

# 2020 Benefits Guide



## Voluntary Benefit Trust for Airline Retirees Medicare Plans

Available to All Voluntary Benefit Trust Airline Retirees and Spouses



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

**Cone Retiree Healthcare Group Trust Representatives**

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## Overview

The Board of Directors of the **Voluntary Benefit Trust for Airline Retirees** (the Trust) would like to welcome you to review this Benefits Enrollment Guide that has been created for Retirees of all US 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](http://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 Voluntary Benefit Trust for Airline Retirees Trust is to provide and maintain quality, cost effective benefits, including medical, prescription drugs, dental and vision programs and other healthcare benefits for all eligible Airline Retirees that have worked for in the airline industry 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**. We have the ability to communicate with plan participants and protect their PHI.



# Coverage Contact Information

Benistar Plan Administrator & Call Center	Phone: 1-800-236-4782
Mail Enrollment Forms	Benistar Retiree Service Center 10 Tower Lane, Suite 100 Avon, CT 06001
Fax Enrollment Forms To: 1-860-408-7025	Make Checks Payable to: Benistar Retiree Services

## Supplement Medical Plan Information:

### The Hartford Retiree Medicare Plans

<b>The Hartford Insurance Company</b> Post-Enrollment Benefits and Claims	1-800-236-4782 (Benistar) <a href="http://www.thehartford.com/">www.thehartford.com/</a>
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### Medicare Prescription Drug Plans

Aetna Medicare Rx offered by SilverScript Prescription Drug Formulary	1-800-594-9390 <a href="http://www.aetnaretireeplans.com">www.aetnaretireeplans.com</a>
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## AETNA Medicare Advantage Plan Information:

### AETNA Medicare Advantage Plans—Includes both Medical, and Prescription Drugs

Aetna Pre-Enrollment Benefit Inquiries: Post-Enrollment Benefits & Claims Aetna Medicare PPO/ESA with PDP: Post Enrollment Benefits & Claims Find Aetna Medical Providers	1- 800-307-4830  1- 888-267-2637 <a href="http://www.aetnaretireeplans.com">www.aetnaretireeplans.com</a> <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a>
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## Dental and Vision Plan Information

### Blue Cross Blue Shield Nationwide Plans (Dental)

Blue Cross Blue Shield of Michigan	<a href="http://www.Mibluedentist.com">www.Mibluedentist.com</a> Dental Customer Service Find a Doctor: 1-888-826-8152
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### Blue Cross Blue Shield Michigan (Blue Vision VSP with BCBSM)

BCBSM Customer Service	1-800-877-7195 <a href="http://www.VSP.com">www.VSP.com</a> or <a href="http://www.BCBSM.com">www.BCBSM.com</a>
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### Voluntary Benefit Trust for Airline Retirees VEBA Website

[www.MyMedPlans.com](http://www.MyMedPlans.com)  
Please Print this and Keep for Your Records!

# RETIREE ELIGIBILITY FOR MEDICARE PLANS

★ 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. Medicare-eligible retirees, spouses, domestic partners, survivors and their families who:

Have worked at least 5 years in the Airline Industry. 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.



•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	

If you believe you may be eligible to participate in the Trust and your Airline Industry Company is not listed above, please contact the plan administrator, **Benistar @ 1-800-236-4782**. A representative will assist you with determining your eligibility into the plans offered through the Trust.



Voluntary Benefit Trust for  
—AIRLINE RETIREES—

## TRUST PLAN ELIGIBILITY REQUIREMENTS



**Retiree** - Trust plan participants 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.

**NEW Medicare Eligible Retiree/Spouse/Domestic Partner— In 2020 Over & Under the age of 65, and Medicare eligible, enrolled in Medicare Part A and Part B—** are eligible to enroll in the Medicare plans offered through this Trust.

- **The Hartford Medicare Supplement Insurance options, “Premium”(Plan G) & “Premium Choice”(Plan F)**
- **High & Low Aetna Medicare Advantage Plans**
- **“Standalone” Aetna Prescription Drug Plans**
- **Blue Cross Blue Shield Nationwide Dental & Vision**

**NEW** It is important to remember, beginning in 2020, family members enrolling in the Trust plans must each pay their own administration fees regardless of whether the Retiree and Spouse enroll in same plan. This is a change from previous years.

<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. 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.
<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 your 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 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 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 Airline Retiree 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

## TRAVEL BENEFITS INCLUDED IN SUPPLEMENT MEDICAL PLANS

Airline Retirees enrolling in **The Hartford Retiree Medicare Plans** are covered for traveling. They will pay a \$250 deductible and then 20% up to a \$50,000 maximum Lifetime benefit for illness or accident while traveling, through the Trust.



# BENISTAR CALL CENTER



**Benistar Retiree Service Center** serves as the **Call Center** and **Plan Administrator** for the Airline Trust. The toll free number is **1-800-236-4782**. If you choose to enroll in plans offered through the Trust, all enrollment forms must be returned to **Benistar** at the address provided on this brochure. When you are initially enrolling in the plans, it is not necessary to include a payment. You will be invoiced after your enrollment has been processed for the plan (s) you select, and billed after your approval has been received from CMS (Medicare)

## **New Cost charged for Couples enrolling in the same plans through the Trust in 2020.**

Benistar will begin charging a fee for managing the selections made by each plan participant in 2020. In previous years, they have allowed couples to pay only 1 admin fee when enrolling in the same plans however, going forward, it will be **a fee per member per month to your bill**.

## **NEW AETNA Medicare RX “offered by SilverScript” Rx Plans for 2020**

**Aetna Medicare RX “offered by SilverScripts”** will continue to provide 3 Standalone Prescription Drug Plans in 2020. (Aetna was purchased by **CVS Health** in 2019 along with **SilverScripts**, both becoming members of the CVS Health team). The same plans and processes for receiving your prescriptions remains in place for 2020 by Aetna. If you are currently enrolled in one of our plans, you will be receiving a notification to that affect from Aetna, in the near future. You will also be receiving a New Prescription Drug card in 2020 denoting the new ownership of the company by **CVS Health**.

## **Aetna Medicare Advantage Plans for 2020**

**Aetna Medicare Advantage Plans** that include a PDP plan, continue to provide 2 options to choose from in all states where Aetna is licensed to operate.

Our Trust offers 2 options:

- ❗ **Option 1 - Aetna High Medicare Advantage Plan (\$20 plan)**
  - Covered 100%for hospital stay
  - Can go to any doctor that will accept Medicare Payments and will accept the Aetna Plans
  - Includes PDP High Plan with coverage through Coverage Gap for tiers 1-3 for co-pay
  - Includes Silver Sneakers Gym program
- ❗ **Option 2 - Aetna Low Medicare Advantage Plan (\$25 plan)**
  - \$250 per hospital stay
  - Can go to any doctor that will accept Medicare Payments and will accept the Aetna Plans
  - Includes Prescriptions Drug High Plan with coverage through the Coverage Gap for tiers 1-3
  - Includes Silver Sneakers Gym program

## **TRAVEL BENEFITS AVAILABLE IN YOUR ADVANTAGE PLANS**



Another important benefit for Airline Retirees enrolling in Aetna Medicare Advantage Plans is there ability to be covered while traveling. If becomes necessary to seek medical attention while traveling, you simply need to save your receipts of payment and claim the cost of your care with your Aetna Medicare Advantage plan when you return. You will be required to pay a \$50 copay for the services rendered.



NOVEMBER 01—DECEMBER 31, 2019

# Medicare Open Enrollment

WHAT YOU NEED TO KNOW



ENROLL NOW

1-800-236-4782

## Annual Enrollment Periods

The Annual Enrollment begins **November 01 - December 31** each year. Enrolling as early as possible allows you plenty of time to receive your new insurance cards in a timely manner. Don't confuse the Trust's open enrollment period with the Individual Market's open enrollment period which is from November 01 to December 7th. This Trust is a Group plan, therefore, **we are able to extend the annual open enrollment period until December 31<sup>st</sup> of each year.**

## Enrollment for Newly Eligible Retirees or Retirees Enrolling for the 1st Time in Our Plans

If you are retiring or becoming Medicare eligible, your enrollment period to enroll in a Medicare plan will follow the same timeline that you would follow if you were enrolling in the individual market. Your Pre-65 insurance will typically end on the last day of the month prior to your 65<sup>th</sup> birthday. You will have up to 3 months prior to your 65<sup>th</sup> birthday and 3 months following your 65<sup>th</sup> birthday to enroll in a Medicare plan. If you do not enroll in a Medicare plan during that time period, you may be subject to permanent penalties from Medicare for not enrolling in a timely manner, so make sure that you take the proper steps to get enrolled in the time allowed.

### What Can I Change During Open Enrollment

During open enrollment, you can:

- Return to Original Medicare from an existing Medicare Advantage (MA) plan if you are currently enrolled in a Medicare Advantage plan
- Enroll in Medicare Plan D (prescription drug plan) or move to another coverage level in the Trust
- Drop your Plan D coverage if you plan to get your prescription drug coverage through a private insurance provider.
- Switch from one Medicare Advantage plan to a different one
- Make changes to your Dental or Visions options available to the eligible plan participants and their dependents, regardless of their age.

### Keeping your Contact Information Up to Date

**Please Visit our Website!**  
**[www.mymedplans.com](http://www.mymedplans.com)**

It is very important to have the most up to date contact information for Airline Retirees that are eligible to participate in the healthcare programs the Airline Trust offers. Please go to the [www.mymedplans.com](http://www.mymedplans.com) and click on the Airline Trust option, following the dropdown box to Medicare to take you to the Medicare options offered through this Trust.

**Don't Forget to Update Your Contact Information!**

To update your contact information, go to our website, **[www.mymedplans.com](http://www.mymedplans.com)** and click on the "Join our Mailing List" button found on bottom of each page to provide your latest contact information.

### Important Reminders for Medicare Eligible Retirees Enrolled in Group Plans

Retirees that turn 65 and continue on group coverage with their spouse or through another company, are not required to enroll in Medicare until spousal coverage terminates or the Retiree leaves group coverage through another plan without incurring a penalty assessment.



# Choosing the Right Plan for You!



## 2 Retiree Group Plans

Premium Choice (F)  
Premium (G)  
Admin Fee Included



## Dental & Vision



## 3 Standalone Prescription Drug Plans



## 2 Medicare Advantage Plans

+\$10 Admin Fee



THE HARTFORD Retiree Medicare Plans include fees for administration and claims of \$ 14.95 per member per month.



The AETNA Medicare Advantage Plans include both the medical & prescription drug plan and require an admin. fee of **\$10.00** per member per month.



If you elect to enroll in the bundled Dental & Vision package as a Standalone option, please add a **\$4.25** admin fee to the cost of the bundled Dental & Vision plan. If the Dental or Vision plan is elected with a Medical and/or Prescription Drug plan, there is no additional cost for the administration fee.



The Prescription Drug plan as a Standalone plan without a medical plan option through this Trust, you will also need to add a **\$10.00** administration fee.

THE HARTFORD RETIREE GROUP MEDICARE PLAN

Aetna Prescription Drug Plans

Aetna Medicare Advantage Plans

Blue Cross Blue Shield Dental & Vision Plans

Plan "F"

Plan "G"

High PDP

Low PDP

Value Plan

Plans by Zip Codes

Extra Services

Blue Vision (VSP)

Blue Dental PPO

**NEW**

**NEW for 2020!** Retiree and Spouse/Domestic Partner must each pay for their own Administration fee in 2020. If they both enroll in the same exact plan, they will still be required to each pay an admin fee each month



# THE HARTFORD GROUP RETIREE MEDICARE PLANS 2020

**COMPARE** 

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



**NEW AGE BANDED THIS YEAR**

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

## INSURED'S AGE BANDED RATES

\$ 14.95 admin fee already included  
(plan administration, billing and claims)

	Under 65	65-69	70-74	75-79	80+
<b>Premium Plan</b> (Mirrors Plan G)	\$ 277.29	\$ 161.80	\$ 192.50	\$ 222.53	\$ 232.22
<b>Premium Choice Plan</b> (Mirrors Plan F)	\$ 294.21	\$ 178.73	\$ 209.43	\$ 239.45	\$ 249.15

**Available in all States**



**! Florida is determined by!  
AGE & ZIP CODE**

**NOTE REGARDING AGE BANDED RATES:** Use the age bracket appropriate for yourself (i.e. the retiree) – and use the age bracket appropriate for your spouse. Your spouse could have a different rate than you if you are in separate age brackets. Please make sure to use your age as of the first of the month of your coverage effective date. Both you and your spouse must be enrolled in Medicare Parts A & B in order to participate in this plan.

**ENROLL NOW**

**CALL 1-800-236-4782**

# THE HARTFORD RETIREE MEDICARE PLANS 2020



BENEFIT DESCRIPTION	Premium Mirrors Plan F)	Premium Choice Mirrors Plan G
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible (CYD)</b>	\$0	\$0
<b>Part A</b>		
<b>Part A Deductible</b> (days 1-60; Part A Deductible)	100%	100%
<b>Hospital Confinement</b> (days 61-90; 25% of Part A Deductible) (days 91-150; 50% of Part A Deductible)	100%	100%
<b>Extended Hospital Confinement</b> (Additional 365 days) payable at 100%	100%	100%
<b>Skilled Nursing Facility Confinement</b> (days 21-100; 12 1/2% Part A Deductible)	100%	100%
<b>Part B</b>		
<b>Part B Deductible</b>	<b>100%</b>	<b>Not Covered</b>
<b>Physician Services Benefit</b>	100%	100%
<b>Specialist Services Benefit</b>	100%	100%
<b>Outpatient Hospital Services and Ambulatory Surgical Care</b>	100%	100%
<b>Outpatient Diagnostic and Radiology Services</b>	100%	100%
<b>Outpatient Mental Health and Substance Abuse Services</b>	100%	100%
<b>Outpatient Rehabilitative and Cardiac Rehabilitative Services</b>	100%	100%
<b>Emergency Care Benefit</b>	100%	100%
<b>Urgent Care Benefit</b>	100%	100%
<b>Ambulance Services Benefit</b>	100%	100%
<b>Durable Medical Equipment and Prosthetics Benefit</b>	100%	100%
<b>Part B Excess</b>	100%	100%
<b>Additional Services</b>		
<b>Preventive Care Cancer Screening</b>	100%	100%
<b>Hospice</b> (Inpatient respite care, drugs)	100%	100%
<b>Blood Deductible</b>	100%	100%
<b>Foreign Travel Emergency</b> ((\$250 Deductible; 80% coinsurance up to \$50,000 Lifetime Maximum)	ü	ü
<b>Private Duty Nursing</b> ((\$20 Copay; up to 30 shifts per year; \$500 Calendar Year Maximum)	Not Included	Not Included
<b>Silver&amp;Fit Exercise Program (free)</b>	Paid for by trust board in 2020	Paid for by trust board in 2020

# THE HARTFORD GROUP RETIREE INSURANCE 2020



## PREMIUM CHOICE PLAN

### ▶ Mirrors Plan F

Calendar Year Deductible - \$0  
Lifetime Maximum - Unlimited

## PREMIUM PLAN

### ▶ Mirrors Plan G

Calendar Year Deductible - \$0  
Lifetime Maximum - Unlimited

★ You pay ONLY for your Part B Deductible

## PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	PREMIUM CHOICE (F)	PREMIUM (G)
			YOU PAY	YOU PAY
<b>HOSPITALIZATION</b> <sup>(2)</sup>				
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 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0	\$0
91 <sup>st</sup> through 150 <sup>th</sup> 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
<b>SKILLED NURSING FACILITY CARE</b>				
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 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0	\$0
101 <sup>st</sup> through 365 day	\$0	\$0	All other charges	All other charges
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b>				
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
<b>HOSPICE CARE</b>				
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

# THE HARTFORD GROUP RETIREE INSURANCE 2020



## 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 <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	PREMIUM CHOICE (F)	PREMIUM (G)
			YOU PAY	YOU PAY
<b>Medicare Part B Deductible</b>	\$0	Premium Choice (F) - <b>100% of Medicare Deductible</b> Premium (G) - <b>\$0</b>	\$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	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	PREMIUM CHOICE (F)	PREMIUM (G)
			YOU PAY	YOU PAY

### PREVENTIVE MEDICAL CARE & CANCER SCREENINGS<sup>(3)</sup>

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 You 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 <sup>(3)</sup>	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
<b>Silver&amp;Fit Exercise Program (free)</b>			<b>Paid for by trust board in 2020</b>	<b>Paid for by trust board in 2020</b>



# SOMETHING FOR EVERYONE



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

## 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

## 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

## Member Resources

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





## PROGRAM Q&A

**Q What is included in the Silver&Fit® Healthy Aging and Exercise program?**

**A** The Silver&Fit Healthy Aging and Exercise program provides Silver&Fit members with access to no-cost fitness memberships through a robust network of participating fitness centers and select YMCAs. If the member is not interested in joining a fitness center or YMCA, the Silver&Fit program offers a Home Fitness option where members can choose up to 2 home fitness kits per benefit year from 35 available options.

In addition, enrolled Silver&Fit members receive access to one-on-one Silver&Fit Healthy Aging Coaching by phone where trained health coaches give members personalized attention in areas like being active, healthy eating, lifestyle choices, aging well, and managing conditions in up to 52 sessions per benefit year, and Silver&Fit's ASHConnect™ mobile app that includes virtual streaming exercise videos and activity tracking on over 250 wearable fitness devices and apps, including Apple Watch®. Members may also view 48 Healthy Aging classes and The Silver Slate® quarterly newsletter online at [www.SilverandFit.com](http://www.SilverandFit.com) (materials can be mailed to enrolled members upon request).

**Q What are the different types of fitness centers that participate in the Silver&Fit program?**

**A** Members can select from the following:

Full Coed Fitness Centers, which offer Silver&Fit-endorsed exercise classes in addition to their standard membership with cardiovascular and resistance training equipment

Basic Coed Fitness Centers, which offer standard membership access to cardiovascular and resistance training equipment

Gender-Specific Fitness Centers, which offer a standard membership and the opportunity to work out with others of the same gender

Exercise Centers, which may include pools, yoga studios, and/or Pilates studios

**Q How does a member enroll in the Silver&Fit program?**

**A** Members can simply bring their Enrollment Flier to their chosen participating fitness centers or YMCAs. If members prefer to enroll with a Customer Service agent, they may call toll-free 1.877.427.4788 (TTY/TTD: 711).

**Q Can a member continue to use their existing fitness center or YMCA?**

A If the fitness center or YMCA is part of the Silver&Fit network, then yes. The member can advise the fitness center or YMCA to end their membership. After enrolling on the website, the member can visit their location and present their Silver&Fit card. If the fitness center or YMCA is not a part of the Silver&Fit network and the member would like to use their Silver&Fit benefit, the member will need to switch to a participating fitness center or YMCA. The member should go online to [www.SilverandFit.com](http://www.SilverandFit.com) for more information.

**Q How does a member nominate a fitness center or YMCA?**

A Members can nominate a fitness center or YMCA by going online to [www.SilverandFit.com](http://www.SilverandFit.com), using the ASHConnect mobile app, or by calling Silver&Fit Customer Service.

**Q Can members participate at multiple fitness centers or YMCAs at a time?**

A Yes, members can be enrolled in one or more participating fitness centers or YMCAs at a time.

**Q Do Silver&Fit members get a Silver&Fit card? If so, how is one obtained?**

A Yes. The Silver&Fit card is included in the member's Welcome Letter, along with the name and location of their chosen fitness center or YMCA. Members who enroll online can download or print their Silver&Fit card immediately.\*

**Q If a member belongs to a fitness center or YMCA that leaves the network, what is the process for notifying the member?**

A Members will receive a letter notifying them that the fitness center is leaving the network, 30 days in advance (when possible). This letter includes a listing of up to 10 fitness centers or YMCAs closest to the member's address and advises the member to go online or call Silver&Fit Customer Service to choose a new participating fitness center or YMCA.

**Q What is the investigative process for complaints against a fitness center or YMCA?**

A American Specialty Health Fitness, Inc., provider of the Silver&Fit program, will assess complaints and follow up accordingly. Some methods of investigation are an inquiry letter, a site visit, or a secret shopper call.

**Q If a member chooses the Silver&Fit Home Fitness program during the enrollment process, how long will it take for their kits to arrive?**

A Members' first fitness kits will be mailed within 10 days of enrolling. If they picked out a second kit at the same time as the first, both kits will be shipped together.

**Q If a member chooses the Silver&Fit Home Fitness program during the enrollment process and then changes their mind, how long must they wait before they can join a fitness center or YMCA?**

A Members may call Silver&Fit Customer Service at any time to enroll with a participating fitness center or YMCA. The effective date for the fitness center or YMCA will be the day following their call. After switching to a fitness center or YMCA, the member will not receive any unsent home fitness kits.

**Q If a member is participating in the Silver&Fit Home Fitness program and then switches to a fitness center or YMCA, does the member need to return the fitness kit(s)?**

A No, the member may keep the kit(s).

**Q Do members ever have to pay a fitness center or YMCA directly for Silver&Fit benefits?**

**A** No. However, members are responsible for paying any fees associated with upgrading their fitness center or YMCA membership, or for using any non-standard services or amenities that require separate, non-standard fees.

**Q What is Silver&Fit Healthy Aging Coaching and how does it work?**

**A** At no additional cost, members can enroll into the Silver&Fit Healthy Aging Coaching program which includes weekly one-on-one telephone-based sessions with a trained health coach (up to 52 sessions per benefit year). These sessions are tailored towards older adults and cover health and wellness areas like being active, healthy eating, lifestyle choices, aging well, and managing conditions. The initial kick-off session lasts for up to 30 minutes, with subsequent sessions lasting approximately 15 minutes.

**Q What is the Silver&Fit Connected!™ tool?**

**A** The Silver&Fit Connected! tool is available through Silver&Fit's ASHConnect mobile app or at [www.SilverandFit.com](http://www.SilverandFit.com). The Connected! tool allows members to track their exercise and activity from approved wearable fitness devices, including Apple Watch,® apps, and exercise equipment (a full list is available online). After logging their information on their chosen device, the member needs to pair their device with the Silver&Fit Connected! program so their exercise and activity can be converted into points to earn rewards (if applicable). Purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program.

**Q How does a member earn rewards through the Silver&Fit Connected! program?**

**A** Rewards, if available, are outlined by the member's health plan. Members are rewarded based on the amount of points they accumulate within the reward period.

**Q What are the types of rewards members can choose from?**

**A** When members reach 300,000 points in a benefit quarter, they can choose to receive a Silver&Fit-branded visor, baseball cap, or floppy hat. After the initial hat reward, members receive a collectible pin each time they reach 300,000 points in a subsequent quarter.

**Q How does a Silver&Fit member dis-enroll from the program?**

**A** Members must call Silver&Fit Customer Service at 1.877.427.4788 (TTY/TDD: 711) to dis-enroll.

## Prescription Drug Plan

### The 2020 Coverage Gap (Donut Hole) and what it means for your cost when purchasing Prescription Drugs

The donut hole is a gap in the Part D coverage of your prescription drug costs. The Initial Coverage Limit (the negotiated retail dollar value of a senior's prescription drug purchases used to determine when a person enters into the Donut Hole or coverage gap phase of their Medicare Part D plan).

Medicare beneficiaries will enter the donut hole or coverage gap when the total negotiated retail cost of their prescription drug purchases reaches the initial coverage limit that is determined each year by CMS. In 2020, the donut hole begins when your total out of pocket cost including the cost to your provider is \$4,020. -True Out-of-Pocket Costs (the actual dollar figure a person spends to get out of their donut hole or coverage gap, excluding monthly premiums) – The out-of-pocket threshold (or TrOOP) will usually increase each year by CMS. People who reach their donut hole will receive a discount on brand-named drugs while in the coverage gap. However, the full retail cost of medications purchased in the donut hole will still count toward meeting a person's total out-of-pocket expense limit.

Coverage in the "**Coverage Gap**" for 2020 is 25% for Generics and 25% of the cost of the Drugs for Brand and Preferred Brand Drugs in 2020. Once an enrollee reaches the total out-of-pocket limit during the coverage gap of \$6,350, they are bumped into "catastrophic coverage."

**Catastrophic** coverage guarantees that once an enrollee has spent up to his or her plan's out-of-pocket limit for covered prescriptions the person will only pay a nominal coinsurance fee or copayment for their drugs for the rest of the year. This currently works out to the enrollee paying about 5% or \$3.60 whichever is greater for Generics, and \$8.95 for all other drugs.

### Medicare's Program for Extra Help with Medicare Prescription Drug Plan Costs

Low Income Subsidy (LIS): Social Security provides the Program for extra help with Medicare Prescription Drug Plan Costs, also called the Low Income Subsidy (LIS), for people who have limited income and resources. To learn more about this program, please visit [www.ssa.gov/prescriptionhelp](http://www.ssa.gov/prescriptionhelp) or you can call Social Security at 1-800-772-1213 (available 24/7).

## Prescription Drug (Part D) Coverage is Important even for those not currently using Drugs!

Please remember, **everyone on Medicare must be enrolled in a Part D Prescription Drug plan** when you become eligible for Medicare, or you will be subject to a penalty that will affect your premium for the rest of your life, if you fail to enroll in a timely manner. It does not matter if you do not use drugs or you purchase your drugs at a local pharmacy such as Walmart and you only inexpensive generics. You must be enrolled in a Part D plan to meet Medicare requirements when you become Medicare eligible.

### Enrolling in the Supplemental Medical Plans and Prescription Drug Plans

To enroll in a Supplement Medical plan and/or a Prescription Drug Plan, please complete, sign and date the Enrollment forms and return them to Benistar at the address found on the form indicating your selections

- Premium (Plan G) or Premium Choice (Plan F)
- PDP High, PDP Low, PDP Value
- Blue Dental/Blue Cross Blue Shield Dental
- Blue Vision (VSP)

**After Enrolling in one or more plans offered through the Airline Trust, please look for your medical cards in the mail. For those enrolling in the Dental and Vision plans, you will continue to use the card you have for the following year.**

**If you are enrolled in Trust plans and do not have a card for the plan you are currently enrolled in, please contact Benistar, the plan administrator 1-800-236-4782**

### WATCH FOR YOUR ID CARDS!

The Hartford Group Retiree Medicare Plan  
THE HARTFORD Medical ID card  
Silver and fit Card

Blue Cross Blue Shield Dental & Vision Plans  
Blue Cross ID cards for Dental & Vision

Aetna Medicare Advantage Plan Cards  
Aetna Medicare Advantage Plan Card

Aetna Prescription Drug Plans  
Aetna ID card  
New Member Welcome Packet

# AETNA Standalone PART D Prescription Drug Plan



AETNA PRESCRIPTION DRUG PLANS	Plan #1		Plan #2	
	PDP High RX (11S8)		PDP Low RX (1203)	
<b>Annual Deductible</b>	\$0		\$0	
Initial Coverage Limit (ICL) - \$4,020 in total drug expenditures (total cost of prescriptions and includes co-pays).				
<b>2X copay for 90 day supply</b>	Retail or Mail Order 1 month supply cost are the same in 2020	Retail 90 day supply Retail and Mail Order cost are the same in 2020	Retail or Mail Order 1 month supply cost are the same in 2020	Retail 90 day supply Retail and Mail Order cost are same for 2020
<b>Preferred Generic Tier 1</b>	\$5 copay	\$10 copay	\$2 copay	\$4 copay
<b>Non-Preferred Generic Tier 2</b>	\$25 copay	\$50 copay	\$10 copay	\$20 copay
<b>Preferred Brand (includes some high-cost generics)</b>	\$40 copay	\$80 copay	\$40 copay	\$80 copay
<b>Non-Preferred Brand</b>	\$75 copay	\$150 copay	\$75 copay	\$150 copay
<b>Specialty-Tier Medications</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Coverage Gap – Once the total drug expenditures reaches the Initial Coverage Gap of \$4,020 and continues until the total True Out of Pocket (TrOOP) member expenses reaches \$6,350 in 2020</b>				
<b>Preferred Generic Tier 1</b>	\$5 copay	\$10 copay	25% coinsurance for Generics	
<b>Non Preferred Generics Tier 2</b>	\$25 copay	\$50 copay		
<b>Generics Tier 3 Preferred Brand</b>	\$40 copay	\$80 copay	25% coinsurance	
<b>Preferred Brands, Brands Tier 4 and Tier 5 Specialty Tier</b>	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
<b>Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) in 2020 of \$6,350</b>				
<b>Generic or Those Treated as Generic</b>	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%
<b>All Other Covered Drugs</b>	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%



# AETNA PRESCRIPTION DRUG PLANS

## Plan #3 PDP Value RX (1303)

Annual Deductible



**\$240 Deductible Required Before Co-Pays**



Initial Coverage Limit (ICL) - \$4,020 in total drug expenditures (total cost of prescriptions and includes copays)

Retail & Mail Order costs are the same in 2020  
2 x copay for 90 day supply

Retail & Mail Order costs are the same in 2020  
2 x copay for 90 day supply

**2X copay = 90 day supply**

**2X copay = 90 day supply**

Preferred Generic Tier 1

\$2 copay

\$4 copay

Non-Preferred Generic Tier 2

\$10 copay

\$20 copay

Preferred Brand (includes some high-cost generics) Tier 3

\$40 copay

\$80 copay

Non-Preferred Brand Tier 4

\$75 copay

\$150 copay

Specialty Medications Tier 5

27% coinsurance

Coverage Gap – Once the Total drug expenditures reach the Initial Coverage Gap Limit (\$4,020 in 2020), the Coverage Gap begins and continues until the total True Out of Pocket (TrOOP) member expenses reaches \$6,350

Preferred Generic Tier 1

25% coinsurance

Tier 3 Preferred Brand (includes some high cost generic and preferred brand drugs)

25% coinsurance

Generics Tier 4 and Tier 5

25% coinsurance

Brands Tier 4 and Tier 5

25% coinsurance

Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) for 2020 is \$6,350

Generic or Those Treated as Generic

Greater of \$3.60 or 5%

All Other Covered Drugs

Greater of \$8.95 or 5%



## AETNA MEDICARE ADVANTAGE PLANS

2 PLANS TO CHOOSE FROM - \$20 & \$25 PLAN include SILVER SNEAKERS

Depending on where you reside, you may be eligible for either the Aetna Medicare<sup>SM</sup> Plan (PPO) or the Aetna Medicare<sup>SM</sup> (PPO) plan with an Extended Service Area (ESA).

### What is a Medicare Advantage Plan (also called Medicare Part C)?

Medicare Advantage is a plan in which a private insurance company contracts with and is approved by Medicare to provide covered healthcare services. With this type of plan, you receive all Medicare Parts A and B benefits and additional benefits in one plan. Two common types of Medicare Advantage plans that may be available are PPOs or HMOs, which work differently than Supplemental plans. If you elect to join an Aetna Medicare Advantage PPO plan offered through the Trust, the plan will provide all of your Part A (hospital insurance) and Part B (medical insurance) benefits and will include Medicare prescription drug coverage (Part D).

You must continue to be enrolled in Part A and Part B of Medicare to be eligible to enroll in a Medicare Advantage plan. In addition, since the Aetna Medicare Advantage PPO plans offered are group Medicare plans, you have the ability to enroll now or at another time during the year when you experience a life event. When moving to a group plan you don't have to wait for the "Medicare Annual Enrollment Window".

The Centers for Medicare and Medicaid Services (CMS) regulate the Medicare Advantage plans and determine the rules by which the contracted insurance carriers, such as Aetna, are required to follow. Your out-of-pocket costs for benefits or services you receive can vary by Medicare Advantage plan. The plans will also have predefined rules for how you get services (for example whether you need a referral to see a specialist, or if you have to go only to plan-specific doctors, facilities, or suppliers for non urgent care or non-emergency). These rules can change each year. The two Aetna Medicare Advantage PPO plans the Trust offer are (1) **Aetna Medicare \$20 PPO** with the Medicare Prescription Drug Plan 11S3 (High), and (2) **Aetna Medicare \$25 PPO** with the Medicare Prescription Drug Plan 1203 (Low).

### 2 Aetna Medicare Advantage Plans<sup>SM</sup>

This plan offers high-quality benefits beyond Original Medicare. It also includes special services and programs only available to Aetna members. This plan allows you to see a doctor and/or visit a hospital in or out of the plan's nationwide network. Covered services received from in-network providers will generally cost less. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. (A higher cost may apply for covered services received from out-of-network providers.)

Members who reside within the Aetna Medicare PPO network can elect the following options:

- Medicare 20 PPO with High Rx (11S8)
- Medicare 25 PPO with Low Rx (1203)

Need **Help**  
with your Medicare  
**Plan Comparisons**  
for Open Enrollment?



Includes  
Silver Sneakers!

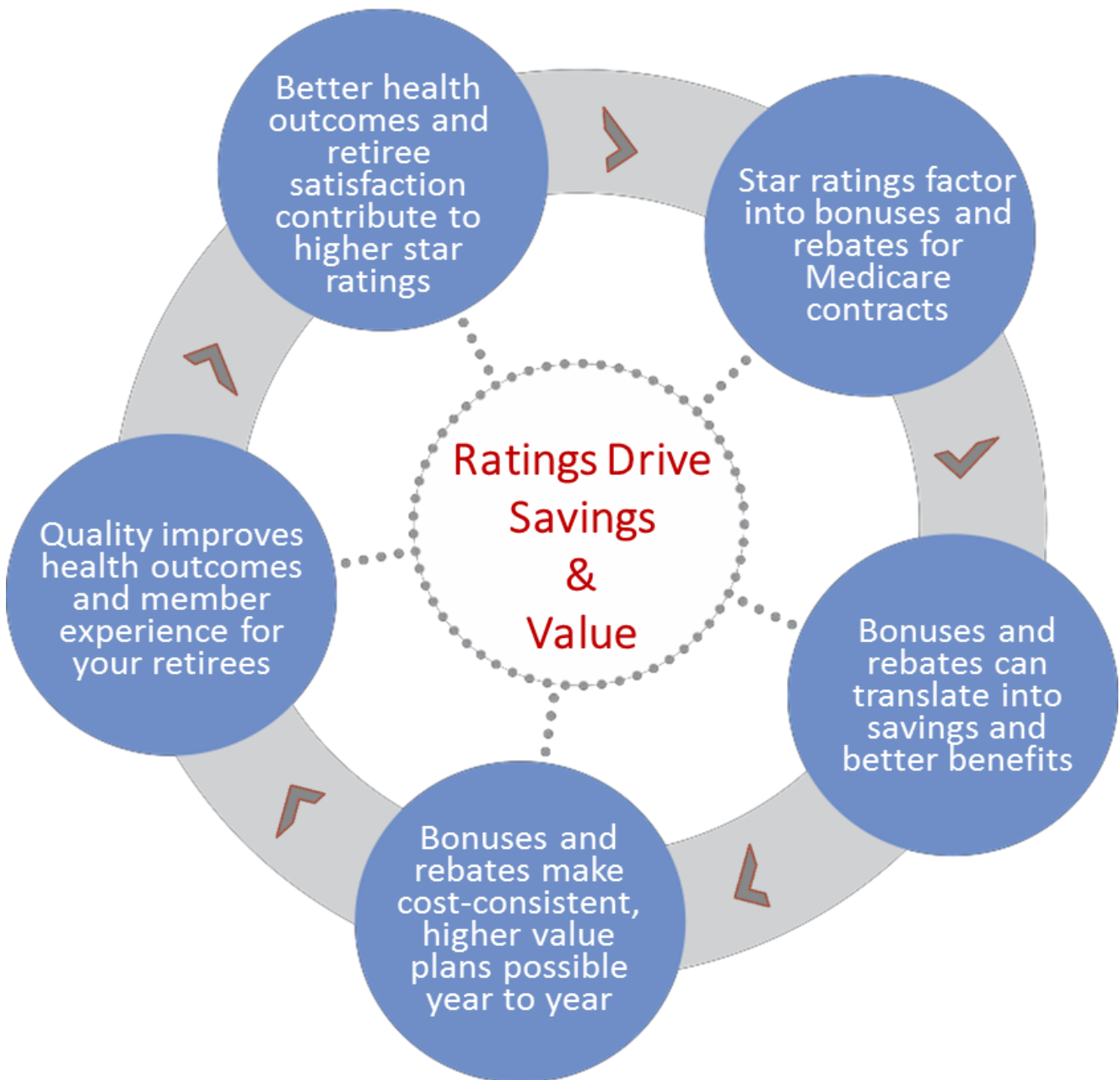
CALL

1-800-236-4782

# AETNA MEDICARE ADVANTAGE PLANS REACHED FOR THE STARS IN 2019 AND RECEIVED AT LEAST 4 STARS! ★★☆☆

Which Translated into \$\$\$ for you in 2020

Aetna scored at least 4 out of 5 stars for 2019 toward 2020 cost savings for our members in the Medicare Advantage plans. The Prescription Drug plans scored 4 points for the PDP plans.



# MEDICARE ADVANTAGE PLAN COMBINED WITH PDP DRUG PLANS 2 OPTIONS - \$20 HIGH PLAN & \$25 LOW PLAN They Have You Covered! + SILVER SNEAKERS



Medicare Advantage Plans	Medical \$20 PPO with High RX (11S8)		Medical \$25 PPO with LOW RX (1203)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Annual Out-of-Pocket</b>	\$6,700	\$10,000 for in and out of network services combined	\$6,700	\$10,000 for in and out of network services combined
<b>Primary Care Physician Selection</b>	Optional	Not Applicable	Optional	Not Applicable
<b>Referral Requirement</b>	There is no requirement for member pre-certification. Your provider will do for you.		There is no requirement for members pre-certification. Your provider will do for you	
<b>PREVENTATIVE CARE</b>				
<b>Annual Wellness Exams</b>	\$0	20%	\$0	25%
<b>Routine Physical Exams</b>	\$0	20%	\$0	25%
<b>Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B</b>	\$0		\$0	
<b>Routine GYN Care )Cervical and Vaginal Cancer Screening</b>	\$0	20%	\$0	25%
<b>Routine Mammograms (Breast Cancer Screening) one Annual Screening</b>	\$0	20%	\$0	25%
<b>Routine Prostate Cancer Screening Exam for males over age 50, every 12 months</b>	\$0	20%	\$0	25%
<b>Routine Colorectal Cancer Screening</b>	\$0	20%	\$0	25%
<b>Routine Bone Mass Measurements</b>	\$0	20%	\$0	25%
<b>Additional Medicare Preventative Services</b>	\$0	20%	\$0	25%
<b>Routine Eye Exams <b>NEW!</b></b>	\$0	20%	\$0	25%
<b>Routine Hearing Screening <b>NEW!</b></b>	\$0	20%	\$0	25%
<b>Physician Services</b>				
<b>Primary Doctor Office Visit</b>	\$10 copay	20%	\$25 copay	25%
<b>Specialist Office Visit (includes mental health &amp; substance abuse)</b>	\$20 copay	20%	\$25 copay	25%
<b>Outpatient Diagnostic Testing, Imaging, X-ray, Complex Imaging</b>	\$20 copay	20%	\$25 copay	25%
<b>Emergency/Urgent Care Services</b>				
<b>Emergency Care Worldwide (copay waived, if admitted)</b>	\$50 copay	\$50 copay	\$90 copay	\$90 copay
<b>Urgent Care: Worldwide</b>	\$35	\$35	\$25	\$25
<b>Ambulance</b>	\$0	\$100	\$25 copay	25%
<b>Hospital Services</b>				
<b>Hospital Admissions member cost sharing applies to covered benefits incurred during member's inpatient stay</b>	Covered 100%	20%	\$250 per stay	25%

## 2 Medicare Advantage Plans to Choose From! Including Extras & Discounts

Medicare Advantage Plans	Medical \$20 PPO with High RX (11S8)		Medical \$25 PPO with LOW RX (1203)	
<b>Mental Health Services</b>				
Inpatient Mental Health Care	\$0 per stay	20% per stay	\$250 Per stay	25%
Out Patient Surgery	\$0	20%	\$25	25%
Blood	All components of blood are covered beginning with the first pint	All components of blood are covered beginning with the first pint	All components of blood are covered beginning with the first pint	All components of blood are covered beginning with the first pint
Outpatient Mental Health Care	\$20	20%	\$25	25%
<b>ALCOHOL/DRUG ABUSE SERVICES</b>				
Inpatient Substance Abuse (Detox and Rehab)	\$0 per stay	20% per stay	\$250	25%
Outpatient Substance Abuse (Detox and Rehab)	\$20	20%	\$25	25%
<b>OTHER SERVICES</b>				
Skilled Nursing Care (100 days per Medicare benefit period; prior hospital stay not required)	\$0 days 1-100	20%	\$0 copay per day 1-20 \$150 copay per day, days 21-100	25%
Hospice Care	Covered by Original Medicare		Covered by Original Medicare	
Home Health Agency Care	Covered 100%	20%	Covered 100%	25%
Outpatient Therapy	\$20 copay	20%	\$25 copay	25%
X-rays/Lab Tests (includes CAT/PET/MRI)	\$20 copay	20%	\$25 copay	25%
Diabetic Supplies (strips, lancets and glucometer)	Covered 100%	20%	Covered 100%	25%
DME/Prosthetics	0%	20%	20%	25%
Chiropractic Care (limited to Medicare-covered benefits only)	\$15 copay	20%	\$15 copay	25%
Outpatient Dialysis	\$20 copay	\$20	\$25 copay	\$25
Podiatry Services Limited to Original Medicare-covered benefits only	\$20 copay	20%	\$25 copay	25%
Medicare Part B Prescription Drugs	\$0 copay	20%	\$0 copay	25%
Diabetic Eye Exam	\$0 copay	20%	\$0 copay	25%
Outpatient Cardiac, Pulmonary, Speech, Physical and Occupational Rehabilitation	\$20 copay	20%	\$25 copay	25%
Radiation Therapy	\$20	20%	\$25	25%
Medicare Covered Dental Non-Routine care covered by Medicare	\$20	20%	\$25	25%
<b>ADDITIONAL NON-MEDICARE SERVICES</b>				
Hearing Aid Reimbursement <b>NEW!</b>	\$500 once every 36 months		\$500 once every 36 months	
Resources for Living For Help in locating resources for every day needs <b>NEW!</b>	Covered		Not Covered	

**MEDICARE  
ADVANTAGE**

**Includes  
Silver Sneakers!**



# AETNA MEDICARE ADVANTAGE PLAN PRESCRIPTION DRUG CO-PAYS

Prescription Drug Plans	Medical \$20 PPO with High RX (11S8)	Medical \$25 PPO with LOW RX (1203)
<b>Annual Deductible</b>	<b>\$0</b>	<b>\$0</b>

**Initial Coverage Limit (ICL) – total drug expenditures determined each year by CMS (total cost of prescriptions includes copays).**

	Retail	Mail Order/ Local Aetna Pharmacy	Retail	Mail Order/ Local Aetna Pharmacy
	(1 month supply)	(3 month supply)	(1 month supply)	(3 month supply)
<b>Tier 1 Preferred Generic</b>	\$5 copay	\$10 copay	\$2 copay	\$4 copay
<b>Tier 2 Generic</b>	\$20 copay	\$40 copay	\$10 copay	\$20 copay
<b>Tier 3 Preferred Brand</b>	\$40 copay	\$80 copay	\$40 copay	\$80 copay
<b>Tier 4 Non-Preferred Drug</b>	\$75 copay	\$150 copay	\$75 copay	\$150 copay
<b>Specialty- Tier Medications</b>	33% coinsurance	33% coinsurance	33% coinsurance	Limited to monthly

**Coverage Gap – Once the total drug expenditures reach the Initial Coverage Gap Limit of \$4,020, the Coverage Gap begins and continues until the total True Out of Pocket (TrOOP) member expenses reach \$6,350 in 2020**

<b>Tier 1 Preferred Generic</b>	\$5 copay	\$10 copay	Member pays 25% for Generic and Brand
<b>Tier 2 Generic</b>	\$20 copay	\$40 copay	
<b>Tier 3 Preferred Brand Includes some high cost Generics and Preferred Brand Drugs</b>	\$40 copay	\$80 copay	
<b>Tier 4 Preferred Brand Includes some high cost Generics and Preferred Brand Drugs</b>	Member pays 25% for Generic and Brand	Member pays 25% for Generic and Brand	
<b>Tier 5 Specialty Drugs Includes high-cost/unique generic and brand drugs</b>	25% Generic and Brand Limited to 1 month supply	25% Generic and Brand Limited to 1 month supply	

**Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) (2020 begins at \$6,350)**

<b>Generic or Those Treated as Generic</b>	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%
<b>All Other Covered Drugs</b>	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%



What Plan Works Best for You?



# AETNA MEDICARE ADVANTAGE PLAN EXTRAS!



Aetna Medicare

## Welcome, member!

Here's how to get the most from your Aetna Medicare Advantage Plan

<b>Rx</b> , Receive maximum benefits for your prescription drug coverage. p. 2-3
<b>Doctors</b> , Locate physicians, specialists, hospitals, and pharmacies. p. 4-5
<b>Routine/Preventive Care</b> , Take control of your health now. p. 6-7
<b>Managing Your Care</b> , Get help with chronic conditions, living with, and more. p. 8-9
<b>Savings</b> , Use our valuable discounts to help stretch your budget. p. 10
<b>Caregiving</b> , Find information on support for family and friends. p. 11
<b>Review Guidelines</b> , Learn how we evaluate technologies, procedures, and more. p. 12
<b>Contact</b> , Get in touch with us whenever you need us. p. 13



## Enrolling in a Medicare Advantage Plan

To enroll in a Medicare Advantage plan, please complete, sign and date the Enrollment Form and return to Benistar. Please include:

- Enrollment Form either mailed or faxed to:

Benistar, the Plan Administrator@ **1-860-408-7025**

Programs that help you save money and stay healthy!

- Aetna Fitness<sup>SM</sup> discount program
- Aetna Weight Management<sup>SM</sup> discount program
- Aetna Hearing Aid program \$500 every 36 months

## After you enroll in a Medicare Advantage Plan

You'll get everything you need to use your plan.

- Aetna ID card
- New Member Welcome Kit (with Provider Directory)
- Health risk survey
- Healthful Newsletter
- Healthful Magazine
- Working Aged survey



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

## 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**.

*1 Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.*

*2 A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.*

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

## 2020 Blue Cross Blue Shield Nationwide Dental Rates

### Dental Rates

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

When enrolling in the Dental only, you must include a fee of \$4.25.

<b>Single</b>	\$55.73
<b>Two-Person</b>	\$111.26
<b>Family</b>	\$194.70

When enrolling in Dental Only, an Administration Fee of \$4.25 must be added to the rate.



# Blue 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 Blues 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

## 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

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)

Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor

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

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

Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$70 less \$15 copay (member responsible for any difference)
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One frame in any period of 24 consecutive months

## Contact Lenses

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

One pair of contact lenses in any period of 12 consecutive months

Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
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# Blue Vision (VSP) Vision Plan

## 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 & vision together as a "bundle" and pay admin fee of \$4.25.

To enroll in a dental and vision plan, please complete, sign and date the enrollment form and return it to **Benistar** at the address on the form. Please send your enrollment form and proof of eligibility that you worked for an Airline company for at least 5 years.

## 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.

To enroll in a vision plan, please complete, sign and date the enrollment form and return it to **Benistar** at the address on the form.

Please send your enrollment form, a copy of your 1099R form, or one of your PBGC checks, or another form of proof that shows you are a retiree from one of the eligible Airline companies.

**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.

## 2020 Blue Cross Blue Shield Blue Vision (VSP) Rates

(if purchases separately must be bundled with Vision plan and pay admin fee of \$4.25)

Single	\$ 6.30	These Rates do NOT include the admin fee
Two-Person	\$ 12.60	
Family	\$ 18.90	

**Enroll today! You'll be glad you did!**

**CALL**

**1-800-236-4782**





# FREQUENTLY ASKED QUESTIONS



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 <a href="http://www.MyMedPlans.com">www.MyMedPlans.com</a> 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. 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.
<b>Claims and Medicare Coverage</b>			
Q.	How are my medical claims paid if I am enrolled in The Hartford Retiree Medicare Supplement Medical 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 and Free Vision coverage to those enrolled in the Medical or PDP plans through the Trust.
Q.	I only worked for Eastern 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 Eastern 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.	What will my cost be if I go in the hospital and I am enrolled in the The Hartford Plan "F" Supplement program?	A.	You will not be responsible for any cost associated with your hospital stay as long as it is Medicare approved charge, The Hartford will pick up all the cost. The Supplement Plan "F" has ZERO out of pocket cost and ZERO deductibles for Medicare approved charges.
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.	Is there a Prescription Drug Plan that I can buy to meet the CMS mandatory enrollment in a PDP but don't use many drugs?	A.	Yes. The Value Plan is designed for Retirees that do not use any or many drugs and are looking for a plan that will meet the Part D PDP requirement. This plan has a \$240 deductible however, if you don't use drugs, you don't have to pay the \$240.
Q.	Do you have a Prescription Drug plan that provides for coverage through the donut hole?	A.	Yes, the High plan <u>provides for coverage through the donut hole with Generics in Tier 1, Tier 2 and Tier 3</u> for a co-pay .
Q.	Can I get my 90 day supply for my prescriptions from my local pharmacy that partners with Aetna?	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 suing mail order if you prefer.
Q.	I do not use many Drugs, and never reach the "donut hole", do you have a plan for me?	A.	Yes, we offer a Low Plan. The Low plan has No deductible and some limited coverage in the gap. This plan meets the Part D CMS (Medicare) requirement. Please remember, you will be subject to a lifetime penalty for not enrolling in a Part D plan each year regardless of your drug usage.

**CALL TODAY FOR PRICING AND MORE INFORMATION  
ABOUT OUR PLANS FOR 2020!  
BENISTAR, THE PLAN ADMINISTRATOR  
1-800-236-4782**

# FREQUENTLY ASKED QUESTIONS



## Eligibility and Administration

Q	Does this 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” in most States where The Hartford offers Medicare Supplement Medical Plans, excluding Florida where the cost is determined by your age & zip-code for Medicare Advantage Plans, Prescription Drug Plans along with Dental and Vision plans across the country.
Q	What healthcare options will be available under the Airline 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 Supplement Plan “F” and Plan “G” in most States, as well as Medicare Advantage Plans, Dental and Vision plans.
Q	What insurance carriers will we have a choice of for the Insurance Trust VEBA program?	A.	The Hartford is the insurance carrier for the 2 Medicare medical plans (medical and prescription drug) and AETNA will be providing the Medicare Advantage Plans and the Prescription Drug Plans and Blue Cross Blue Shield will be the Dental provider with Blue Vision (VSP) as the Vision Plan.
Q	Who is my retiree health coverage going to be administered by?	A.	The administrator for plans is Benistar! You can reach them at <b>1-800-236-4782</b>
Q	I am permanently disabled and am on Medicare and under age 65. Can I qualify for the Transamerica program?	A.	Yes, you are eligible for the Supplement plans, Medicare Advantage Plans, and the 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 are eligible to join any of the Medicare plans as long as you meet the Medicare eligibility requirements. You will have the option of enrolling in the Supplement Plans, Medicare Advantage plans both over and under the age of 65 and on Medicare. These are group plans therefore, you have the ability to enroll in them without pre-existing conditions and you don't have to wait until open enrollment each year to enroll. If you are a retiree from any US Airline Industry then you are eligible for this Trust. You can enroll today!
Q	What is the Airline Trust and what is its relationship to my former employer?	A.	This Trust is an independent, tax-exempt Voluntary Employee Benefit Association (VEBA) set up to be the plan sponsor and policy holder of the group medical policy for retirees who have worked in eligible Airline companies. Spouses, Domestic partners, and Survivors of eligible 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	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 each month (\$3). The admin fee is determined by the cost associated with maintaining the plan (insurance and board members administration fees, meeting expense, administrative expense, legal fees, etc.). For 2020, the admin fee for the Trust will be waived.
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 Voluntary Benefit Trust for Airline Retirees Plan.

## Enrollment

Q	Do I have to complete an enrollment form to enroll?	A.	Yes. You must complete the enrollment form and return it to <b>Benistar</b> . For the Medicare Advantage PPO, Medicare Prescription Drug, and the Supplement Retiree Medicare plans, you will be billed after your enrollment is approved by Medicare and your Medicare eligibility is verified.
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 in 2020.
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 Aetna 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 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 <b>Benistar Retiree Service Center</b> at <b>1-800-236-4782</b> , Monday through Friday, 8am to 4:30 pm Eastern time zone for help.



**Voluntary Benefit Trust for  
AIRLINE RETIREES**

# Medicare

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

## **Airline Retiree VEBA Trust**

### **TRUST BOARD**

**George Leatherbury, Chairman**

**Bob Benham, Secretary**

**Anthony Piacentino, Treasurer**

**Mike Cox**

**Marion Hindman**

### **INSURANCE PROVIDERS**

**THE HARTFORD Retiree Medicare Plans**

**AETNA Medicare Advantage**

**AETNA Prescription Drugs**

**BCBSM - Dental**

**Blue Vision - Vision**

**Humana - Medicare Advantage**

### **CALL CENTER AND PLAN ADMINISTRATOR**

**Benistar Call Center 1-800-236-4782**

### **Medicare Website**

**[www.MyMedPlans.com](http://www.MyMedPlans.com)**

### **Trust Representatives**

**Cone Retiree Healthcare Group, Managing Partners**

**Cathy Cone John Cone Lisa Andrews**