bcbsm.com  |
| Contact the Board of the Trust                                       | Steel VEBA Trust Board   |              | www.info@mymedplans.com  |
| Important Information for retirees eligible for the Steel VEBA Trust | Cone Retiree Healthcare Group, LLC.<br>Insurance Representatives |              | Cathy@mymedplans.com<br>John@mymedplans.com<br>Lisa@mymedplans.com |

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## Enrollment Period

The annual enrollment period for the Steel VEBA Trust for Retirees will be from November 01 - December 31 each year.

## Retiree Eligibility

Retirees, survivors and their families, as outlined in the eligibility section of this booklet, have the ability to enroll in the plans offered through the Trust.

### Pre-Medicare retirees, survivors and their families, who are:

- Retirees of the Steel Industry including those, but not limited to, the companies listed below.
- Meet the eligibility rules of the HCTC program when in effect for HCTC plan participants.
- Retirees under the age of 65 and dependents listed on the federal tax return of the eligible Retiree
- Retiree has worked at least 5 years for a company eligible to participate in the Steel VEBA Trust.

Based on information currently available to the Trust, the list of eligible companies includes, but is not necessarily limited to, the following companies:

|                                |                               |                               |
|--------------------------------|-------------------------------|-------------------------------|
| •Accurate Processing Co.       | •ISG Composite Dies Inc.      | •Quaker Alloy, Inc.           |
| •Alan Wood Co.                 | •Kulka & Equipment            | •Quaker City Iron Works       |
| •Atlantic Casting Co.          | •Latrobe Die Casting Co.      | •Quality Sheet Metal Corp.    |
| •Bethlehem Steel Corp.         | •Lebanon Foundry              | •Republic Steel               |
| •Block Corp.                   | •LTV Co.                      | •Republic Technologies Int'l  |
| •Brockway Pressed Metals, Inc. | •LTV Mining Co.               | •Rogers Structural Co.        |
| •Cann & Saul Co.               | •Mackintosh Hemphill          | •Ronart Industries, Inc.      |
| •Commodity & Processing        | •Massillon Casting Co.        | •Rouge                        |
| •Copperweld Co.                | •McLouth Corp.                | •Standard-Burham & Latrobe    |
| •Copperweld Tubing Products    | •Michigan Specialty Tube, Co. | •Superior Casting, Co.        |
| •Crucible Casting Co.          | •Midland Products, Col        | •Tryco Corp.                  |
| •Dayton Fabricated Co.         | •Midvale Heppenstall Co.      | •US Metalsource               |
| •Decatur Casting               | •Moltrup Products, Co.        | •United Engineering & Foundry |
| •Edgewater                     | •Monessen SW Railway          | •Valley City Co.              |
| •Empire Casting, Inc.          | •National Forge               | •Valley Vulcan Mold Co.       |
| •Erie Forge                    | •National Steel               | •Vision Metals, Inc.          |
| •Falls Tube & Mfg. Co.         | •Oakmont Co.                  | •Vulcan Iron Works, Inc.      |
| •Franklin Industries, Inc.     | •Ohio Pressed                 | •Wean United, Inc.            |
| •Franklin Co.                  | •Pennsylvania Foundry         | •Western Group, Inc.          |
| •Freedom Forge Corp.           | •Pittsburg Forging Co.        | •Wheeling Pittsburg Co.       |
| •Hamilton Foundry & Machine    | •Potomac Corp.                | •Weirton Steel                |
| •Holub Iron & Co.              | •PTC Alliance Corp.           | <i>(all are not listed)</i>   |

- **Retiree** - As an Steel Retiree VEBA member, you and your dependents are eligible for the medical, prescription drug, dental and vision benefits outlined in this benefit guide whether or not your pension has been trusted by the PBGC.
- **Spouse/Domestic Partner/Dependents** - Your spouse or same-gender domestic partner may also be eligible for medical, prescription drug, dental and vision benefits if they meet the guidelines established by the Trust.
  - ⇒ **Under Age 65** - Your spouse/domestic partner are not required to enroll in the same coverage as the retiree.
  - ⇒ **Medicare-Eligible (both under and over age 65)** - If you are enrolling in the plans offered through the Trust, each plan participant has the ability to enroll in benefits coverage tailored to their specific needs. It is not necessary for the retiree and the spouse to be enrolled in the same benefits plans.
  - ⇒ **Dependents** - If you have dependents under age 65 and the retiree is under 65 or on Medicare for less than 24 months, your dependents may be eligible to participate.



## Dependent Eligibility

|                                |   |
|--------------------------------|---|
| <b>Spouse</b>                  | A legally married spouse, including a declared common-law spouse.* Only one spouse or same-gender domestic partner may be covered at any one time.<br>*Where recognized by state.   |
| <b>Domestic Partner</b>        | The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a retiree if, under state law, the individual would not be prevented from marrying the retiree on account of age, consanguinity, or prior undissolved marriage to another. An eligible domestic partner must be of the same gender as the retiree. Only one spouse or same-gender domestic partner may be covered at any one time.  |
| <b>Children</b>                | Your biological children, stepchildren, legally adopted children; children for whom you have obtained court-ordered guardianship or conservatorship; qualified children placed pending adoption; grandchildren; and children of your domestic partner, if you also cover your domestic partner for the same benefit. Children can be any age as long as they are claimed on the eligible retirees Federal Tax Return. The dependent is not required to live in the same household and can be married. If married, the spouse of dependent is not eligible for the HCTC plans.   |
| <b>Dependent Grandchildren</b> | Your unmarried grandchild must meet the requirements listed above, and must also qualify as a dependent (as defined by the Internal Revenue Service) on you or your spouse's federal income tax return.   |
| <b>Disabled Children</b>       | To continue coverage past the age limit, your disabled child must otherwise meet the requirements for eligible dependents and must also meet the following definitions: A disabled child is established as one with disabilities due to a mental or physical disability and who is incapable of earning a living at the time he or she would otherwise cease to be a dependent and if the child is covered as a dependent at that time and if at that time he or she depends on you for principal support and maintenance. A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated, unmarried, dependent on retiree for principal support and maintenance, and retiree continuously maintains the child's coverage as a dependent under the plan from the date he or she otherwise would lose dependent status. A dependent child who loses eligibility and later becomes disabled is not eligible to be covered. A disabled child who was not covered as a dependent immediately prior to the time he or she would otherwise cease to be a dependent is not eligible to be covered. |

## Documentation

To provide coverage for a dependent under any of the Trust benefits programs, you must submit documentation that supports your relationship to the dependent when dependents are added after initial enrollment into the Trust plans.

Please contact the **Benistar Retiree Service Center at 800-236-4782** for a list of acceptable documentation.

## Persons Not Eligible to Participate

Dependents do not include:

- Individuals on active duty in any branch of military service (except to the extent and for the period required by law)
- Permanent residents of a country other than the United States
- Parents, grandparents, or other ancestors
- Grandchildren who do not meet the definition of dependent grandchildren and who are not claimed on your or your spouse's federal income tax return.



## Changes in Family Status

If you have a change in your family status, such as adding or dropping a dependent, you must notify the Benistar Retiree Service Center within 31 days of any changes in family status at **1-800-236-4782**. If you add or drop a dependent during open enrollment, the change becomes effective on the first day of January, the following year.

### Special Qualifying Life Events

A special qualifying life event will allow you to change or enroll in coverage outside the normal open enrollment window provided you have notified the Benistar Retiree Service Center within 31 days of the qualifying life event.

Special qualifying events include:

- Certain changes in employment status for your spouse or an eligible dependent;
- Marriage or divorce
- Addition of a dependent
- Loss of a spouse or dependent
- Eligibility for Medicare due to turning 65 or classified as Social Security disabled
- Eligibility for the Health Coverage Tax Credit (HCTC) due to turning 55 or when you initially begin to draw your pension at an age past 55 or reauthorization of the HCTC program (HCTC Participants only).
- Gaining or losing a dependent resulting from marriage, divorce, birth or adoption
- Involuntary loss of other insurance coverage (proof is required)

|   |  |
|---|--|
| <b>Pre65-Eligible Survivor /Dependents upon Death of Retiree</b>                | A Pre-65 survivor or dependent is eligible for medical, prescription drug, dental and vision coverage for up to 24 months following the death of the retiree, when eligible for the Health Coverage Tax Credit Program, if in effect. The Spouse/Domestic Partner/Survivor will remain eligible for the Pre-65 program until they reach the age of 65 or become Medicare Eligible when not participating in the HCTC program.  |
| <b>Survivor Becoming Eligible for HCTC *</b><br><b>* HCTC participants only</b> | A survivor is eligible to receive the PBGC pension, following the death of the retiree, if the retiree elected "joint and survivor" option when making his or her pension election options. If the retiree chose the "joint survivor" option, the survivor will become the primary PBGC recipient, and his or her birth date will determine eligibility for participation in the HCTC Subsidy program. It will be necessary to provide a statement from the PBGC confirming the eligibility as the pension recipient if the survivor becomes the primary PBGC recipient. |
| <b>Medicare Eligible Survivor</b>   | Medicare-eligible survivors, while not qualified to enroll in the HCTC program, will be qualified to participate in the Medicare and dental and vision programs offered through this Trust following proof of retiree's eligibility prior to death, such as a pension check stub or a notarized document providing the retiree's employment with an eligible company authorized to participate in this Trust.  |
| <b>Former Eligible Spouse</b>   | The plan administrator, Benistar, will send enrollment materials to the former spouse following a request from the individual. If enrolling as eligible for the HCTC program, they will need to show proof from the PBGC by providing a statement confirming that the spouse has become a pension recipient due to a divorce agreement reached with the retiree eligible to participate in the Steel VEBA Trust.   |
| <b>Qualified Family Members of PBGC Recipients</b>                              | A qualified family member (QFM) also is eligible to elect medical, prescription drug, dental and vision benefits. QFMs include the spouse or dependent of an eligible retiree who has reached the age of 65. The spouse or dependent must be claimed on the retiree's Federal Income Tax return.   |

## Pre-Medicare Health Insurance Options for HCTC and Non-HCTC Participants

**\*\*New for 2020- Members who do not qualify for the HCTC subsidy (when in effect) can elect from the same health insurance options offered to HCTC plan participants however, they must pay 100% of the monthly plan premium.\*\***

**The Medical plans offered for Pre-Medicare retirees and their dependents provide:**

- Nationwide coverage in the United States
- PPO plans provide you with access to covered benefits through a network of healthcare providers and facilities. You are not required to have a referral from your primary care doctor before going to a specialist.
- Members and their dependents under the age of 65 will qualify for Medical programs offered through the Trust have the ability to select from the following health insurance options offered through BlueCross BlueShield Michigan:
- Gold, Silver, Bronze and Copper Bundled plans (all include medical, prescription drugs, dental and vision)

### HCTC Program Subsidy Enrollment Requirements

**General Requirements for the HCTC Program Subsidy: rules below do not apply to Pre-65 Retirees & dependents who do not qualify for HCTC program.**

The HCTC is a federal tax credit/subsidy paying 72.5% of the premiums of qualifying coverage allowing eligible participants to pay just 27.5% of health insurance premiums. If you are eligible, the HCTC program is available for you to pay monthly premiums through the IRS/HCTC Advanced Monthly Payment program (AMP) or yearly when filing your federal income tax return or a combination of both. In order to qualify for the HCTC, you must be enrolled in a qualified health plan and meet all the following eligibility requirements.

Do you  
qualify?

**\*\*THE HCTC PROGRAM HAS NOT BEEN EXTENDED AND IS SET TO EXPIRE DECEMBER 31, 2019. ALL PLAN PARTICIPANTS INCLUDING QFMS WILL HAVE TO PAY 100% OF THE 2020 PLAN PREMIUM UNLESS THE HCTC PROGRAM IS EXTENDED\*\***

**There are 2 groups of HCTC eligible plan participants:**

- You must be age 55 to 65 and receiving a pension check from the Pension Benefit Guaranty Corporation (PBGC)
- Trade Adjustment Assistance (TAA), Alternative Trade Adjustment Assistance (ATAA), Reemployment Trade Adjustment Assistance (RTAA).

**You must also meet some general requirements and be enrolled in a qualified health plan. At the time of your registration, you will need to certify that:**

- You are not enrolled in Medicare Part A, B, C or D.
- You are not enrolled in Medicaid or the State Children's Health Insurance Program (SCHIP).
- You are not enrolled in the Federal Employees Health Benefits Program (FEHBP) or enrolled in the U.S. military health system (TRICARE).
- You are not imprisoned under federal, state, or local authority.
- You are not being claimed as a dependent on someone else's tax return.

**Enrollment process for the HCTC Subsidy and Qualified Insurance Program:**

**Conditional on the HCTC program's reauthorization, enrollment is a two step process including the HCTC program registration and the BCBSM qualified insurance plan.**

- Complete the Monthly Health Coverage Tax Credit (HCTC) Group Registration/Update Form (Form 13441-A) to register for the HCTC program. (Sample forms available on our web page [www.hctcplans.com](http://www.hctcplans.com) or [www.mymedplans.com](http://www.mymedplans.com))
- Complete the Blue Cross Blue Shield Insurance Enrollment Form
- Provide a copy of proof of eligibility (e.g. – IRS 1099-R, PBGC check stub or bank statement with PBGC deposit)
- Payment – Once the above steps have been completed and mailed to Benistar, our plan administrator, you will receive a "Welcome to the HCTC Program" letter from the IRS and a welcome letter from BCBS within 30-60 days. The Retiree(s) will then pay 27.5% premium to the IRS by sending a check with payment voucher to the address provided in the HCTC welcome letter. The voucher including your Participant Identification Number (PIN) will be included with your payment each month. Payments must be received by the IRS before the 10th of each month. Please DO NOT pay more or less than the premium amount or the payment will be rejected and you will be required to pay 100% of the premium for that month.
- **It is important to note that if the HCTC program is reauthorized for 2020 and beyond the rules regarding the HCTC program and process of payment is subject to change. You will be notified of any changes.**

**Enrolling in the HCTC Program as a Qualified Family Member (QFM):**

Dependent(s) of the retiree who is experiencing a life event such as retiree becoming eligible for Medicare, Divorce or Death of Retiree will be classified as Qualified Family Member(s) (QFM). QFM's must re-enroll in the HCTC program as a QFM and must check the "QFM" box on the enrollment form if currently enrolled as a dependent when the retiree experiences the life event. QFMs are only eligible for the HCTC program for an additional 24 months following the retiree's life event. QFMs re-enroll by completing a new HCTC Monthly Registration/Update Form 13441-A, the BCBSM enrollment form and also including proof of eligibility (e.g. – Retiree's 1099-R, PBGC check stub or bank statement with PBGC deposit). For additional information on the QFM process, please contact **Benistar Retiree Service Center at 1-800-236-4782.**

## HCTC-Eligible and Non-HCTC Plan Options

Nationwide insurance plans are provided by Blue Cross Blue Shield of Michigan.

Gold, Silver, Bronze and Copper plans are bundled to include medical, prescription drugs, dental and vision.



|   | Gold Plan                                  |                                      | Silver Plan                                |                                      | Bronze Plan                           |                                       | Copper Plan                           |  |
|---|--|--------------------------------------|--|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
|   | In-Network                                 | Out-of-Network                       | In-Network                                 | Out-of-Network                       | In-Network                            | Out-of-Network                        | In-Network                            | Out-of-Network                         |
| <b>Deductible (per calendar year)</b>   | \$250 Individual<br>\$500 Family           | \$500 Individual<br>\$1,000 Family   | \$500 Individual<br>\$1,000 Family         | \$1,000 Individual<br>\$2,000 Family | \$2,000 Individual<br>\$4,000 Family  | \$4,000 Individual<br>\$8,000 Family  | \$4,000 Individual<br>\$8,000 Family  | \$8,000 Individual<br>\$16,000 Family  |
| <b>Coinsurance</b>  | 20%  | 40%                                  | 20%  | 40%                                  | 20%                                   | 40%                                   | 50%                                   | 50%                                    |
| <b>Out-Of-Pocket Maximum (includes deductible: excludes all copays and penalty amounts)</b>       | \$1,250 Individual<br>\$2,500 Family       | \$2,250 Individual<br>\$4,500 Family | \$2,000 Individual<br>\$4,000 Family       | \$4,000 Individual<br>\$8,000 Family | \$3,000 Individual<br>\$6,000 Family  | \$6,000 Individual<br>\$12,000 Family | \$6,350 Individual<br>\$12,700 Family | \$12,700 Individual<br>\$25,400 Family |
| <b>Preventive Care Services</b>   |  |                                      |  |                                      |                                       |                                       |                                       |  |
| <b>Adult Routine Physical Exam (every 24 months), Annual Routine Mammogram, GYN Exam and PSA.</b> | Covered 100%; no deductible, no copay      | Not covered                          | Covered 100%; no deductible, no copay      | Not covered                          | Covered 100%; no deductible, no copay | Not covered                           | No Charge                             | Not Covered                            |
| <b>Routine Eye and Hearing Screening (one exam every 24 months)</b>                               | Not covered                                | Not covered                          | Not covered                                | Not covered                          | Not covered                           | Not covered                           | Not Covered                           | Not Covered                            |
| <b>Physician Services</b>   |  |                                      |  |                                      |                                       |                                       |                                       |  |
| <b>Primary Doctor Office Visit</b>  | \$10 office visit copay; deductible waived | 40% copay, after deductible          | \$20 office visit copay; deductible waived | 40% copay, after deductible          | 20% co-insurance after deductible     | 40% copay, after deductible           | 50% co-insurance after deductible     | 50% co-insurance after deductible      |
| <b>Specialist Office Visits</b>   | \$10 office visit copay; deductible waived | 40% copay, after deductible          | \$20 office visit copay; deductible waived | 40% copay, after deductible          | 20% co-insurance after deductible     | 40% copay, after deductible           | 50% co-insurance after deductible     | 50% co-insurance after deductible      |
| <b>X-ray and Lab Services (during office visit)</b>   | 20% co-insurance after deductible          | 40% copay, after deductible          | 20% co-insurance after deductible          | 40% copay, after deductible          | 20% co-insurance after deductible     | 40% copay, after deductible           | 50% co-insurance after deductible     | 50% co-insurance after deductible      |
| <b>Emergency Services</b>   |  |                                      |  |                                      |                                       |                                       |                                       |  |
| <b>Emergency Room (copay waived if admitted)</b>  | \$50 copay;                                | \$50 copay;                          | \$150 copay;                               | \$150 copay;                         | 20% co-insurance after deductible     | 20% co-insurance after deductible     | 50% co-insurance                      | 50% co-insurance                       |
| <b>Urgent Care</b>  |  |                                      |  |                                      |                                       |                                       |                                       |  |
| <b>Immediate Medical Attention</b>  | \$10 copay                                 | 40% copay, after deductible          | \$20 copay                                 | 40% copay, after deductible          | 20% co-insurance after deductible     | 40% copay, after deductible           | 50% co-insurance                      | 50% co-insurance                       |



## HCTC-Eligible and Non-HCTC Plan Options

| Gold Plan  |                                    |                                   | Silver Plan                       |                                   | Bronze Plan  |  | Copper Plan                                     |   |
|--|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|--|---|---|
|  | In-Network                         | Out-of-Network                    | In-Network                        | Out-of-Network                    | In-Network   | Out-of-Network   | In-Network                                      | Out-of-Network  |
| <b>Hospital Services</b>   |                                    |                                   |                                   |                                   |  |  |   |   |
| Hospital Admission   | 20% co-insurance after deductible  | 40% copay, after deductible       | 20% copay, after deductible       | 40% copay, after deductible       | 20% co-insurance after deductible  | 40% copay, after deductible                                | 50% co-insurance after deductible               | 50% co-insurance after deductible   |
| Outpatient Hospital  | 20% co-insurance after deductible  | 40% copay, after deductible       | 20% co-insurance after deductible | 40% copay, after deductible       | 20% co-insurance after deductible  | 40% copay, after deductible                                | 50% co-insurance after deductible               | 50% co-insurance after deductible   |
| <b>Alternatives to Hospital Care</b>   |                                    |                                   |                                   |                                   |  |  |   |   |
| Skilled Nursing (max. 120 days), this is facility benefit and covered  | 20% after copay, after deductible  | 20% after copay, after deductible | 20% co-insurance after deductible | 20% co-insurance after deductible | 20% co-insurance after deductible  | 20% co-insurance after deductible                          | 50% co-insurance after deductible               | 50% co-insurance after deductible   |
| Home Health (max. 120 days) and Urgent Care  | 20% co-insurance after deductible  | 20% co-insurance after deductible | 20% co-insurance after deductible | 20% co-insurance after deductible | 20% co-insurance after deductible  | 20% co-insurance after deductible                          | 50% co-insurance after deductible               | 50% co-insurance after deductible   |
| <b>Other Services</b>  |                                    |                                   |                                   |                                   |  |  |   |   |
| Outpatient Short-Term Rehabilitation (includes speech, physical, occupational and spinal manipulation therapy), in office setting. | 20% co-insurance after deductible. | 40% copay, after deductible       | 20% co-insurance after deductible | 40% copay, after deductible       | 20% after deductible   | 40% copay, after deductible                                | 50% co-insurance after deductible               | Applied behavioral analysis treatment for Autism— by behavioral analyst, up to 18 pre-authorization |
| <b>Prescription Drug Plan—Retail Pharmacy</b>  |                                    |                                   |                                   |                                   |  |  |   |   |
| Generic  | \$10 copay                         | 25% after Rx plan \$10 copay      | \$10 copay                        | 25% after Rx plan \$10 copay      | After deductible, \$15 co-pay for retail   | After deductible, \$30 co-pay for retail                   | After deductible, 50% co-pay of approved amount | After deductible, co-pay plus 20% of approved amount  |
| Preferred Brand-Name Drugs   | \$20 copay                         | 25% after Rx plan \$20 copay      | \$40 copay                        | 25% after Rx plan \$40 copay      | After deductible/\$50 copay for retail or mail order   | After deductible, \$100 co-pay for retail or mail order    | After deductible, 50% co-pay of approved amount | After deductible, co-pay plus 20% of approved amount  |
| Non-Preferred Brand-Name Drugs   | \$40 copay                         | 25% after Rx plan \$40 copay      | \$80 copay                        | 25% after Rx plan \$80 copay      | After deductible/\$70 copay or 50% co-insurance of approved amount (whichever is greater) no more than \$100 copay | After deductible/\$70 copay additional 20% approved amount | After deductible, 50% co-pay of approved amount | After deductible, co-pay plus 20% of approved amount  |

## HCTC-Eligible and Non-HCTC Plan Options

### Prescription Drug Plan—Mail Order (90 Day Supply)

|                        |            |     |             |     |   |  |                         |             |
|------------------------|------------|-----|-------------|-----|---|--|-------------------------|-------------|
| Generic                | \$20 copay | N/A | \$20 copay  | N/A | After deductible/<br>\$30 co-pay for 30<br>day supply                         | After deductible,<br>co-pay plus<br>additional 20%<br>of approved<br>amount    | 50% co-pay of<br>amount | Not covered |
| Preferred Brand        | \$40 copay | N/A | \$80 copay  | N/A | \$100 co-pay for<br>mail order 90-day<br>supply                               | After deductible,<br>co-pay plus an<br>additional 20%<br>of approved<br>amount | 50% co-pay of<br>amount | Not covered |
| Non-Preferred<br>Brand | \$80 copay | N/A | \$160 copay | N/A | \$140 or 50 %<br>whichever is<br>greater, max of<br>\$200 after<br>deductible | After deductible,<br>co-pay plus an<br>additional 20%<br>of approved<br>amount | 50% co-pay of<br>amount | Not covered |



**ENROLL**  
*Today!*

**Benistar Call Center**

**1-800-236-4782**

## Dental and Vision Insurance Options

### Dental Benefit Summaries

The Steel Trust provides dental insurance through Blue Cross Blue Shield



### Enrolling in a Dental Plan

Dental insurance provides nationwide coverage and has both in and out of network coverage for plan participants. If you enroll in the Gold, Silver, Bronze and Copper Bundled Plans, your dental and vision coverage is included. HCTC participants enrolled in these plans will pay 27.5% of the cost of their healthcare plans as long as the plans are priced as one cost (bundled). Non-HCTC enrollees will pay 100% of the plan premiums. You also have the option of selecting the dental plan without medical. You will pay 100% of the cost for you and your family members of any age, including family on Medicare. There is an admin fee of \$4.25 per contract/per month when you select the dental coverage as a standalone plan. To enroll in a dental plan only, you will need to complete, sign and date the enrollment form and return it to the Benistar Retiree Service Center.

### Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

**Blue Dental PPO network-** Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services - members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit [mibluedentist.com](http://mibluedentist.com) or call 1-888-826-8152.

**Blue Par Select<sup>SM</sup> arrangement-** Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services - members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit [mibluedentist.com](http://mibluedentist.com).

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

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



Like most group benefit programs, benefit programs offered by Blue Cross Blue Shield, and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact Blue Cross Blue Shield or the Benistar Retiree Service Center for costs and complete details. **1-800-236-4782**

| Dental and Vision Rates ONLY | Monthly Cost |
|------------------------------|--------------|
| Single                       | \$64.26      |
| Two Person                   | \$124.26     |
| Family 3(+)                  | \$212.86     |





## Vision Benefits Summaries

Vision insurance is offered through Blue Cross Blue Shield—Blue Vision partnering with VSP Vision Care.



### Enrolling in a Vision Plan

Vision insurance must be elected with dental insurance if selected without medical and prescription drug plans. If you qualify for HCTC benefits, you will only receive the tax credit for dental and vision if you elect the coverage bundled with the Gold, Silver or Bronze Plans.

| VSP Vision Care                               |  |  |
|---|--|--|
| General Plan Information                      |  |  |
| Copayment                                     |  |  |
| Examination                                   | \$10   | \$45 less co-pay                                   |
| Materials (lenses and frames)                 | \$15   | \$15   |
| Progressive Lenses                            | \$15   | N/A  |
| Progressive Lenses                            |  |  |
| Comprehensive Examination                     | 12 months                                      | 12 months  |
| Lenses  | 12 months                                      | 12 months  |
| Frames  | 24 months                                      | 24 months  |
| Contact Lenses (in lieu of frames and lenses) | 12 months                                      | 12 months  |
| Covered Services                              |  |  |
| Comprehensive Examination                     | Covered in Full                                | \$45 Reimbursement                                 |
| Single-Vision Lens                            | Covered in Full                                | \$30 Reimbursement                                 |
| Lined Bifocal Lens                            | Covered in Full                                | \$50 Reimbursement                                 |
| Lined Trifocal Lens                           | Covered in Full                                | \$65 Reimbursement                                 |
| Progressive Lenses                            | Covered after \$40 copay                       | \$50 Reimbursement                                 |
| Frames  | \$130 Allowance                                | \$70 Reimbursement                                 |
| Contact Lenses – Cosmetic (elective)          | \$130 Allowance (in lieu of lenses and frames) | \$105 Reimbursement (in lieu of lenses and frames) |
| Standard Contact Lens Fitting Fee             | 15% off  | N/A  |
| Specialty Contact Lens Fitting Fee            | 15% off  | N/A  |

### Insurance offered through VSP

Blue Vision insurance can be elected with any of the medical or prescription drug options, but if elected without a medical plan, you must purchase dental and vision together.

### You'll Like What you See with the VSP Vision Plan !

**Value and Savings:** You'll get great benefits on your exam and eyewear at an affordable price.

**Personalized Care:** You'll get quality care that focuses on your eyes and overall wellness with a Well Vision Exam from a VSP doctor. They'll look for vision problems and signs of other health conditions. When you see a VSP doctor, you'll get the most out of your benefits and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eye care and eyewear from a VSP doctor or we'll make it right.

**Eyewear:** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you or your family.

**Choice of Providers:** With open access to see any provider, you can see the one who's right for you.

**ENROLL NOW!**

**1-800-236-4782**

# Vision (VSP) Vision Plan Cost for 2020

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blue Cross Blue Shield members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

**Note:** Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

| 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<br>•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.   |   |  |

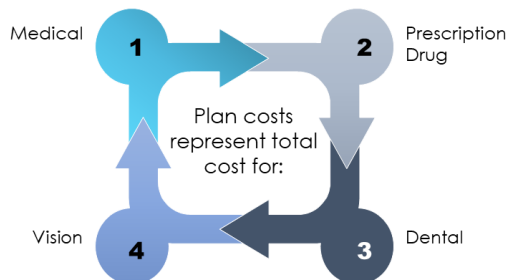
| Contact Lenses  |   |   |
|---|---|---|
| Benefits  | VSP network doctor  | Non-VSP provider  |
| Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary) | \$15 copay  | Reimbursement up to \$210 less \$15 copay (member responsible 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) |

# 2020 PLANS AND RATES

## STEEL TRUST RATES

-NON-HCTC PARTICIPANTS PAY 100% PLAN COST

-HCTC PARTICIPANTS PAY 27.5% PLAN COST



All products are bundled into one plan to maximize the value of the HCTC



Blue Cross Blue Shield of Michigan is the Insurance provider of choice for these Nationwide group plans available to Steel Trust members.

### GOLD BUNDLED PLAN -

Total cost includes medical, prescription drug, dental, and vision which maximizes benefits for retirees and qualified dependents eligible for Health Coverage Tax Credit( HCTC)

|                 | SINGLE          | TWO PEOPLE        | FAMILY (3+)       |
|-----------------|-----------------|-------------------|-------------------|
| 100% PLAN COST  | \$1,550.34      | \$3,640.82        | \$4,599.62        |
| 27.5% PLAN COST | <b>\$426.34</b> | <b>\$1,001.23</b> | <b>\$1,264.90</b> |

★ Deductible : Single - \$250 / Family - \$500

### SILVER BUNDLED PLAN -

Total cost includes medical, prescription drug, dental, and vision which maximizes benefits for retirees and qualified dependents eligible for Health Coverage Tax Credit( HCTC)

|                 | SINGLE          | TWO PEOPLE      | FAMILY (3+)       |
|-----------------|-----------------|-----------------|-------------------|
| 100% PLAN COST  | \$1,357.20      | \$3,177.29      | \$4,020.20        |
| 27.5% PLAN COST | <b>\$373.23</b> | <b>\$873.76</b> | <b>\$1,105.56</b> |

★ Deductible : Single - \$500 / Family - \$1,000

### BRONZE BUNDLED PLAN -

Total cost includes medical, prescription drug, dental, and vision which maximizes benefits for retirees and qualified dependents eligible for Health Coverage Tax Credit( HCTC)

|                 | SINGLE          | TWO PEOPLE      | FAMILY (3+)     |
|-----------------|-----------------|-----------------|-----------------|
| 100% PLAN COST  | \$1,034.79      | \$2,403.50      | \$3,052.97      |
| 27.5% PLAN COST | <b>\$284.56</b> | <b>\$660.96</b> | <b>\$839.57</b> |

★ Deductible : Single - \$2,000 / Family - \$4,000

### COPPER BUNDLED PLAN -

Total cost includes medical, prescription drug, dental, and vision which maximizes benefits for retirees and qualified dependents eligible for Health Coverage Tax Credit( HCTC)

|                 | SINGLE          | TWO PEOPLE      | FAMILY (3+)     |
|-----------------|-----------------|-----------------|-----------------|
| 100% PLAN COST  | \$899.55        | \$2,078.90      | \$2,647.22      |
| 27.5% PLAN COST | <b>\$247.38</b> | <b>\$571.70</b> | <b>\$727.99</b> |

★ Deductible : Single - \$4,000 / Family - \$8,000





## Frequently Asked Questions

| Eligibility and Administration |  |   |  |
|--------------------------------|--|---|--|
| Q1                             | Can I enroll in any of the plans in the Steel Trust; Gold, Silver, Bronze or Copper if I am Pre-65 and do not qualify for the HCTC subsidy in 2020?  | A | Yes. Any person that has worked for at least 5 years in the Steel Industry has the ability to enroll in these plans and to pay 100% of the cost of the plan if they are not eligible for the HCTC Subsidy or the HCTC program is in an unauthorized status with the IRS.   |
| Q2                             | I see that the medical program being offered says it is from BCBS Michigan. Does this plan provide coverage in all 50 states, or do you have to live in a certain state to qualify for this coverage being offered in the Steel Trust? | A | Yes, you are covered in all 50 states. In fact, all of the programs (medical, prescription drug, dental and vision) provide nationwide coverage in the U.S. and also provides international coverage for foreign travel. You could live in New York for six months out of the year and in Florida for the other six months out of the year if you wanted. For the medical plan, you will need to check the BCBSM provider directory to locate in-network doctors and find hospitals to receive the highest in-network benefits at <a href="http://www.bcbsm.com">www.bcbsm.com</a> |
| Q3                             | What type of medical plans are being offered (HMO, POS, or PPO plans, etc)?  | A | All four plans (Gold, Silver, Bronze, & Copper) are Preferred Provider Options plans. These plans provide you with access to covered benefits through a network of healthcare providers and facilities. There is no requirement to have a referral from your primary care doctor before going to a specialist.   |
| Q4                             | I am permanently disabled and am on Medicare; can I qualify for the BCBSM program using the HCTC?  | A | No. The BCBSM Pre-65 Plans do not offer coverage for Medicare eligible participants in the Trust. Medicare Supplement options as well as Medicare Advantage options are available to retirees who would otherwise be eligible for Steel VEBA Trust. These plans do not qualify for a subsidy however, they are great options for eligible participants. Contact Benistar Retiree Service Center for more information. Benistar at 1- 800-236 4782 , to request an enrollment packet.   |
| Q5                             | What will happen to these plans if the HCTC programs is not reauthorized? Will we still be able to enroll in the plans and pay 100% of the cost?   | A | The Blue Cross Blue Shield will continue to provide these plans to Pre-65 Steel Trust participants regardless of whether the Health Coverage Tax Credit program is in effect or not. There is no requirement to have the HCTC program authorized for these plans to be available to Trust participants. If enrolled in the plans and the HCTC program has not been reauthorized, those eligible for the HCTC must pay 100% of the cost   |
| Q6                             | Can I choose to participate in the Steel Trust medical plan without participating in prescription drug plan?   | A | No. The Steel VEBA Trust for Retirees Under 65 medical plans do not allow medical coverage to be selected without also selecting prescription drug coverage.   |
| Q7                             | Will the VEBA run out of money? If it does, will this program go away?   | A | No, traditionally VEBA programs are funded with small administrative fees that are added to the monthly insurance premiums for members. The Trust Board determines the administrative fee by the cost associated with maintaining the plan (insurance and compensation for board members, meeting expense, administrative expenses.  |
| Q8                             | What is the Steel VEBA Trust Retirees and what is its relationship to my former employer?  | A | The Steel VEBA Trust Retirees is an independent, tax-exempt Steel VEBA Trust set up to be the plan sponsor and contract holder of the group medical policy for retirees who have worked in eligible Steel companies. Spouses, dependent, and surviving spouses of eligible retirees may also be eligible to participate.   |
| Q9                             | I am currently enrolled in a dental plan and in the process of getting a dental implant. Will Blue Cross cover the remaining work required on that tooth, if I move to Blue Cross plan in 2020?  | A | No, Blue Cross does not cover teeth or procedures like a dental implant once the tooth has been removed and you were not enrolled in their plans when the tooth was extracted. You would need to complete the work being done to replace the tooth prior to moving over to the Steel Trust plan or the remaining work would not be covered.  |
| Enrollment                     |  |   |  |
| Q1                             | Do I have to complete an enrollment form to enroll in the Steel Retiree VEBA Plan?   | A | Yes. You must complete the enrollment forms and return them to Benistar, to enroll in the plan. If you are enrolling for the first time, you will need to include your HCTC Form 13441-A) and proof of eligibility for the Trust as well as a copy of the 1099-R from received from the IRS if you are HCTC eligible and if the HCTC program has been reauthorized.  |
| Q2                             | Can my spouse and I have different medical/prescription drug coverage in the Under 65 plan?  | A | Yes. The retiree and spouse have the ability to enroll individually in the plans they choose to enroll in, as long as the eligible retiree remains eligible for the HCTC program or has been on Medicare for less than 24 months.  |
| Q3                             | What does it mean when it says the Gold, Silver, Bronze and Copper plans are bundled?  | A | It means the total costs of your medical, prescription drug, dental and vision premiums have been combined. This bundled package was created to allow HCTC retirees to take advantage of the 72.5% tax credit when HCTC qualified and have all four programs paid for at that level.   |

## Frequently Asked Questions Con't

|            |  |          |  |
|------------|--|----------|--|
| <b>Q4</b>  | Do I have to worry about pre-existing conditions?  | <b>A</b> | No, there are no pre-existing conditions for plan participants enrolling in our plans. You are covered in full starting on the effective date you select when you enroll in the plan, provided you have not been without credible coverage for more than 63 days.  |
| <b>Q5</b>  | What if I am turning 55 in the next few months?<br>Should I enroll now or wait until I am HCTC eligible? | <b>A</b> | You can enroll now and pay 100% of the cost and when/if the HCTC program is reauthorized, you will be in the program. If you only want to enroll if you receive a HCTC subsidy, the rule is you must wait until the 1st day of month following your birthday month to enroll. (Example: birthday is May 15, you become eligible June 01). An eligibility list is transferred from the PBGC to the IRS each month, and that is the process used to verify eligibility. The list is updated with new eligibility at the end of each month.   |
| <b>Q6</b>  | As a new enrollee, when will I receive ID cards for these plans?   | <b>A</b> | You will receive a separate ID card directly from BCBSM for the coverage you elect. If you select the Gold, Silver, Bronze or Copper plans, it will be noted on the BCBSM card you receive, noting the plans you are enrolled in ( medical, prescription drugs, dental & vision.)  |
| <b>Q7</b>  | Does this plan cover my dependent children?  | <b>A</b> | Yes, this plan meets all the requirements of the newly created healthcare reform laws, which include eligibility of children as long as the child/dependent is listed on the Retirees federal income tax return.   |
| <b>Q8</b>  | I am not sure if I am eligible to participate; how can I find out if I am eligible for this program?     | <b>A</b> | Contact Benistar, the plan administrator services provider, at <b>1-800-236-4782</b> . They can provide you with the eligibility requirements for the program if you are unsure if you qualify.  |
| <b>Q9</b>  | Is this plan sponsored by any union?   | <b>A</b> | No, this plan is not sponsored by a union. It is a Trust established under an order of the bankruptcy court, permitting HCTC qualifying benefits for the Pre-65 retirees and their dependents. It is also a plan available to Pre-65 Retirees and their families not eligible for the HCTC program.  |
| <b>Q10</b> | Is this plan sponsored by my former employer?  | <b>A</b> | No. This plan is sponsored by the Trust. Created through the bankruptcy court following the proper guidelines for qualification of the HCTC as well as Non-HCTC participants.  |
| <b>Q11</b> | What happens when I reach age 65?  | <b>A</b> | You will no longer be eligible for the HCTC program however; the VEBA Trust does offer coverage for Medicare-eligible retirees. Contact Benistar, the plan administrative services provider, at <b>1-800-236-4782</b> for more information on the Medicare-eligible programs offered through the Trust or go to the website <b>www.mymedplans.com</b> . If you have dependents who are under age 65 and you have been on Medicare less than 24 months, your dependents may be eligible to participate in this HCTC program.  |
| <b>Q12</b> | Can I enroll in the Steel Retiree VEBA Trust program at any time?  | <b>A</b> | At this time enrollment will be open for new participants to enroll during the open enrollment window that will end December 31, 2019. Please visit our website at <a href="http://www.hctcplans.com">www.hctcplans.com</a> or call the Benistar Retiree Service Center for more details.  |
| <b>Q13</b> | How long must I stay in the plan if I choose to enroll in 2020?  | <b>A</b> | The type and level of coverage that is selected is intended to be for a 12-month coverage period or until the next enrollment period, whichever comes first. Once you make your initial elections, you cannot make changes unless you have a qualifying event to make you eligible for changes. Qualifying events are: <ul style="list-style-type: none"> <li>• Certain changes in employment status for your spouse or an eligible dependent;</li> <li>• Marriage or divorce; Addition of a dependent; Loss of a spouse or dependent;</li> <li>• Eligibility for Health Coverage Tax Credit due to age (turning 55 or TAA status change)</li> <li>• Eligibility for Medicare due to age (turning 65 or disabled)</li> </ul> |
| <b>Q14</b> | Do I have to enroll in the medical plan in order to join the Dental and/or Vision plans?                 | <b>A</b> | No, you do not have to enroll in a medical plan in order to join the Dental and Vision plans. If you are Pre-65 and enrolling and paying 100% you can enroll in the Dental and Vision only if you choose. It is important to note, if you are enrolling in the Pre-65 program and are eligible for the HCTC program, in order to receive the HCTC subsidy on your Dental and Vision coverage, you must elect the Gold, Silver, Bronze or Copper Bundled Plan.<br><br>If qualified for the the HCTC you will not receive the HCTC subsidy on the Dental and Vision premium as a standalone plan.  |
| <b>Q15</b> | Is there a subsidy available through the Steel Trust?  | <b>A</b> | No, there are no subsidies available through the Trust, the 72.5% subsidy is only available through the IRS/HCTC if reauthorized and to eligible participants only.  |

## Frequently Asked Questions Con't

| Billing/Premium Payment |   |          |  |
|-------------------------|---|----------|--|
| <b>Q1</b>               | What will be my monthly cost for the medical plan?  | <b>A</b> | The costs of the plan is dependent on the level of coverage you enroll in. You can also find more information about the plans available and cost by contacting: Benistar Retiree Call Center at <b>1-800-236-4782</b> or going to one of the 2 websites, <a href="http://www.mymedplans.com">www.mymedplans.com</a> and <a href="http://www.hctcplans.com">www.hctcplans.com</a>   |
| <b>Q2</b>               | Is my first month's premium payment required when I submit my enrollment form?  | <b>A</b> | Yes. You will need to include a check for your first month's premium payment in full (100%) with your completed BCBSM Insurance Enrollment form. The check should be made out to "Benistar Retiree Service ". The only forms of payment accepted are personal check, money order or Electronic Funds Transfer (EFT).   |
| <b>Q3</b>               | When is my premium due if I am enrolling effective January 01, 2020?  |          | Your first months premium is due December 01, 2019 for an insurance effective date of 01/01/2020. The sooner you get your enrollment forms in and check mailed, the sooner you will be receiving your medical cards from Blue Cross Blue Shield.   |
| <b>Q4</b>               | If I am eligible for the HCTC, should I sign up for the automatic payment option?   | <b>A</b> | No. There is no automatic pay option for the HCTC program. You do have the ability to enroll in the automatic pay option if you are only selecting the Dental and Vision plans as they do not qualify for the HCTC program and are paid at a 100% cost to Benistar.  |
| <b>Q5</b>               | Can my premium come directly out of my bank account?  | <b>A</b> | Yes, if you are paying 100% of the cost of the premium you can establish an EFT process with Benistar. If the HCTC program is in effect, you will need to follow the process outlined in this booklet. If you need more help in enrolling, please contact Benistar, the Plan Administrator and Call Center at 1-800-236-4782.  |
| <b>Q6</b>               | If I enroll in the plans offered, paying 100% of the cost each month, and I am eligible for the HCTC program, will I get my 72.5% subsidy money back if/when the HCTC program is reinstated, provided it is terminated and not reauthorized on January 01 of 2020? How will I know when/if it becomes reauthorized? | <b>A</b> | <p>If you are enrolled in a plan through the Steel Trust and pay 100% for the cost of your premiums because the HCTC program has not yet been reauthorized, if/when it is reauthorized, the Congress will have the ability to determine how the process would work, and what the level of subsidy would be, and how long the program may be in effect. All of those decisions are out of the hands of the IRS/HCTC program, Benistar, the plan administrator and Cone Retiree Healthcare Group. We will provide you with updates and information as it becomes available, if the HCTC program terminates on December 31, 2019. We will also keep you informed as to the actions take by Congress in 2020, and their plans for reinstatement of the plans.</p> <p>Please keep in mind, if the HCTC program is not reauthorized in the future, you will be required to pay the 100% cost of the insurance as long as you are enrolled in the plan.</p> |
| Claims                  |   |          |  |
| <b>Q1</b>               | How are my medical claims paid?   | <b>A</b> | When you visit the doctor, simply present your ID card. Your participating provider will submit a claim to BCBSM and BCBSM will pay your provider the allowed amount of the claim. If there is any remaining amount due, you will receive an Explanation of Benefits. If you visit a nonparticipating provider, you may have to submit the claim yourself and may be billed the balance above what is reasonable and customary.  |
| <b>Q2</b>               | What if I am hospitalized for treatment that will last through the effective date of the new plan?  | <b>A</b> | Typically, the coverage you had when admitted to the hospital will remain until you are discharged. After your release from the hospital, your new Steel Retiree Trust Medical Plan coverage will begin.   |
| <b>Q3</b>               | Is there a lifetime maximum on these medical plans?   | <b>A</b> | No, there are no lifetime maximums with this program; it meets all the healthcare reform legislation passed that includes elimination of lifetime maximum limits.  |
| <b>Q4</b>               | Are hearing aids covered?   | <b>A</b> | There is no hearing aid coverage.  |
| <b>Q5</b>               | What are my out of pocket cost and deductibles for the Bronze Plan?   |          | You must individually satisfy the full \$2,000 deductible for 1 person. If the person has \$2,000 in eligible charges, the deductible has been met. The 1 person enrolled in the Bronze plan will have to pay a total of \$3,000 in out of pockets cost each year.   |



## Frequently Asked Questions Con't

### Health Coverage Tax Credit (HCTC)

|           |   |          |   |
|-----------|---|----------|---|
| <b>Q1</b> | What is the Health Coverage Tax Credit (HCTC)?  | <b>A</b> | The HCTC is a federal tax credit that enables you to pay just 27.5% of qualified health insurance premiums if the program is reauthorized by Congress in 2020 and beyond. If you are eligible, the HCTC is available to you monthly as premiums become due, or yearly when you file your federal tax return, or a combination of both. In order to receive the HCTC you must be enrolled in a qualified health plan, and meet all HCTC eligibility requirements.  |
| <b>Q2</b> | Who is eligible for the HCTC?   | <b>A</b> | To be eligible for the HCTC, you must be: <ul style="list-style-type: none"> <li>age 55 or older and receive benefits from the Pension Benefit Guaranty Corporation (PBGC), or</li> <li>a Trade Adjustment Assistance (TAA), Alternative Trade Adjustment Assistance (ATAA), or Reemployment Trade Adjustment Assistance (RTAA) recipient.</li> <li>A Medicare eligible retiree that meets all eligibility requirements and has been on Medicare for less than 24 months and has dependents who are under the age of 65. These eligible participants are classified as Qualified Family Members (QFM). You must also meet some general requirements and be enrolled in a qualified health plan.</li> </ul>  |
| <b>Q3</b> | What are the general requirements for the HCTC?   | <b>A</b> | At the time of your registration, you will need to certify that: <ul style="list-style-type: none"> <li>◆ You were not enrolled in Medicare Part A, B, or C.</li> <li>◆ You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP)</li> <li>◆ You were not enrolled in the Federal Employees Health Benefits Program (FEHBP) and are not enrolled in benefits under the U.S. military health system (TRICARE).</li> <li>◆ You were not imprisoned under federal, state, or local authority.</li> <li>◆ You are not being claimed as a dependent on someone else's tax return.</li> </ul>  |
| <b>Q4</b> | What are the qualified health plans for the HCTC?   | <b>A</b> | Qualified health plans include the following: <ul style="list-style-type: none"> <li>COBRA (federal legislation that lets employees extend their job-based health coverage if they lose their job or a VEBA trust health plan established in lieu of COBRA.)</li> <li>State-qualified health plan: health plans that a state's Department of Insurance approves as meeting the certain requirements of the Trade Act of 2002.</li> <li>Spousal Coverage – only applicable if you are paying more than 50% of the premium. The IRS/HCTC will only pay 72.5% of the spouses cost, not 72.5% of the total cost of the insurance.</li> <li>Non-Group/Individual Plans – only applicable if you were enrolled in an individual policy 30 days prior to the date you became eligible for HCTC and your last day of employment.</li> </ul> |
| <b>Q5</b> | Has the HCTC Subsidy Plan been reauthorized for 2020 and beyond?  |          | At the time of the printing of this enrollment form, the HCTC plan has not been reauthorized by Congress. While we had anticipated it would be reauthorized in the fall of 2019, unfortunately, to date, it has not been.   |
| <b>Q6</b> | Are there any guarantees that the HCTC program will be reauthorized in 2020?  |          | No, there are no guarantees that the HCTC program will be reauthorized in 2020. All the conversations we have had with members of Congress on both sides of the aisle regarding the possibility of it getting reauthorized have indicated they are supportive of reauthorization.   |
| <b>Q7</b> | I am a spouse of a retiree that recently lost his eligibility to participate in the HCTC program when my husband became Medicare eligible, can I stay in this plan? | <b>A</b> | Yes. If the plan is reauthorized you are eligible for this program as a "Qualified Family Member" as authorized by Congress as long as the otherwise eligible retiree has not reached the age of 67 or been on Medicare for more than 24 months.  |
|           |   |          |   |

## Frequently Asked Questions

|            |   |          |   |
|------------|---|----------|---|
| <b>Q8</b>  | I am eligible to receive a pension from my former employer when my pension was turned over to the PBGC, but have not started receiving the checks yet. Am I eligible for the HCTC right now?                        | <b>A</b> | No, you are not eligible until you start receiving a pension check from the PBGC. You must be a PBGC recipient, not a future recipient. However, you are able to enroll in these plans paying 100% of the premium without the HCTC subsidy.   |
| <b>Q9</b>  | I just started my own company. When I start drawing an income from my new business, will I still be eligible for the HCTC?  | <b>A</b> | Yes, there are no limits/caps regarding wage amounts. Your income has nothing to do with your HCTC eligibility. The answer above assumes that you are receiving a pension check or lump sum distribution from the PBGC, you are between the ages of 55-64, and that you are enrolled in a “qualified” health plan.  |
| <b>Q10</b> | My son is receiving Medicaid only and is disabled, is he a qualified dependent?   | <b>A</b> | No, he is not eligible, but you as a retiree are eligible. If you or your dependents have health coverage through Medicaid, State Children’s Health Insurance Program (SCHIP), or Federal Employees Health Benefits Program (FEHBP), you/they are not eligible.   |
| <b>Q11</b> | I am the owner of a company where I pay 100% of my insurance premium cost. Am I still eligible to receive the HCTC toward my healthcare cost?   | <b>A</b> | No, you are only eligible to use the coverage of your spouse’s insurance plan. Your company insurance program is not considered as a qualified plan for the HCTC program. The answer above assumes that you are receiving a pension check or lump sum distribution from the PBGC, you are between the ages of 55-64, and that you are not enrolled in a “qualified” health plan.  |
| <b>Q12</b> | How do I know if I am paying more than 50% of the monthly premium for my spouse’s plan?   | <b>A</b> | You need to go your spouse’s HR department and ask for a breakdown of the premium costs and provide that letter/proof to the IRS.   |
| <b>Q13</b> | I am currently on my spouse’s insurance plan and we are not paying more than 50%. Am I allowed to move to the VEBA program and be eligible for HCTC even if I have the ability to get coverage from my wife’s plan? | <b>A</b> | Yes, if it is to your advantage to move over to this program, then you are eligible to do so. Your spouse is allowed to enroll as well, under your plan as a qualified dependent. Your eligibility is not determined by whether you have no other options for coverage but what coverage you choose to enroll in. If the coverage you are enrolled in is qualified for HCTC, and you meet the eligibility requirements, you can enroll in the plan. The answer assumes that you meet all other HCTC eligibility requirements. |
| <b>Q14</b> | When our XYZ Company insurance coverage was cancelled, I moved over to a High Deductible plan. Would I be eligible for the HCTC under this plan? What do you recommend?   | <b>A</b> | You would only be eligible for the HCTC if that plan you are enrolled in is a qualified health plan as declared by your state or is a COBRA plan. You have to evaluate your own personal situation and make decisions based upon what is best for you and your qualified dependents.  |
| <b>Q15</b> | Am I eligible for the HCTC if I am an Army veteran?   | <b>A</b> | If you are enrolled in health coverage through the military health system, TRICARE / CHAMPUS then you are not eligible for HCTC. This does not include health benefits received as a Veterans Affairs benefit. VA benefits do not count.  |
| <b>Q16</b> | I am a XYZ Company Retiree that is 65 years old. My spouse is 62 years old. Can my spouse stay in the VEBA plan?  | <b>A</b> | Yes, your spouse is eligible to participate in the HCTC program since the Congress recently reinstated the QFM program for eligible dependent effective January 01, 2012. Your spouse will be permitted to enroll in the plan for an additional 24 months of eligibility, or until you reach the age of 67.   |
| <b>Q17</b> | I am a surviving spouse. Do I use my age or my spouse’s age to determine eligibility for the HCTC?  | <b>A</b> | If you became the PBGC recipient upon the death of the retiree, you are now are considered the PBGC recipient, therefore, you would use your age.   |



|  |  |
|--|--|
|  |  |
| Benistar<br>Plan Administrator & Call Center   | Phone: 1-800-236-4782  |
| Mail Enrollment Forms  | Benistar Retiree Service Center<br>10 Tower Lane 1 <sup>st</sup> Floor<br>Avon, CT 06001                           |
| Fax Enrollment Forms To:   | 1-860-408-7025   |
| Medical  |  |
| Blue Cross Blue Shield Pre-Enrollment<br>Benefit Inquiries:<br>Blue Cross Blue Shield Post-Enrollment<br>Benefits and Claims | 1-877-354-2583   |
| Find Blue Cross Medical Providers  |  |
| Prescription Drug (Blue Cross PDP)   |  |
| Prescription Drug Formulary  | 1-877-354-2583   |
| Blue Cross Blue Shield Michigan (Dental)   |  |
| Blue Cross Blue Shield Michigan  | www.MiBlueDentist.com<br>Dental Customer Service<br>Find a Doctor<br>1-888-826-8152                                |
| Blue Cross Blue Shield Michigan (VSP with BCBSM)   |  |
| BCBSM Customer Service   | 1-800-877-7195<br><a href="http://www.VSP.com">www.VSP.com</a> or <a href="http://www.BCBSM.com">www.BCBSM.com</a> |
| Steel Retiree VEBA Website   |  |
| <a href="http://www.HCTCPlans.com">www.HCTCPlans.com</a> or <a href="http://www.MyMedPlans.com">www.MyMedPlans.com</a>       |  |



# Instructions for Form 13441-A

(May 2018)

## Health Coverage Tax Credit (HCTC)

### Monthly Registration and Update



Department of the Treasury  
Internal Revenue Service

#### General Instructions

Please read carefully and follow the instructions below to complete Form 13441-A. **Write your Social Security Number at the top of each document** you are sending to the HCTC Program. Print or type your responses. To register for the Monthly HCTC, you must complete the following steps:

1. Collect the documents you will need to submit with your HCTC Monthly Registration and Update form. See the "Required Supporting Documents" section for a detailed list of the required documents.
2. Fill out the HCTC Monthly Registration and Update form.
3. Make a copy of the completed HCTC Monthly Registration and Update form and all required documents for your records.
4. Mail the completed HCTC Monthly Registration and Update form and all required documents to:

Internal Revenue Service  
Stop 6098 AUSC  
Austin, Texas 78741

- ☐ 5. Check here if you are registering as a Qualified Family Member. Note: Qualified Family members of HCTC eligible individuals may receive the HCTC for up to 24 months following the eligible individual's Medicare enrollment, death or divorce. For more information on Qualified Family Member eligibility, see Form 8885 instructions under Qualified Family Member.
- ☐ 6. Check here if you are updating your current monthly registration. When you are enrolled in the monthly HCTC Program, you must inform us of all changes that affect your eligibility, your family members and your health insurance cost. You only need to provide the updated information.

Note: Please note that once you mail the HCTC Monthly Registration and Update form, it can take up to 6 weeks (*if all requirements are met*) before you receive registration confirmation. During this time, you must continue to pay 100% of your health insurance bills directly to your health plan and keep records of your payments. You can claim the yearly tax credit for these and any months that you met all eligibility requirements and made payments directly to a qualified health plan on your federal income tax return.

#### Required Supporting Document and Information

The following document is required to be submitted with your HCTC Monthly Registration and Update form. Review the required document checklist carefully. Caution: An incomplete form or missing documents will delay the processing of your registration.

- ☐ **A copy of your health insurance bill dated within the last 60 days that includes all of the following:**

- Your name
- Monthly premium amount
- Dates of coverage
- Health Plan name and phone number
- Health plan identification numbers
- Address for mailing your payments

*If applicable, your bill must show the following:*

- Dollar amount for family members who are not qualified for the HCTC
- Separate dollar amount for benefits that the HCTC does not cover (*such as separate dental or vision plans*)

Usually, your health insurance bill will have all this information on it. If it does not, you will need a letter or another document from your Health Plan that includes this information.

You should confirm with your Health Plan Provider or Third Party Administrator if applicable that they meet the IRS payment requirements through the Direct Deposit Program, including filing Form 3881, ACH Vendor/Miscellaneous Payment Enrollment - HCTC. The IRS requires this in order to make payments on your behalf.

Form **13441-A**  
(May 2018)Department of the Treasury - Internal Revenue Service  
**Health Coverage Tax Credit (HCTC)  
Monthly Registration and Update**OMB Number  
1545-1842**Part 1: Your General Information**HCTC Eligible Recipient name (*First, Middle Initial, Last, Suffix*)

Social Security Number (SSN)

Date of birth (*mm/dd/yyyy*)

Primary telephone number

Alternate telephone number

Mailing Address (*Street Number, City, State, ZIP*)**Part 2: Confirm Your Eligibility**

Check the box that applies to you to certify that the statement is true:

- ☐ The HCTC Eligible Recipient is a PBGC payee and 55 years old or older.
- ☐ The HCTC Eligible Recipient is an eligible Trade Adjustment Assistance (TAA), Alternative TAA (ATAA), or Reemployment TAA (RTAA) recipient.

You will check the box below if you are registering as the HCTC Eligible Recipient or Qualifying Family Member.

**Note:** Qualified Family members of HCTC eligible individuals may receive the HCTC for up to 24 months following the eligible individual's Medicare enrollment, death or divorce. For more information on Qualified Family Member eligibility, see Form 8885 instructions under Qualified Family Member.

- ☐ I certify that all of the following statements are true for me and my qualified family members.

- I/we are not enrolled in an Affordable Care Act Marketplace insurance.
- I/we are covered by a qualified health plan for which I pay more than 50% of the premiums.
- I/we are not enrolled in Medicare Part A, B, C, or D.
- I/we are not enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- I/we are not enrolled in the Federal Employees Health Benefits Program (FEHBP).
- I/we are not enrolled in the U.S. military health system (TRICARE).
- I/we are not imprisoned under federal, state, or local authority.
- I/we are not claimed as a dependent on someone else's federal income tax return.

**Part 3: Family Member Information**

If you have more than five (5) qualified family members, make a copy of this page and then complete this section for any additional family members.

Please list the total number of family members (*other than yourself*) you are registering for the Monthly HCTC.

- ☐ Check the box to certify that the following applies to each family member listed below:

- My family member is my spouse or claimed as a dependent on my federal income tax return and
- My family member meets all general requirements for the HCTC listed in Part 2 (*with the exception of the last bullet*).

|          |  |  |                                     |
|----------|--|--|-------------------------------------|
| <b>1</b> | Family member's name ( <i>First, Middle Initial, Last, Suffix</i> )  | Social security number (SSN)   | Date of birth ( <i>mm/dd/yyyy</i> ) |
|          | Relationship to you<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Is this person on your health plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information. |                                     |
| <b>2</b> | Family member's name ( <i>First, Middle Initial, Last, Suffix</i> )  | Social security number (SSN)   | Date of birth ( <i>mm/dd/yyyy</i> ) |
|          | Relationship to you<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Is this person on your health plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information. |                                     |



|          |  |  |                            |
|----------|--|--|----------------------------|
| <b>3</b> | Family member's name (First, Middle Initial, Last, Suffix)   | Social security number (SSN)   | Date of birth (mm/dd/yyyy) |
|          | Relationship to you<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Is this person on your health plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information. |                            |
| <b>4</b> | Family member's name (First, Middle Initial, Last, Suffix)   | Social security number (SSN)   | Date of birth (mm/dd/yyyy) |
|          | Relationship to you<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Is this person on your health plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information. |                            |
| <b>5</b> | Family member's name (First, Middle Initial, Last, Suffix)   | Social security number (SSN)   | Date of birth (mm/dd/yyyy) |
|          | Relationship to you<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Is this person on your health plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information. |                            |

**Part 4: Health Plan Information**

Fill out the information below. If your family members are on a separate health plan, make a copy of Part 4 before filling it out to provide their qualified health insurance information.

**Note:** If you have coverage through your spouse's employer that is not a COBRA plan, stop here. You cannot receive the Monthly HCTC for this type of coverage. You can, however, claim the Yearly HCTC by filing Form 8885 with your federal income tax return.

|   |  |  |                       |
|---|--|--|-----------------------|
| <b>Complete this section for all coverage types:</b>          | Health Plan Provider name  | Effective date of coverage               | Health plan ID number |
|   | HCTC vendor name (name of company to be paid on your behalf)   |  |                       |
|   | HCTC vendor number (contact your Health Plan Provider or Third Party Administrator)  |  |                       |
|   | Provide at least one of the following ID Numbers.  |  |                       |
|   | Member ID  | Group ID                                 | Policy or plan ID     |
|   | Policy holder's name (First, Middle Initial, Last, Suffix)   |  | Policy holder's SSN   |
|   | 1. Total Monthly Medical Premium   |  |                       |
|   | 2. Total number of people (you and any family members) on this policy  |  |                       |
|   | 3. Number of family members on this policy who are not qualified for the HCTC  |  |                       |
|   | 4. Monthly premium amount for family members who are not qualified for the HCTC (this amount will be removed from your total monthly medical premium and you will need to pay directly to your HPA/TPA). |  |                       |
| <b>Complete this section only if you have COBRA coverage:</b> | 5. Total HCTC Total Monthly Medical Premium Line (1) minus line (4) and multiplied by 27.5% (.275)   |  |                       |
|   | 6. Other health benefits amount (vision, dental, non-medical benefits). This amount will be added to your monthly HCTC payment.  |  |                       |
|   | 7. Monthly HCTC payment Line 5 plus Line 6   |  |                       |
|   | <input type="checkbox"/> Check here only if the Health Plan Information in Part 4 is for COBRA Coverage.   |  |                       |
|   | Former employer  | Former employer's HR telephone number    |                       |
|   | Start Date for COBRA Coverage (mm/dd/yyyy)   | End Date for COBRA Coverage (mm/dd/yyyy) |                       |
|   | <input type="checkbox"/> Check here if this is a Lifetime Benefit.   |  |                       |

**Part 5: Account Accessibility**

If you would like to allow someone else – for example, your spouse, family member, or other trusted advisor – to have access to your account information, please complete this page. This person, called a Third-Party-Designee, will be able to ask questions about, or make changes to, your HCTC account or personal information, as appropriate.

**Third-Party-Designee**

Do you want to allow another person to talk with the HCTC Program about your account?

- ☐ Yes. Complete the rest of this page and choose a PIN.
- ☐ No. Go to Part 6 to sign and date the HCTC Monthly Registration and Update form.

Name of Third-Party-Designee (*First, Middle Initial, Last, Suffix*)

Primary telephone number

Alternate telephone number

**Personal Identification Number (PIN)**

**IMPORTANT!** You must choose a PIN when you make someone a Third-Party-Designee. This PIN protects the security of your account information similar to the PIN you use for a bank card. When your Third-Party-Designee calls the HCTC Program, they will be asked to give the PIN to get information about your account. Your Third-Party-Designee can help you choose the PIN so that it is easy to remember.

**Note:** The PIN must be a five-digit number. If your PIN includes letters and/or non-numeric characters, this could cause a delay in processing your Third-Party-Designee request. Choose a PIN and write it in the space provided.

Personal Identification Number (PIN)

**Part 6: Form Completion**

Review this form to make sure you have completed everything needed for your registration. You must sign and date this form to have your registration for the monthly HCTC program processed. Sign and date in the space provided below.

**Signature**

Under penalties of perjury, I declare that the information furnished on this form with regard to myself and to any family members, and any attachments to it, is true, correct, and complete. I understand that a knowingly and willfully false statement on this form can result in my disqualification from the monthly HCTC program. By signing, I authorize the IRS to independently discuss with my health insurer, third party administrator or former employer, my eligibility status and HCTC payments made on my behalf to these organizations.

Signature

Full name (*print*)

Date

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 and Paperwork Reduction Act of 1995 require that when we ask you for information we must first tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory under the law.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you are eligible, section 35 of the Internal Revenue Code allows a credit for payments you made to buy certain types of health coverage during the tax year. Section 7527 lets you authorize your health coverage provider to receive this credit in advance in the form of monthly payments from the Internal Revenue Service.

We use the information you submit to determine if you qualify for the monthly credit of the Health Coverage Tax Credit (HCTC). If you fail to provide the information, or provide inaccurate information, your application may be denied. However, you may still qualify for the Yearly HCTC when you file your federal income tax return.

The estimated average time to complete this form is 30 minutes. You are required to provide the information requested on a form that is subject to the Paperwork Reduction Act if the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may be material in the administration of any Internal Revenue laws.

Generally, tax returns and return information (*tax information*) are confidential, as stated in Code section 6103. However, Code section 6103 allows or requires the Internal Revenue Service to disclose or give the information to others as described in the Code. For example, we may give the information provided to us to your health plan administrator for the purposes of the HCTC Program. We may disclose the information you provide to contractors for tax administration purposes. We may also disclose this information to the Department of Justice, to enforce the tax laws, both civil and criminal; to other federal agencies; to states, the District of Columbia, and U.S. commonwealths or possessions in order to carry out their tax laws; and to certain foreign governments under tax treaties they have with the United States.



This is a electronic fillable form.  
Please complete by typing in  
your information and signing  
electronically.

**Client Name: Voluntary Benefit Trust for  
Airline Retirees**



## Pre-65 Insurance Enrollment Form

**Carrier:** Blue Cross Blue Shield of Michigan (BCBSM) - Medical, Prescription Drug, Dental and Vision

**Retiree and Spouse have the ability to enroll as two individuals in plans with different levels of coverage if they desire.** If electing to enroll as two individuals, each plan participant must pay their individual administrative fee.

\*\*\*Select the Coverage for the individual(s) enrolling from the plans below using one Enrollment form. If you are a Retiree and/or Spouse and/or Dependent enrolling in the plan as a individuals, you will each need to complete the enrollments forms. If two or less people are enrolling in these plan, selecting enrollment as individuals offers better pricing. Each family member must send payment individually for their plan premium.

### Section I: Enrollee Information

|  |                                 |   |   |   |                             |
|--|---------------------------------|---|---|---|-----------------------------|
| Are you electing the same health plan that you are currently utilizing?  |                                 |   |   | <input type="checkbox"/> Yes                | <input type="checkbox"/> No |
| Last name  | First name                      | M.I.  | Date of birth                               |   |                             |
| Address  |                                 | City  | State                                       | Zip code                                    |                             |
| Daytime telephone number   | Social Security Number          | Email Address   |   | Sex (M or F)                                |                             |
| Medicare # if Applicable:  |                                 |   | Medicare Effective Date:                    |   |                             |
| <input type="checkbox"/> Salaried  | <input type="checkbox"/> Hourly | Name of Union if Hourly:  |   |   |                             |
| Enrollment Form Applies To:  |                                 | <input type="checkbox"/> Retiree or Spouse                      | <input type="checkbox"/> Retiree and Spouse | <input type="checkbox"/> Retiree and Family |                             |
| Effective date   | Form of Payment*                | <input type="checkbox"/> Auto Fund Transfer (NON-HCTC AMP Only) |   | <input type="checkbox"/> Check              |                             |
| *Must be received by the 10 <sup>th</sup> day of the month of the Effective Date   |                                 |   |   |   |                             |
| *Initial enrollment options for 2020: (1) NON-HCTC paying 100% premium (2) HCTC AMP (if extended) paying 27.5% premium (3) HCTC eligible paying 100% premium for yearly subsidy reimbursement. |                                 |   |   |   |                             |

### Section II: List All Dependents That Are Enrolling –

\*\*\* Relationship code S (Spouse), SS (Surviving Spouse), DP (Domestic Partner), C (Child by birth or adoption), D (Disabled Child)

| Name (First, MI, Last) | Relationship Code*** | Sex | Date of Birth | Full-Time Student | SSN |
|------------------------|----------------------|-----|---------------|-------------------|-----|
|                        |                      |     |               |                   |     |
|                        |                      |     |               |                   |     |
|                        |                      |     |               |                   |     |
|                        |                      |     |               |                   |     |

### Section III: Tips To Help You Complete Your Coverage Elections

- 1) You can find a complete listing of the rates in the 2020 Benefit Guide or at [www.HCTCPlans.com](http://www.HCTCPlans.com). Please review these rates before selecting your coverage.
- 2) Copper Plan Option #1: Medical, Prescription Drugs bundled with Dental and Vision. Copper Plan Option #2: Medical and Prescription Drugs ONLY. If you are electing the Copper Plan Option #2 please note that it is not bundled.
- 3) When selecting your coverage please check each box that pertains to the coverage you and/or dependents elect. For example—if you are selecting the Gold or Silver Plans for both Retiree and Spouse you will need to check both the Retiree and Spouse box. If you are selecting the Gold Plan for both Retiree and Child, you will need to check both the Retiree and Child box. If you are enrolling as a Spouse or Child only, you should check the corresponding box. Spouse/Dependent enrolling as individual must provide Retiree information to verify HCTC eligibility.
- 4) Family Coverage is coverage including three or more individuals.
- 5) Please review all information, sign and date where necessary.



## Section IV: Select Your Coverage

Effective Date for Coverage (Enter MM):  /01/2020 You MUST select an Effective Date to start coverage

### Gold Plan (Bundled Medical, Prescription Drug, Dental, and Vision)

☐ Retiree ☐ Spouse ☐ Child ☐ Family

### Silver Plan (Bundled Medical, Prescription Drug, Dental and Vision)

☐ Retiree ☐ Spouse ☐ Child ☐ Family

### Bronze Plan (Bundled Medical, Prescription Drug, Dental and Vision)

☐ Retiree ☐ Spouse ☐ Child ☐ Family

### Copper Plan (Bundled Medical, Prescription Drug, Dental and Vision)

☐ Retiree ☐ Spouse ☐ Child ☐ Family

### PLEASE READ THE FOLLOWING INFORMATION. THE INFORMATION ON THIS FORM AND THE FOLLOWING CONDITIONS ARE PART OF MY CONTRACT WITH BLUE CROSS BLUE SHEILD OF MICHIGAN (BCBSM).

I am applying for coverage for myself and/or my family member identified on this application under my group's or association's contract with BCBSM. Coverage begins on the date determined by BCBSM. When BCBSM accepts my application, I and covered members of my family are bound by the terms on the policy and this application. I understand that the submission of false or misleading information or the omission of material information on this form may result in rejection of my enrollment or retroactive termination of my coverage. **Proof of eligibility:** I agree to provide proof of my dependent's eligibility for coverage when requested by BCBSM.

**Authorization:** I appoint my group or association to handle all matters of coverage. It may forward deductions from my wages. I am responsible for giving notice to my group or association of changes in my status and/or my family's status that affect coverage, such as marriage, divorce, birth, Medicare entitlements, or death of someone covered under the policy. I authorize BCBSM and/or my Primary Care Physician to obtain the medical records relating to me and my enrolled family members necessary for the coordination of our medical care, administration of my coverage with BCBSM, and for other purposes necessary for BCBSM to fulfill its contractual and statutory obligations.

**Release of Information:** I acknowledge that BCBSM requires me to provide my Social Security Number. In applying for coverage, I and my enrolled family members agree to permit providers and others to release "protected health information" (as that term is used in the Health Insurance Portability and Accountability Act of 1996, as amended) to BCBSM for purposed of administering our coverage. Upon my request, BCBSM will tell me where the information was sent.

Retiree Signature:  Date:   
(If Enrolling)

Spouse Signature:  Date:   
(If Enrolling)

If you are NON-HCTC or if you are HCTC not participating in Advanced Monthly Payment, this is the only form needed. HCTC AMP participants use this enrollment form in conjunction with form 13441-A completed in their entirety in order to enroll in the HCTC program. Any missing information will delay your enrollment being processed. Coverage will be effective upon IRS certification in the HCTC program.

### Instructions for form completion:

Complete form by either (a) printing a blank form and filling in all necessary information in ink or (b) open the form and complete electronically (you are also able to sign your form electronically). Don't forget to save your form on your computer once you have completed.

Completed forms can be emailed to Benistar at: [memelig@benistar.com](mailto:memelig@benistar.com)

If faxing send to: 1-860-408-7025

If mailing send to:

Benistar Retiree Service Center

10 Tower Lane, Suite 100

Avon, CT. 06001

HCTC AMP members pay by check to the Internal Revenue Service. NON-HCTC AMP members make your check payable to Benistar Service Center.



### **Insurance Providers and Plan Administration**

Blue Cross Blue Shield of Michigan

Blue Vision — VSP Vision

Benistar Retiree Services

Call Center and Plan Administrator

1-800-236-4782

### **Trust Board**

Doug Guerdat, Chairman

Gary Conley, Secretary

Dick Davis, Treasurer

### **Insurance Broker Cone Retiree Healthcare Group**

Cathy Cone— Managing Partner

John Cone—Managing Partner

Lisa Andrews—Managing Partner

**Benistar Retiree Service Center**

**10 Tower Lane**

**Suite 100**

**Avon, CT 06001**

**1-800-236-4782**