



Voluntary Benefit Trust for
—AIRLINE RETIREES—

Benefits Guide



Voluntary Benefit Trust for Airline Retirees Medicare Plans

**Available to All Airline Retirees and Spouses
Group Plans Providing Choice, Quality and Value**

Why am I receiving this brochure?

Understanding your health care coverage options is more complex than ever. Voluntary Benefit Trust for Airline Retirees (VBSTAR) is committed to helping you make an informed choice, with tools and resources to guide you in exploring today's health plan options and the savings they can provide.

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

Some things to consider:

COVERAGE

Are the services you need covered?

COST

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

TRAVEL

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

CHOICE DOCTOR & HOSPITAL

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

PRESCRIPTION DRUGS

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

CONVENIENCE

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

Overview

The Board of Directors of the Voluntary Benefit Trust for airline retirees (VBSTAR) Trust (the Trust) 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 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.

Retiree Eligibility For Medicare Plans

If you have worked at least 5 years in the Airline Industry or subsidiaries. The list includes but is not limited to the names of the companies eligible to participate in the Trust. Based on information currently available to the Trust. If you believe you may be eligible to participate in the Trust and your Airline Industry Company is not listed below, please contact the plan administrator, Benistar (800)236-4782. A representative will assist you with determining your eligibility into the plans offered through the Trust.

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	

It is not a requirement for you to have worked for a company that declared Bankruptcy to be eligible to enroll in these medical plans.

You will find we have excellent healthcare options available to ALL US Airline Retirees and their Dependents through these plans.

Retiree and Family Eligibility

Retiree - As a VBTAR Trust plan participant, you are eligible for the medical, prescription drug, dental and vision benefits outlined within this benefit guide.

Spouse/Domestic Partner Dependent - Spouse or same-gender domestic partner may also be eligible for medical, prescription drug, dental and vision benefits if they meet the guidelines below for eligibility. Children on your tax return are eligible for dental and vision.

Medicare Eligible Retiree/Spouse/Domestic Partner– Anyone Over & Under the age of 65, Medicare eligible, and enrolled in Medicare Part A and Part B– are eligible to participate in the Medicare plans offered through this Trust.

- The Hartford Medicare Secondary Insurance options, “Premium” (Similar to Plan G) & “Premium Choice” (Similar to the Plan F)
- High & Low BCBSM Medicare Advantage PPO Plans
- “Standalone” BCBSM Prescription Drug Plans
- Blue Cross Blue Shield Nationwide Dental & Vision

Documentation

To provide coverage for a dependent under any of the Trust dental and vision 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 VBTAR VEBA Call Center, **Benistar at 1(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
- Parents, grandparents or other ancestors
- Grandchildren who do not meet the definition of dependent grandchildren and who are not claimed on you or your spouse’s federal income tax return.

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 of the Retiree to be eligible to enroll in the Dental and Vision plans through the Trust.
Dependent Grandchildren	Your unmarried grandchild must meet the requirements listed above and must also qualify as a dependent as defined by the Internal Revenue Service on your or your spouse’s federal income tax return.
Disabled Children	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 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.

WHAT IS Medicare?

UNDERSTANDING THE BASICS

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

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

Medicare has *four* parts



PART A

Hospital Insurance

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



PART B

Medical Insurance

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

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



PART C

Medicare Advantage

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



PART D

Prescription Drug Insurance

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

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

WHAT ARE YOUR MEDICARE OPTIONS?

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

Medicare Enrollment Period



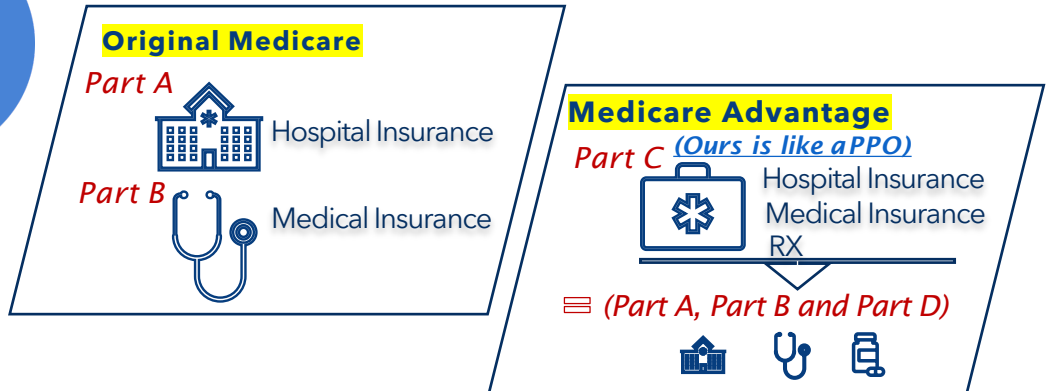
* Medicare Part A & B is set by CMS and Part A depends on your work history and Part B is determined by your earnings. Medicare Part A is free for most people, as long as you or a spouse have worked 40 quarters. Please check www.Medicare.Gov for current year amounts.

**In addition to the monthly premium associated with a Medicare Advantage Plan, or Medicare Supplement Plan and/or Prescription Drug Plan, you must continue to pay your [Medicare](http://www.Medicare.Gov) Part B premium.

Your Medicare Coverage Options

STEP
1

Decide What Coverage Works Best For You!



STEP
2

Do You Need Prescription Drug Coverage?

Prescription Drug



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

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

STEP
3

Do You Need Supplemental Coverage?

Medicare Supplement Plan



Secondary Plan

Secondary to Medicare A & B



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

Don't Miss Your Medicare Enrollment Window!

Enrollment Windows:

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



MEDICARE ADVANTAGE PLANS

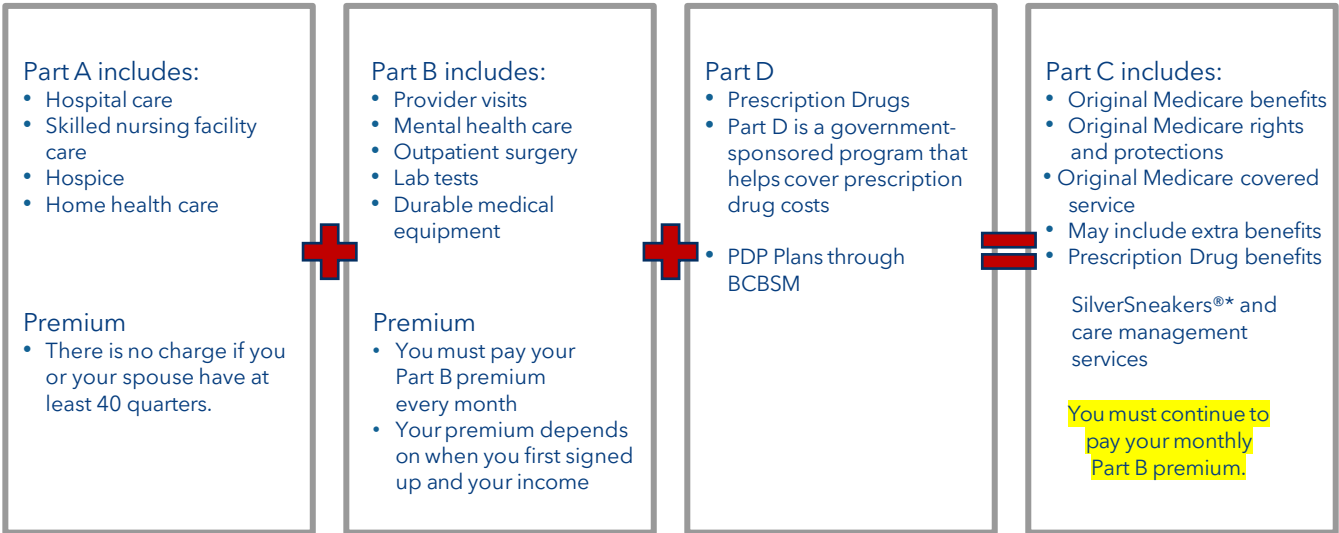
3 BCBSM Medicare Advantage Plans SM

- NO PDP DEDUCTIBLE FOR ANY DRUG TIERS!
- NO AGE BANDS, NO ZIP CODES, NATIONWIDE PLANS, NO DEDUCTIBLE for Medical Plans
- NO COVERAGE GAP/DONUT HOLE ON PDP PLAN

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to BCBSM members. These plans are PPO (Passive Plan) and allow you to see any doctor and/or any hospital with your BCBSM Medicare Advantage Plan (MA), if your Doctor accepts Medicare, and will accept your plan. If the doctor does not accept BCBSM, please contact Benistar. The plans offered are nationwide plans with a flat rate, regardless of pre-existing conditions, your age or the State you live in. The rates are NOT based on Zip Codes! The BCBSM MA Plans are inclusive of Medical and Prescription Drug (MAPD). The BCBSM Medicare Advantage Plans include a Silver Sneakers Program.

There is a \$10 administration fee added to all Medicare Advantage Plans.

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





MEDICARE ADVANTAGE PPO PROVIDERS

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

What does this mean?

- You have freedom to choose any provider, specialist or hospital that accepts Medicare and accepts your BCBSM Medicare Advantage Plan
- No Referrals / Nationwide plans in all 50 states
- Member out-of-pocket costs are the same as long as the doctor or hospital accepts Medicare and bills BCBSM

In-network

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

YOUR MAPD PLAN CHOICES

Out Of Pocket Maximum	\$0	\$750	\$4,500
OPTIONS	<u>Diamond</u>	<u>Emerald</u>	<u>Ruby</u>
Type Of Network	No Deductible	No Deductible	No Deductible
Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
Inpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Outpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Office Visit	\$0	\$5	\$20
Chiropractic	\$0	\$5	\$20
Specialist	\$0	\$15	\$40
Urgent Care	\$0	\$10	\$50
Facility Evaluation	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Psychiatric	\$0	\$5	\$25
Surgical Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Other Physician Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Preventative	No Cost	No Cost	No Cost
Emergency	\$0	\$75	\$90
Ambulance Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Durable Medical Equipment	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance

See enrollment form for all plan rates.

YOUR MAPD PRESCRIPTION DRUG PLANS



NO PDP Deductibles on any of these 3 plans

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

There is no extra out-of-pocket expense

PRESCRIPTION DRUG PLANS FOR DIAMOND AND EMERALD PLANS

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

PRESCRIPTION DRUG PLANS FOR RUBY PLAN

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

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

Additional Prescription Drug Services on all PDP plans		Most Common Preferred Pharmacies: <i>(less expensive option)</i> Walmart, Kroger & Walgreens
Oral and injectable contraceptives	Covered	Most Common Standard Pharmacies: CVS & Winn-Dixie
Smoking cessation drugs	Covered	
Weight loss drugs	Covered	
Impotency drugs	Covered	

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

Out-of-pocket cost is applied based on drug tiers and pharmacy type:

Tier 1 = Preferred generic drugs

Tier 4 = Non-preferred drugs

Tier 2 = Generic

Tier 5 = Specialty drugs

Tier 3 = Preferred brand drugs

Catastrophic = Over \$8,000

MEDICARE ADVANTAGE PLAN BENEFITS

BRIEF DESCRIPTION OF BENEFITS

Medicare Advantage Medical / Surgical Group Benefits and Services	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX		EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX		RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX	
Deductible	\$0		\$0		\$0	
PPO Benefit Structure	(In-Network if doctor or hospital accepts Medicare)		(In-Network if doctor or hospital accepts Medicare)		(In-Network if doctor or hospital accepts Medicare)	
Member Out-of-Pocket Cost-Sharing Options	Deductibles, Coinsurances and Copays		Deductibles, Coinsurances and Copays		Deductibles, Coinsurances and Copays	
Combined Out-of-Pocket Maximum	\$0		\$750		\$4,500	
Coinsurance	0%		20%		20%	
> Core Benefits						
Inpatient Facility Services (No Member Cost-Share - Home Health Care)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Outpatient Facility Services	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
> Physician / Practitioner Benefits						
Office Visits, Online Visits, and Consultations	\$0		\$5		\$20	
Chiropractic Services	\$0		\$5		\$20	
Specialist Services	\$0		\$15		\$40	
Psychiatric and Psychotherapy Services	\$0		\$5		\$25	
Facility Evaluation and Management Services	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Other Physician Services (No Member Cost-Share for Clinical Labs)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
Surgical Services (Includes Anesthesia Services, Cardiac Catheterization Services, and Therapeutic Cardiovascular Services)	No Member Cost-Share		Deductibles, Coinsurances, OOPM Will Apply		Deductibles, Coinsurances, OOPM Will Apply	
> Emergency / Other Benefits						
Urgent Care	\$0		\$10		\$50	
Emergency Department / Emergency Room Care	No Member Cost-Share		\$75		\$90	
Ambulance Services	No Member Cost-Share		Ded,Coins,OOPM Will Apply		Ded,Coins,OOPM Will Apply	
DME, P & O, and Supplies	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Preventive Services	No Member Cost-Share		No Member Cost-Share		No Member Cost-Share	
Additional Medicare Advantage Group Benefits						
Adult Diapers / Incontinence Liners	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Annual Physical (removes Office Visit cost-share)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Chiropractic Enhanced Services						
> Approved Radiological	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above
> Approved E & M						
> Approved Physical Therapy						
Determination of Refractive State	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.
Gradient Compression Stockings	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services

MEDICARE ADVANTAGE PLAN BENEFITS

BRIEF DESCRIPTION OF BENEFITS

(Continued)

Hearing Services						
> Exam (measurement of hearing ability)	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above
> Hearing Aids	Included	Covered up to \$500	Included	Covered up to \$500	Included	Covered up to \$500
Home Infusion Therapy	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hospice Care (Cost-Share associated with Respite and Drugs)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Human Organ Transplant (removes lifetime maximum for non-Medicare- covered organs per organ type)	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above
Private Duty Nursing	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)
Wigs (includes wig stands and adhesive)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services

FITNESS PROGRAM BENEFITS WITH SILVER SNEAKERS

Fitness program benefits:

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

SilverSneakers® Tuition Rewards

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

Visit:

SilverSneakers.com for participating fitness locations
SilverSneakers.tuitionrewards.com to learn about Tuition Rewards

Or call:

1(866)584-7352,
Monday through Friday,
8 a.m. to 8 p.m. Eastern time.
TTY users, call 711.



MEDICARE SUPPLEMENT PLANS



The Hartford offers 2 Supplemental Plans

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

A Medicare Supplement plan gives you extra coverage with Original Medicare

Part A includes: • Hospital care • Skilled nursing facility care • Hospice • Home health care Premium • There is no charge for people who have at least 40 work quarters.		Part B includes: • Provider visits • Mental health care • Outpatient surgery • Lab tests • Durable medical equipment Premium • You must pay your Part B premium every month • Your premium depends on when you first signed up and your income		The HARTFORD includes: • Original Medicare benefits • Original Medicare rights and protections • Original Medicare covered service • May include extra benefits Silver & Fit Benefit services available You must continue to pay your monthly Part B Deductible for Premium and Premium Choice Plans.		Part D You have the option to purchase a BCBS Part D plan through the Trust. • Prescription Drugs • Part D is a government-sponsored program that helps cover prescription drug costs Can Purchase a BCBSM PDP plan through the Trust
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The Hartford 2 Supplemental Plans Benefits

Silver&Fit Fitness membership is an included benefit elected by the majority of the members for the Airline Trust members participating in the Hartford Medical plans. Silver&Fit offers gym membership and online classes. Please visit www.SilverandFit.com to find the participating club nearest you. The Hartford plans include an annual full physical with a \$25 copay, up to a \$500 value, for all plan participants.

THE HARTFORD

Retiree Medicare Group Plans



BENEFIT DESCRIPTION	Premium Choice Similar to Plan F	Premium Similar to Plan G
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible (CYD)	\$0	\$0
Part A		
Part A Deductible (days 1-60; Part A Deductible)	100%	100%
Hospital Confinement (days 61-90; 25% of Part A Deductible) (days 91-150; 50% of Part A Deductible)	100%	100%
Extended Hospital Confinement (Additional 365 days) payable at 100%	100%	100%
Skilled Nursing Facility Confinement (days 21-100; 12 1/2% Part A Deductible)	100%	100%
Part B		
Part B Deductible	100%	Not Covered
Physician Services Benefit	100%	100%
Specialist Services Benefit	100%	100%
Outpatient Hospital Services and Ambulatory Surgical Care	100%	100%
Outpatient Diagnostic and Radiology Services	100%	100%
Outpatient Mental Health and Substance Abuse Services	100%	100%
Outpatient Rehabilitative and Cardiac Rehabilitative Services	100%	100%
Emergency Care Benefit	100%	100%
Urgent Care Benefit	100%	100%
Ambulance Services Benefit	100%	100%
Durable Medical Equipment and Prosthetics Benefit	100%	100%
Part B Excess	100%	100%
Additional Services		
Preventive Care Cancer Screening	100%	100%
Hospice (Inpatient respite care, drugs)	100%	100%
Blood Deductible	100%	100%
Foreign Travel Emergency (\$250 Deductible; 80% coinsurance up to \$50,000 Lifetime Maximum)	√	√
Private Duty Nursing (\$20 Copay; up to 30 shifts per year; \$500 Calendar Year Maximum)	Not Included	Not Included
Silver&Fit Exercise Program (free)	Paid for by trust board	Paid for by trust board

THE HARTFORD

Retiree Medicare Group Plans



PREMIUM CHOICE PLAN - Similar to Plan F

PREMIUM PLAN - Similar to Plan G

Calendar Year Deductible - \$ 0
Lifetime Maximum - Unlimited

Calendar Year Deductible - Part B Deductible
Lifetime Maximum - Unlimited

★ **You pay ONLY for your Part B Deductible**

PART A SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	PREMIUM CHOICE (F)	PREMIUM (G)
			YOU PAY	YOU PAY

HOSPITALIZATION ⁽²⁾ - Semi-private room and board, general nursing, and miscellaneous services and supplies:

First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0	\$0
61 st through 90 th day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but 50% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0	\$0

SKILLED NURSING FACILITY CARE - Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:

First 20 days	All approved amounts	\$0	\$0	\$0
21 st through 100 th day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0	\$0
101 st through 365 day	\$0	\$0	All other charges	All other charges

BLOOD DEDUCTIBLE - Hospital Confinement and Out-Patient Medical Expenses

When furnished by a hospital or skilled nursing facility during a covered stay.

First 3 pints	\$0	100%	\$0	\$0
Additional amounts	100%	\$0	\$0	\$0

HOSPICE CARE - Pain relief, symptom management and support services for terminally ill.

As long as Physician certifies the need	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges	All other charges
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THE HARTFORD

Retiree Medicare Group Plans



PART B SERVICES

OUT-PATIENT MEDICAL EXPENSES

The Policy may cover the following Medicare Part B Benefits:

Physician Services Benefit
 Specialist Services Benefit
 Outpatient Hospital Services and Ambulatory Surgical Care Benefit
 Outpatient Diagnostic and Radiology Services Benefit
 Outpatient Mental Health and Substance Abuse Services Benefit
 Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit
 Emergency Care Benefit
 Urgent Care Benefit
 Ambulance Services Benefit
 Durable Medical Equipment and Prosthetics Benefit
 All Medicare Part B Benefits are based on per visit, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	PREMIUM CHOICE (F)	PREMIUM (G)
			YOU PAY	YOU PAY
Medicare Part B Deductible	\$0	Premium Choice 100% of Medicare Deductible Premium \$0	\$0	100%
Remainder of Medicare-approved amounts	80%	100% of the remaining Medicare Part B Coinsurance	\$0	\$0
Part B Excess Charges for Non- Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge	\$0	100%	\$0	\$0

ADDITIONAL SERVICES

PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽³⁾

Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. (Refer to your Medicare and Your handbook for more information on Preventive services.)

"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0	\$0
Vaccinations	100%	\$0	\$0	\$0
Preventive Care Cancer Screening Benefits ⁽³⁾	Generally, 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0	\$0
Silver&Fit Exercise Program (free)	Paid for by trust board	Paid for by trust board		

SOMETHING FOR EVERYONE



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

Welcome to the enhanced Silver&Fit® Healthy Aging and Exercise program where members will discover a better life balance in a program with flexibility, personalized support, and the following features tailored to meet their unique needs:



National Network of 14,000+ Fitness Centers

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



One-on-One Silver&Fit Healthy Aging Coaching

- ✓ In weekly sessions by phone, trained health coaches guide members in areas like:
- ✓ Being active
- ✓ Healthy eating
- ✓ Lifestyle choices
- ✓ Aging well
- ✓ Managing conditions



Silver&Fit's ASHConnect™ Mobile App

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



Home Fitness Kits

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



Member Resources

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

Telehealth Services

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

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

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

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

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

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

Visit your doctor
from home!
Telehealth Services

BCBSM Standalone Prescription Drug Plans

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

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

See enrollment form for all plan rates.

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





DENTAL AND VISION BENEFITS

VBSTAR offers dental and vision coverage through Blue Cross Blue Shield of Michigan (BCBSM). If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at (800)236-4782 or access the VBSTAR enrollment form on the Trust website and complete new enrollment form. www.MyMedPlans.com

Understanding the TWO BCBSM Dental Plans

The dental plan provides a wide variety of covered services – either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed. **Considering the relatively small cost difference between the High and Low 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



The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

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

Low Plan

Annual Dental Maximum per person	\$3,000
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Class 1 services

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

\$0 = Your Deductible 0% = Your Coinsurance

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

Class 2 services

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

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

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

Class 3 services

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

\$50 = Your Deductible 50% = Your Coinsurance

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

Class 4 services

Orthodontic services for dependents under age 19

Not Covered

See enrollment form for all plan rates.

DENTAL PLAN - HIGH PLAN VS LOW PLAN

(Continued)



High Plan

Annual Dental Maximum per person

\$3,000

Class 1 services

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

\$0 = Your Deductible 0% = Your Coinsurance

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

Class 2 services

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

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

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

Class 3 services

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

\$50 = Your Deductible 50% = Your Coinsurance

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

Class 4 services

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

50% = Your Coinsurance
\$2,500

See enrollment form for all plan rates.

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

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan. Notice the relatively small cost difference between the High and Low Plans, Members may want to consider the High plan which includes substantially more services, even though the need for them may not be anticipated at this time.

VISION PLAN BENEFITS



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 grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	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)



Enrollment Questions?

all the information you need to be an informed buyer.



Answers

all your questions about Medicare and additional coverage options.



Call Center

for the plans offered through VBTAR Medical, Prescription Drugs, Dental and Vision Insurance Help!

1(800)236-4782
8:30 am to 5:00 pm EST
Monday - Friday

**Benistar Retiree
Service Center**

FAQs

Frequently Asked Questions



Eligibility and Administration

Q.	Does the Hartford plan provide Flat Rates or “Age Banded rates” in all 50 states?	A.	This plan provides “age-banded” rates for The Hartford Retiree Medicare “Plans F” and “Plan G” where The Hartford offers Retiree Medicare Plans. Rates are determined by age in all states except Florida where age & zip-code are used.
Q.	What healthcare options will be available under the VBTAR Trust plan?	A.	You have the ability to enroll in Medical, Prescription Drugs, Dental, and Vision plans for Retirees eligible for Medicare. This includes Medicare Secondary (similar to Plan “F” and Plan “G” in most States) as well as Medicare Advantage Plans, Dental and Vision plans.
Q.	What insurance carrier choices do we have for the Trust program?	A.	The Hartford is the insurance carrier for the Supplemental Medigap Plans and BCBSM is the provider for the Medicare Advantage Plans, Prescription Drug Plans and Dental and Vision.
Q.	Who is my retiree health coverage going to be administered by?	A.	Benistar is our plan administrator and call center. You can reach them at (800)236-4782
Q.	I am permanently disabled and am on Medicare and under age 65. Can I enroll in any of the plans through the Trust?	A.	Yes, you are eligible for the Hartford Medical Plan and BCBSM Medicare Advantage Plan, along with Dental and Vision plans through the Trust as long as you are eligible for Medicare and enrolled in Medicare Part A and Part B.
Q.	I am a retiree from United and on Medicare. Am I eligible to participate in this Trust? When can I enroll?	A.	Yes. You can enroll during the open enrollment window or when you become Medicare eligible.
Q.	What is the VBTAR Trust and what is its relationship to my former employer?	A.	This Trust is an independent, tax-exempt VBTAR Trust set up to be the plan sponsor and policy holder of the group medical policy for retirees who have worked in eligible Airline companies and their subsidiaries. Spouses, Domestic partners, and Survivors of retirees are also eligible to participate.
Q.	Can I choose to participate in the medical plan without participating in the prescription drug, dental or vision plans?	A.	Yes. You can enroll in standalone plans for the medical and prescription drug plans as well as the dental & vision plan (when bundled) as standalone plan options, if you choose.
Q.	Can I enroll in a dental and vision plan only	A.	Yes. You can enroll during the open enrollment window or when you become Medicare eligible.
Q.	Can I enroll in a prescription drug plan only	A.	Yes. You can enroll during the open enrollment window or when you become Medicare eligible.
Q.	Will the VEBA run out of money, and if it does, will this program go away?	A.	No. VEBA programs are funded with a small administrative fee that is included in the monthly premium.
Q.	Am I eligible to participate in the Trust if I reside outside the United States?	A.	No. The Trust plan will not cover claims incurred by residents of a foreign country. You must reside in the United States to receive benefits under the VBTAR Trust Retirees Plan.

FAQs

Frequently Asked Questions
(Continued) – Page 2



Enrollment

Q.	Do I have to complete an enrollment form to enroll?	A.	Yes. You must complete the enrollment forms and return them to Benistar, to enroll in the plans.
Q.	Can my spouse and I enroll in different medical and prescription drug coverage in these Medicare-eligible plans?	A.	Yes. You may enroll in different plans and different levels of coverage in the plans. One of you can enroll in the Plan F and Low PDP while the other enrolls in the Low Medicare Advantage plan. Keep in mind, each participant must pay their own admin fee as required by the plan administrator.
Q.	Do I have to worry about pre-existing conditions?	A.	No, this Medicare group plan has no preexisting conditions to be considered when enrolling.
Q.	Are these plans guaranteed issue coverage or will I have to fill out a medical questionnaire?	A.	These plans are guaranteed issue and you will not be denied coverage since it is a group plan. There are no medical questions to answer when you enroll and the rates you are quoted will not change because this is a group plan.
Q.	As a new enrollee, when will I receive ID cards for these plans?	A.	Approximately 2-3 weeks following your enrollment you will receive your ID cards in the mail. The Hartford and BCBSM will mail out your ID cards for the Medical Plans, Medicare Advantage Plans & Prescription Drug Plans and Blue Cross Blue Shield will mail out the Dental & Blue Vision. You will also receive a card for your Silver&Fit enrollment. You should receive your cards if you are enrolling for the first time in the plans and in some cases, if you are already enrolled, you will not receive a new card each year.
Q.	Who can I call to get more information about the plans? Or request new insurance cards if I lose mine?	A.	You can call the Benistar Retiree Service Center at 1-800-236-4782 , Monday through Friday, 8am to 4:30 pm Eastern time zone for help.
Q.	Do you have a website where I can find information about the insurance programs you have for Airline Retirees?	A.	Yes, we have a website www.MyMedPlans.com provided by Cone Retiree Healthcare Group, our broker. You can log into this website to help you with any information you might need regarding your Medicare benefits you may be eligible to enroll in if you are a retired Airline employee or a dependent of a retired Airline employee or one of their subsidiaries. Dependents are eligible regardless of age if they are on the retiree federal tax return. Contact Benistar the Call Center for more information 1-800-236-4782
Q.	Can I enroll in this Trust at anytime?	A.	Yes, you can enroll in the Medicare Plans available in this trust at any time during the year however, you may be subject to penalties if you are not enrolled in a Medicare medical and prescription drug plan when you are Medicare eligible and not enrolled in an employer group plan.
Q.	Can I enroll in the Dental and Vision without enrolling in the Medical plan or Prescription drug plan?	A.	Yes, you can elect Dental and Vision coverage only. Your coverage elections are for a 12 month period, or until the next enrollment period, whichever comes first. There will be a \$4.25 admin fee for the bundled dental and vision only election.
Q.	Is my first month's premium payment required when I submit my enrollment form?	A.	No, you will be billed by the plan administrator, Benistar, for your first month's payment once you have completed the enrollment process.

FAQs

Frequently Asked Questions
(Continued) – Page 3



Claims and Medicare Coverage

Q.	How are my medical claims paid if I am enrolled in The Hartford Retiree Medicare Secondary Elite Medical (similar to Plan “F”) through the Trust?	A.	When you go to visit your doctor, simply present your ID card. Your provider will submit a claim to Medicare and if there are costs for items that are Medicare eligible and not fully paid by Medicare. The Hartford Medicare plan will be responsible for the additional charges as long as the provider accepts assignment. You will not need to file any paperwork, however you will receive an Explanation of Benefits (EOB.)
Q.	Are there any subsidies available to Retirees in this Trust? How do I apply for a subsidy?	A.	No, There are no subsidies available through this Trust other than the Trust itself providing Free membership to the “Silver & Fit” Program coverage to those enrolled in the Hartford Medical Plan or “Silver Sneaker” to those enrolled in BCBSM Medicare Advantage plans through the Trust.
Q.	I only worked for American Airlines for 7 years, am I still eligible to participate in this trust along with my wife, now that we are Medicare eligible?	A.	Yes, you are eligible to participate in this trust as long as you can show proof that you worked for American Airlines or any US Airline Industry company for that matter, for at least 5 years. Your spouse/domestic partner is also eligible to participate in this Trust as long as you are eligible for the Trust.
Q.	If I select your Medicare Advantage Plan, will I have out of pocket cost associated with the plan if I go into the hospital or go to the doctor?	A.	Yes, you may be required to pay co-pays and out of pocket costs associated with the services you receive in the Medicare Advantage plan you choose. Medicare Advantage plans are designed for Retirees looking for a cost effective plan with a smaller monthly cost, yet providing a complete benefits package. If you choose the High Medicare Advantage plan, there is no charge for a hospital stay. The Low Plan has a \$250 one time cost for a hospital stay.
Q.	Is there a lifetime maximum on these medical plans?	A.	No, there is no lifetime maximum on these plans.
Q.	Do the Prescription Drug plans have a donut hole?	A.	Our plans do not have a donut hole. You are covered though the gap.
Q.	Can I get my 90 day supply for my prescriptions from my local pharmacy that partners with BCBSM?	A.	Yes, you can get your 90 day supply of Prescription drugs from your local pharmacy for 2 times copay at no additional cost. You also have the option of using mail order if you prefer.

MEDICARE PLANS CONTACT INFORMATION

Call Center and Plan Administrator:

Benistar Service Center

Toll Free Phone Number: (800)236-4782

Benistar....Fax: **(860)408-7025**

Benistar Email Address: memelig@Benistar.com

Mailing Address: **Benistar Service Center
10 Tower Lane, Suite 100
Avon, CT 06001**

BCBSM Medicare Advantage Plan Information:

Includes both Medical and High Prescription Drug Plan

BCBSM Pre-Enrollment Benefit Inquiries

(800)236-4782

Post Enrollment Benefits & Claims

(866)684-8216

Find BCBSM Doctors and Hospitals

(800)810-2583

www.bcbsm.com/medicare

BCBSM Online Visits

(844)606-1608

www.bcbsmonlinevisits.com

BCBSM Mobile App

www.bcbsm.com/index/members/online-account

SilverSneakers

(866)584-7486

www.SilverSneakers.com

Medicare Prescription Drug Plans

OptumRX Prescription Drug Manager

(855) 810-0007

Find a Pharmacy

www.bcbsm.com/pharmaciesmedicare

Dental and Vision Plan Information:

Blue Cross Blue Shield Nationwide Plans (Dental)

Blue Cross Blue Shield of Michigan

(800)236-4782

Dental Customer Service Find a Doctor

(888)826-8152

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

BCBSM Customer Service

(800)877-7195

Secondary Medical Plan Information:

The Hartford Retiree Medicare Plans

Post-Enrollment Benefits and Claims

(800)236-4782

- **Your Customer Service Department**, providing a “1 Stop Shop” for Information regarding your Medical, Prescription Drug, Dental & Vision Plans
- Contact Benistar for all benefit/plan questions, invoicing/billing questions document questions, changes in contact information, & eligibility questions





Voluntary Benefit Trust for
AIRLINE RETIREES



VB TAR RETIREE VEBA TRUST

TRUST BOARD

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

TRUST WEBSITE
www.MyMedPlans.com

BENISTAR RETIREE SERVICE CENTER

CALL CENTER & PLAN ADMINISTRATOR

(800)236-4782
Fax: (860)408-7025

10 Tower Lane, Suite 100
Avon, CT 06001

CONE RETIREE HEALTHCARE GROUP

TRUST REPRESENTATIVES

Cathy Cone
Lisa Andrews
John Cone

INSURANCE PROVIDERS

THE HARTFORD Retiree Medicare Plans
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