

Benefits Guide

2024



Voluntary Benefit Trust for Airline Retirees Pre-65 Retirees Health Benefit Guide

Providing Coverage for ALL Pre-65 Eligible Retirees



Voluntary Benefit Trust for
—AIRLINE RETIREES—

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Introduction

The Board of Directors of the Voluntary Benefit Trust for Airline Retirees (VBSTAR) would like to welcome you to review this Benefits Enrollment Guide that has been created for Retirees of all Airline Industry Companies. Please refer to the Summary Plan Description (SPD) for complete details about your plan. If there is a conflict between this Benefits Guide and a Certificate or Summary Plan Description (SPD), the Certificate or SPD will govern. To receive a copy of the benefit plan materials, please go to www.MyMedPlans.com and download copies of benefit materials. If you would like to have them mailed to you, please contact, Benistar, the plan administrator @ 1(800)236-4782 and they will mail/email you an enrollment packet.

Mission Statement

The goal of the VBSTAR Retiree Trust is to provide and maintain quality, cost effective benefits, including medical, prescription drugs, dental and vision programs for all eligible Airline Retirees that have worked in the Airline industry and/or subsidiaries for at least 5 years.

Protecting Your PHI

The Board, Cone Retiree Healthcare and the Healthcare providers understand the importance of protecting your personal health information.

Goals

- 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, and completing the necessary documents when enrolling in these plans.
- The Trust Insurance Representatives will provide timely updates about the VBTAR Trust annual enrollment process as well as any changes to the plans offered including the cost of the programs during open enrollment.
- The trust also provides 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. For those eligible for Medicare, visit the website, www.MyMedPlans.com, or contact Benistar, the plan administrator for more information. **1(800)236-4782**

Trust Board

The VBTAR Trust Board is drawn from volunteers with experience on boards with health and disability benefits and in particular, with the Airline industry. They have given their time and energy to serve as board members for your 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.**



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	VBTAR Trust Board		www.info@mymedplans.com
Important Information for retirees eligible for the VBTAR Trust	Cone Retiree Healthcare Group, LLC. Insurance Representatives		Cathy@mymedplans.com John@mymedplans.com Lisa@mymedplans.com

****THE HCTC PROGRAM HAS NOT BEEN EXTENDED. ALL PLAN PARTICIPANTS INCLUDING QFMS WILL HAVE TO PAY 100% OF THE PLAN PREMIUM UNLESS THE HCTC PROGRAM IS EXTENDED****

Enrollment Period

The annual enrollment period for the VBTAR Trust will be from October 15 - December 07 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 airline industry including those, but not limited to, the companies listed below.
- 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 VBTAR Trust.

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

Air Tran	Eastern Air Lines	SkyWest Airlines
Alaskan Airlines	ExpressJet Airlines	Southwest Airlines
Allegiant Air	Frontier Airlines	Spirit Airlines
Aloha Airlines	Hawaiian Airlines	Sun Country Airlines
American Airlines	Horizon Air	Trans World Airlines
American Connection	Jet Blue Airlines	United Airlines
American Eagle	Mesa Airlines	U.S. Airways Inc
Atlas Air	Northwest Airlines	Virgin America
Braniff Airways	Pan American World Airways	World Airways
Continental Airlines	Piedmont Airlines	Any Subsidiary of an Airline
Cape Air	Republic Airlines	
Delta Air Lines	Ryan Air	

Retiree - As a VBTAR Retiree 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 trustee by the PBGC.

Spouse/Domestic Partner/Survivor - Your spouse, same-gender domestic partner or survivor 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.

Dependents - If you have dependents under age 65, they may be eligible to participate.

Dependent Eligibility

Spouse	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.
Domestic Partner	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, or prior undissolved marriage to another. An eligible domestic partner must be of the same gender as the retiree. Only one domestic partner may be covered at any one time.
Children	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. Your children must be on the federal income tax return of the Retiree or spouse, domestic partner or survivor to be eligible to enroll in any plans through the Trust.
Dependent Grandchildren	Your unmarried grandchild must meet the requirements listed above and must also qualify as a dependent on your or your spouse/domestic partner federal income tax return.
Disabled Children	Your disabled child must otherwise meet the requirements for eligible dependents and must also meet the following definitions: A disabled child is a child who, due to a mental or physical disability, is incapable of earning a living at the time he or she would otherwise cease to be a dependent 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 and eligible dependent as long as the child remains incapacitated, unmarried, dependent on you for principal support and maintenance, and you continuously maintain 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
- Gaining or losing a dependent resulting from marriage, divorce, birth or adoption
- Involuntary loss of other insurance coverage (proof is required)

Pre65-Eligible Survivor /Dependents upon Death of Retiree	A Pre-65 survivor or dependent will remain eligible for medical, prescription drug, dental and vision coverage.
Medicare Eligible Survivor	Medicare-eligible survivors will be qualified to participate in the Medical, prescription drug, 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.
Former Eligible Spouse	The plan administrator, Benistar, will send enrollment materials to the former spouse following a request from the individual.



Pre 65 Health Insurance Options

The Medical plans offered for Pre-65 retirees and their dependents provide:

- No preexisting conditions
- 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 can select from the following health insurance options offered through BlueCross BlueShield Michigan:
 - Copper, Bronze, Silver, Bronze and Gold Bundled plans (all include medical, prescription drugs, dental and vision)

Medical and Prescription Drug Benefits

Nationwide insurance plans are provided by Blue Cross Blue Shield of Michigan. Copper, Bronze, Silver and Gold plans are bundled to include medical, prescription drugs, dental and vision.

	Option #1		Option #2	
	COPPER		BRONZE	
Medical Plan Description	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Ded)				
Individual	\$4,000	\$8,000	\$2,000	\$4,000
Two Person	\$8,000	\$16,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$4,000	\$8,000
Your Coinsurance % (Coins%)	50%	50%	20%	40%
Annual Coinsurance Dollar Maximums				
Individual	\$6,350	\$12,700	\$3,000	\$6,000
Two Person	\$12,700	\$25,400	\$6,000	\$12,000
Family	\$12,700	\$25,400	\$6,000	\$12,000
Physician Visit	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Primary Care Physician (PCP)				
Specialist Care Physician (SCP)				
Preventive Care Services (PCP/SCP)	100% (no deductible or copay/coinsurance) one per member per calendar year	Not Covered	Cov'd 100%	Not Covered
In-Patient/Out-Patient Hospital Services	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Emergency Room Services	50% after in-network deductible		Ded+Coins%	
Urgent Care Services	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Durable Medical Equipment	50% after in-network deductible		Ded+Coins%	
Hearing Care Coverage	Not Covered	Not Covered	Cov'd 100% after Ded	Not Covered
Mental Health Care/Substance Abuse	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Human Organ Transplants	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Specified Human Organ	50% after in-network deductible	50% after in-network deductible		
Bone Marrow	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Specified Oncology Clinical Trials	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Kidney, Cornea and Skin	50% after in-network deductible	50% after out-of-network deductible	Ded+Coins%	
Retail Pharmacy Prescription Drug Plan 30 Day Supply	After Deductible Copays		After Deductible Copays	
Tier 1 - Generic	\$15	\$15/\$50\$70 +20% Coins	\$15	\$15/\$50/\$70 +20% Coins
Tier 2 - Brand Name Formulary	\$50		\$50	
Tier 3 - Brand Name Non Formulary	\$70 or 50%		\$70 or 50%	
RX Mail Order Pharmacy Prescription Drug Plan (90-day Supply)	After Deductible Copays		After Deductible Copays	
Tier 1 - Generic	\$30	Not Covered	\$30	Not Covered
Tier 2 - Brand Name Formulary	\$100		\$100	
Tier 3 - Brand Name Non Formulary	\$140 or 50%, whichever is greater but no more than \$200		\$140 or 50%, whichever is greater but no more than \$200	
Health Savings Account				
Eligible Medical Plan	Yes		Yes	

HSA is offered to anyone enrolling in the Copper and Bronze Plans only.
Refer to Summary of Benefits for details

	Option #3		Option #4			
	SILVER		GOLD			
Medical Plan Description	In-Network	Out-of-Network	In-Network	Out-of-Network		
Annual Deductible (Ded)						
Individual	\$500	\$1,000	\$250	\$500		
Two Person	\$1,000	\$2,000	\$500	\$1,000		
Family	\$1,000	\$2,000	\$500	\$1,000		
Your Coinsurance % (Coins%)	20%	40%	20%	40%		
Annual Coinsurance Dollar Maximums						
Individual	\$2,000	\$4,000	\$1,250	\$2,250		
Two Person	\$4,000	\$8,000	\$2,500	\$4,500		
Family	\$4,000	\$8,000	\$2,500	\$4,500		
Physician Visit						
Primary Care Physician (PCP)	\$20	Ded+Coins%	\$10	Ded+Coins%		
Specialist Care Physician (SCP)						
Preventive Care Services (PCP/SCP)	Cov'd 100%	Not Covered	Cov'd 100% (up to \$1,000)	Not Covered		
In-Patient/Out-Patient Hospital Services	Ded+Coins%		Ded+Coins%			
Emergency Room Services	\$150		\$50			
Urgent Care Services	\$20	Ded+Coins%	\$10	Ded+Coins%		
Durable Medical Equipment	Ded+Coins%		Ded+Coins%			
Hearing Care Coverage	Cov'd 100% after Ded	Not Covered	Cov'd 100%	Not Covered		
Mental Health Care/Substance Abuse	Ded+Coins%		Ded+Coins%			
Human Organ Transplants	Cov'd 100%	Ded+Coins%	Cov'd 100%	Ded+Coins%		
Specified Human Organ						
Bone Marrow	Ded+Coins%		Ded+Coins%			
Specified Oncology Clinical Trials	Ded+Coins%		Ded+Coins%			
Kidney, Cornea and Skin	Ded+Coins%		Ded+Coins%			
Retail Pharmacy Prescription Drug Plan 30 Day Supply	After Deductible Copays		After Deductible Copays			
Tier 1 - Generic	\$10	\$10/\$40/\$80	\$10	\$10/\$20/\$40 +25% Coins		
Tier 2 - Brand Name Formulary	\$40	+25% Coins	\$20			
Tier 3 - Brand Name Non Formulary	\$80		\$40			
RX Mail Order Pharmacy Prescription Drug Plan (90-day Supply)	After Deductible Copays		After Deductible Copays			
Tier 1 - Generic	\$20	Not Covered	\$20	Not Covered		
Tier 2 - Brand Name Formulary	\$80		\$40			
Tier 3 - Brand Name Non Formulary	\$160		\$80			
Health Savings Account						
Eligible Medical Plan	No		No			

Rates for all plans are listed on the enrollment form.

1(800)236-4782





DENTAL AND VISION BENEFITS

If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at (800)236-4782 or access the VBTAR enrollment form on the website - www.MyMedPlans.com.

Understanding Your Dental Plan Options

VBSTAR offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM) during the open enrollment period only. The dental plan provides a wide variety of covered services - either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed. Considering the relatively small cost difference between the High and Low Plans, members may want to consider the High plan which includes substantially more coverage - 80% vs 50%, for Onlays, Crowns, Veneers, Inlays-permanent teeth, even though the need for them may not be anticipated at this time.

The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.MyMedPlans.com.

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

Benefits	Low Plan Coverage	High Plan Coverage
Deductible		
Class 1	\$ 0	\$0
Class 2 and Class 3	\$50 per member limited to a maximum of \$150 per family per calendar year	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member	\$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

See enrollment form for all plan rates.



DENTAL PLAN - HIGH PLAN vs LOW PLAN

See enrollment form for all plan rates.

Low Plan

Annual Dental Maximum per person \$3,000

Class 1 services

Includes but not limited to: Oral Exams
Bitewing X-rays Full Mouth X-Rays
Dental prophylaxis (Teeth Cleaning)
Fluoride Treatment - Under 19y/o

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 2 services

Includes but not limited to:
Fillings (for permanent & primary teeth)
Root Canal Oral Surgery
General anesthesia or IV sedation

\$50 = Your Deductible per member to a maximum of \$150 per family per calendar year
20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 3 services

Includes but not limited to:
Dentures (complete & partial)
Occlusal biteguards
Endosteal Implants
Onlays, crowns and veneer fillings- permanent teeth age 12 and older
Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 4 services

Orthodontic services for dependents under age 19

Not Covered

DENTAL PLAN - HIGH PLAN VS LOW PLAN

(Continued)



High Plan

Annual Dental Maximum per person

\$3,000

Class 1 services

Includes but not limited to: Oral Exams
Bitewing X-rays Full Mouth X-Rays
Dental prophylaxis (Teeth Cleaning)
Fluoride Treatment - **ANY AGE****

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges.
In no event will the covered charge be greater than the
percentile of the prevailing fee data for a particular
service in a geographic area.

Class 2 services

Includes but not limited to:
Onlays, Crowns, Veneers, Inlays - permanent teeth**
Occlusal biteguards**
Oral Surgery
General anesthesia or IV sedation

\$50 = Your Deductible per member to a maximum of
\$150 per family per calendar year
20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges.
In no event will the covered charge be greater than the
percentile of the prevailing fee data for a particular
service in a geographic area.

Class 3 services

Includes but not limited to:
Dentures (complete & partial)
Endosteal Implants
Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges.
In no event will the covered charge be greater than the
percentile of the prevailing fee data for a particular
service in a geographic area.

Class 4 services

Orthodontic services for dependents under age 19**
Class IV Lifetime Maximum per Individual

50% = Your Coinsurance
\$2,500

See enrollment form for all plan rates.

*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information.

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan and notice the relatively small cost difference.



VISION PLAN BENEFITS



The VBTAR Trust offers vision benefits through Blue Cross Blue Shield of Michigan (BCBSM) Blue Vision. The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.MyMedPlans.com. To find a VSP doctor, call 1(800)877-7195 or log on to the VSP website at www.vsp.com.

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay
Medically necessary contact lenses	\$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay
Note: No copay is required for prescribed contact lenses that are not medically necessary.		
Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		
Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or 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	One pair of lenses, with or without frames in any period of 12 consecutive months	
•Progressive Lenses - Covered when rendered by a VSP network doctor		
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)

FAQs

Frequently Asked Questions



Eligibility and Administration

Q1	Can I enroll in any of the plans in the VBTAR Trust; Copper, Bronze, Silver and Gold if I am Pre-65?	A	Yes. Any person that has worked at least 5 years in the Airline Industry has the ability to enroll in these plans.
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 VBTAR 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 www.bcbsm.com
Q3	What type of medical plans are being offered (HMO, POS, or PPO plans, etc)?	A	All four plans (Copper, Bronze, Silver & Gold) 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	What happens to these plans now that the HCTC program has not been reauthorized?	A	The Blue Cross Blue Shield will continue to provide these plans to Pre-65 VBTAR Trust participants. The participant will be required to pay 100% of the benefit.
Q5	Can I choose to participate in the VBTAR Trust medical plan without participating in prescription drug plan?	A	No. The VBTAR Trust medical plans are bundled with medical and prescription drug together.
Q6	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 included in the monthly insurance premiums for members.
Q7	How does the VBTAR Trust relate to my former employer?	A	The VBTAR Trust is an independent, tax-exempt VEBA Trust set up to be the plan sponsor and contract holder of the group medical policy for retirees who have worked in eligible Airline industry companies. Spouses/domestic partner, dependent, and surviving spouses of eligible retirees may also be eligible to participate.
Q8	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 2024?	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.

FAQs

Frequently Asked Questions
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Enrollment

Q1	Do I have to complete an enrollment form to enroll in the VBTAR Retiree Plan?	A	Yes. You must complete the enrollment forms and return them to Benistar, to enroll in the plans.
Q2	If I am enrolled in the plan, do I have to complete an enrollment form every year?		No. Enrollment forms are completed on initial enrollment or if you wish to make a change to your coverage the following year.
Q3	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.
Q4	What does it mean when it says the Copper, Bronze, Silver and Gold plans are bundled?	A	It means the total costs of your medical, prescription drug, dental and vision premiums have been bundled together.
Q5	Are you required to enroll in a bundled plan?	A	No, you can also enroll in the medical and prescription drug or the dental and vision plans.
Q6	Do I have to worry about pre-existing conditions?	A	No, there are no pre-existing conditions for plan participants enrolling in our plans. You are covered 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.
Q7	Will I receive a new ID card every year?	A	No, once enrolled, you will use the same card unless benefits are changed.
Q8	Is this plan sponsored by any union?	A	No, this plan is not sponsored by a union.
Q9	Is this plan sponsored by my former employer?	A	No. This plan is sponsored by the Trust and was created through the bankruptcy court.
Q10	What happens when I reach age 65?	A	You will no longer be eligible for Pre 65 plans however; you will be eligible for dental, vision and Post 65 Medicare-eligible plans. Contact Benistar, the plan administrative services provider, at (800)236-4782 for more information on the Medicare-eligible programs offered through the Trust or go to the website www.mymedplans.com
Q11	Can I enroll in the VBTAR Trust program at any time?	A	At this time enrollment will be open for new participants to enroll during the open enrollment window that will end December 07 each year. Please visit our website at www.MyMedPlans.com or call the Benistar Retiree Service Center for more details.
Q12	Do I have to enroll in the medical plan in order to join the dental and/or vision plans?	A	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.
Q13	Is there a subsidy available through the VBTAR Trust?	A	No, there are no subsidies available through the Trust.

Billing and Premium Payment

Q1	Can my premium come directly out of my bank account?	A	Yes, you can complete an EFT form and provide it to Benistar. If you need further assistance call Benistar at (800)236-4782. <i>The payment on EFT will read BESTCO on your bank account.</i>
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FAQs

Frequently Asked Questions
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Claims

Q1	What if I am currently enrolled in another plan and am hospitalized for treatment that will last through the effective date of the new plan through VBTAR?	A	Typically, the coverage you had when admitted to the hospital will remain until you are discharged. After your release from the hospital, your new VBTAR Retiree Trust Medical Plan coverage will begin.
Q2	Is there a lifetime maximum on these medical plans?	A	No, there are no lifetime maximums with this program; it meets all the healthcare reform legislation passed that includes elimination of lifetime maximum limits.
Q3	Are hearing aids covered?	A	There is no hearing aid coverage.

Health Coverage Tax Credit (HCTC)

Q1	Is the Health Coverage Tax Credit (HCTC) available today?	A	The HCTC is currently not authorized.
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call

1(800)236-4782

Coverage Contact Information

Benistar

Phone: 1(800)236-4782

Your Call Center and Plan Administrator

Mailing Address for Enrollment Forms :

Benistar Retiree Service Center
10 Tower Lane, Suite 100
Avon, CT 06001

(do not send checks to this address)

Fax Enrollment Forms:
(860)408-7025

Medical Plan Information:

Blue Cross Blue Shield Medical Plans

Blue Cross Blue Shield of Michigan
Post-Enrollment Benefits and Claims
Benistar Call Center
BCBSM Claims Department

(800)236-4782
(877)354-2583

Prescription Drug Plan Information:

Blue Cross Blue Shield Prescription Drug Plans

BCBSM Pre-Enrollment Benefit Inquiries:
Post-Enrollment Benefits & Claims
Prescription Drug Formulary

(800)236-4782
(877)354-2583

Dental Plan Information:

Blue Cross Blue Shield Nationwide Plans (Dental)

Blue Cross Blue Shield of Michigan
www.Mibluedentist.com
Dental Customer Service Find a Doctor

(888)826-8152

Vision Plan Information:

Blue Cross Blue Shield Michigan (Blue Vision VSP with BCBSM)

BCBSM Customer Service
www.VSP.com or www.BCBSM.com

(800)877-7195

All billing / payment information will be listed on your Benistar invoice.



Voluntary Benefit Trust for
—AIRLINE RETIREES—



VBSTAR VEBA

TRUST BOARD

George Leatherbury, Chairman
Bob Benham, Secretary
Anthony Piacentino, Treasurer
Doc Hindman
Mike Cox
Will Buergey
Roger Ross

TRUST WEBSITE
www.MyMedPlans.com

BENISTAR RETIREE SERVICE CENTER

CALL CENTER & PLAN ADMINISTRATOR

Phone: (800)236-4782

Fax: (860)408-7025

Address: 10 Tower Lane, Suite 100
Avon, CT 06001

CONE RETIREE HEALTHCARE GROUP

TRUST REPRESENTATIVES

Cathy Cone
Lisa Andrews
John Cone

INSURANCE PROVIDERS

Blue Cross Blue Shield Nationwide Providers

BCBSM - Medical Plans

BCBSM - Prescription Drugs

BCBSM - Dental

VSP Blue Vision - Vision