Benefits Guide 2017

Voluntary Benefit Trust for Airline Retirees
Pre 65 Enrollment Brochure for
Pre-Medicare Retirees in the Airline Industry

Voluntary Benefit Trust for
AIRLINE RETIREES

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Voluntary Benefit Trust for AIRLINE RETIREES

Introduction of the Voluntary Benefit Trust for Airline Retirees Program

Overview

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

Mission Statement

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

VEBA TRUST
TRUST BOARD
George Leatherbury, Chairman
Bob Benham, Secretary
Anthony Piacentino-Treasurer
Mike Cox
Marion Hindman
INSURANCE BROKERS
Cathy Cone, Managing Partner Cone Retiree Healthcare Group
John Cone, Managing Partner Cone Retiree Healthcare Group
Lisa Andrews, Managing Partner Cone Retiree Healthcare Group
INSURANCE PROVIDERS
BlueCross BlueShield Nationwide Providers
Retiree Service Center & Call Center
Benistar Retiree Service Center

Goals

- The Trust will provide quality benefit programs to all retirees in the Airline industry, enrolling in the Trust plans, eligible for the Health Coverage Tax Credit ("HCTC"), between the ages of 55-64, as well as their qualifying dependents eligible for the Pre-65 healthcare plans. Dependents that are under age 65, of a retiree who has been on Medicare for less than 24 months will also be eligible.
- We will also provide Medicare-eligible retirees and their eligible dependents, the ability to enroll in Medicare healthcare plans that coordinate with and/or enhance the coverage provided by original Medicare. The website for Medicare eligible retirees is **www.mymedplans.com**
- The Trust Board will oversee the selection of healthcare plans that will be offered each year to the to members of the Trust, including medical, prescription drug, dental and vision plans.
- The Board manages the selection of the plan administrator for the Trust plans each year as they support the membership in enrolling in the IRS/HCTC Program, and completing the necessary documents, required to qualify for the 72.5% subsidy when enrolling in the HCTC program.
- The Trust Insurance Representatives will provide timely updates about the VBTAR Trust annual enrollment process each year, as well as any changes to the plans offered, and the cost of the programs during open enrollment.
- It is the responsibility of the Trust board to manage the administration of the VBTAR Trust in a manner that provides benefits to members with a minimal outlay of funds.

Trust Board

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

Keep Your Contact Information Up-to-Date!

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

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

Enrollment Period

The annual enrollment period for the Voluntary Benefit Trust for Airline Retirees will be from October 15 through December 31 each year.

Retiree Eligibility

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

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

- Currently *drawing* a pension from the Pension Benefit Guaranty Corporation (PBGC) due to the termination of their pensions from an airline company in the USA. The companies listed below are eligible to participate in the Voluntary Benefit Trust for Airline Retirees Health Coverage Tax Credit Program (HCTC).
- Under the age of 65.

Medicare-eligible retirees, survivors and their families, as outlined in the eligibility section of this booklet, who:

- Have worked at least 5 years for the companies eligible to participate in the Voluntary Benefit Trust for Airline Retirees.

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

•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	

IMPORTANT TO NOTE

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

Dependent Eligibility

Spouse	Your legally married spouse, including a declared common-law spouse.* Only one spouse or same-gender domestic partner may be covered at any time. *Where recognized by state.
Domestic Partner	The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a retiree if, under state law, the individual would not be prevented from marrying the retiree on account of age, consanguinity, or prior undissolved marriage to another. An eligible domestic partner must be of the same gender as the retiree. Only one spouse or same-gender domestic partner may be covered at any time.
Children	Your biological children, stepchildren, legally adopted children; children for whom you have obtained court-ordered guardianship or conservatorship; qualified children placed pending adoption; grandchildren; and children of your domestic partner, if you also cover your domestic partner for the same benefit. Your children must be under 28* years of age and claimed on the eligible retirees tax return. The dependent is not required to live in the same household and can be married. If married, the spouse of dependent is not eligible for the HCTC plans. *State variations may apply.
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 you 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 an 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.

Dependents of a retiree who meet any of the following descriptions may be eligible for benefits.

Documentation

To provide coverage for a dependent under any of the Trust benefits programs, you must submit documentation that supports your relationship to the dependent when dependents are added after initial enrollment into the Trust plans. Please contact the **Benistar Retiree Service Center at 800-236-4782** for a list of acceptable documentation.

Persons Not Eligible to Participate

Dependents do not include:

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

Changes in Family Status

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

Special Qualifying Life Events

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

Special qualifying events include:

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

HCTC-Eligible Survivor /Dependents upon Death of Retiree	An HCTC survivor or dependent is eligible for medical, prescription drug, dental and vision coverage for up to 24 months following the death of the retiree, eligible for the Health Coverage Tax Credit Program.
Survivor Becoming Eligible for HCTC	A survivor is eligible to receive the PBGC pension, following the death of the retiree, if the retiree elected "joint and survivor" option when making his or her pension election options. If the retiree chose the "joint survivor" option, the survivor will become the primary PBGC recipient, and his or her birth date will determine eligibility for participation in the HCTC Subsidy program. It will be necessary to provide a statement from the PBGC confirming the eligibility as the pension recipient if the survivor becomes the primary PBGC recipient.
Medicare Eligible Survivor	Medicare-eligible survivors, while not qualified to enroll in the HCTC program, will be qualified to participate in the Medicare, dental and vision programs offered through this Trust, following proof of retiree's eligibility prior to death, such as a pension check stub or a notarized document providing the retiree's employment with an eligible company authorized to participate in this Trust.
Former Eligible Spouse	The plan administrator, Benistar, will send enrollment materials to the former spouse following a request from the individual and the receipt of a statement from the PBGC confirming that the spouse has become a pension recipient due to a divorce agreement reached with the retiree eligible to participate in the Voluntary Benefit Trust for Airline Retirees.
Qualified Family Members	A qualified family member (QFM) also is eligible to elect medical, prescription drug, dental and vision benefits. QFMs include the spouse or dependent of an eligible retiree, who can be claimed on the retiree's federal income tax return and are the dependents of the retiree that is no longer eligible for the HCTC program for an additional 24 months following the life event of the retiree.

Pre-Medicare Health Insurance Options

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

- Nationwide coverage in the United States
- PPO plans provide you with access to covered benefits through a network of healthcare providers and facilities. You are not required to have a referral from your primary care doctor before going to a specialist.

Members age 55 to 64 who qualify for HCTC have the ability to select from the following health insurance options* offered through BlueCross BlueShield Michigan:

- **Gold Bundled** (medical, prescription drugs, dental and vision plans)
- **Silver Bundled** (medical, prescription drugs, dental and vision plans)
- **Bronze Bundled** (medical, prescription drugs, dental and vision plans)
- **Bronze** (medical and prescription drugs only)

General Requirements for the HCTC:

The HCTC is a federal tax credit/subsidy that currently pays 72.5% of the premiums of qualifying coverage, which allows you to pay just 27.5% of qualified health insurance premiums. If you are eligible, the HCTC program is available to you to pay a monthly premiums each month (through the IRS/HCTC advanced monthly payment program), or yearly when you file your federal tax return, or a combination of both. In order to qualify for the HCTC,. You must be enrolled in a qualified health plan and meet all the following eligibility requirements.

There are 3 groups of HCTC eligible plan participants:

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

You must also meet some general requirements and be enrolled in a qualified health plan such as the Voluntary Benefit Trust for Airline Retirees Plan.

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

Members age 55 to 64 who do not qualify for HCTC can elect the same health insurance option offered to the HCTC plan participants , however, they must pay 100% of the cost of the plan they select.

Enrolling in a Qualified health plan and enrolling in the HCTC Program as Retiree and/or Dependents:

You must enroll in 2 separate programs, (1) Health Insurance program and (2) IRS/HCTC subsidy program

- Complete the Blue Cross Blue Shield Insurance Enrollment Form
- Complete the Monthly Health Coverage Tax Credit (HCTC) Group Registration/Update Form (Form 13441-A) to register for the HCTC program.
- Provide a copy of one of your IRS tax form 1099-R or another form of proof that shows you are eligible for the HCTC and receive a pension check from one of the eligible Airline companies.
- Payment – Make your check or money order for the full amount of the first month's premium payment payable to:

  Benistar Retiree Service Center for your insurance premium for the first month of your enrollment into the program
  If you enroll in our plans prior to December 10th, we will work to get you enrolled in the HCTC program, and only have to pay the 27.5% premium cost for your January payment. Beginning in January 2017, everyone enrolling in the HCTC program must pay 100% for the first month and receive the 72.5% subsidy back on their income tax the following year.

  Mailing Address: Benistar Retiree Service Center . 10 Tower Lane 1st Floor . Avon, CT . 06001

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

Dependent(s) of the retiree that has experienced a life event such as, retiree becoming eligible for Medicare, Divorce, or Death of retiree). In these instances, the dependent(s) will then become a Qualified Family Member(s) (QFM). They must check the box on the enrollment form for QFM and re-enroll in the HCTC program as a QFM, if currently enrolled as a dependent when the retiree experiences the life event. At that time, they will only be eligible for the HCTC program for an additional 24 months following the retirees life event.

You will need to complete a new HCTC Monthly Registration /Update Form and include your proof of eligibility for the HCTC program with all the documents required, as if you are enrolling for the first time as you will no longer be classified as a dependent and will have a limited time of eligibility for the HCTC program of 24 month. For additional information on the QFM process, please contact **Benistar Retiree Service Center at 1-800-236-4782**.

HCTC-Eligible Plan Options

Insurance Provider is Blue Cross Blue Shield of Michigan and it is a Nationwide plan.
The Gold Plan, Silver Plan and the Bronze plan are bundled to include medical, prescription drugs, dental and vision plans. The Bronze plan is also available with the medical and prescription drugs only.

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

HCTC-Eligible Plan Options (Con't)

	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Alternatives to Hospital Care						
Skilled Nursing (max. 120 days), this is facility benefit and covered	20% after copay, after deductible.	20% after copay, after deductible.	20% co-insurance after deductible.	20% co-insurance after deductible.	20% co-insurance after deductible	20% co-insurance after deductible
Home Health (max. 120 days) and Urgent Care	20% co-insurance after deductible.	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible
Other Services						
Outpatient Short-Term Rehabilitation (includes speech, physical, occupational and spinal manipulation therapy), in office setting.	20% co-insurance after deductible.	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	20% after deductible	40% copay, after deductible
Prescription Drug Plan—Retail Pharmacy						
Generic	$10 copay	25% after Rx plan $10 copay	$10 copay	25% after Rx plan $10 copay	After deductible, $15 co-pay for retail	After deductible, $30 co-pay for retail
Preferred Brand-Name Drugs	$20 copay	25% after Rx plan $20 copay	$40 copay	25% after Rx plan $40 copay	After deductible/ $50 copay for retail or mail order	After deductible, $100 co-pay for retail or mail order
Non-Preferred Brand-Name Drugs	$40 copay	25% after Rx plan $40 copay	$80 copay	25% after Rx plan $80 copay	After deductible/ $70 copay or 50% co-insurance of approved amount (whichever is greater) no more than $100 copay	After deductible/$70 copay additional 20% approved amount
Prescription Drug Plan—Mail Order (90 Day Supply)						
Generic	$20 copay	N/A	$20 copay	N/A	After deductible/ $30 co-pay for 30 day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount
Preferred Brand	$40 copay	N/A	$80 copay	N/A	$100 co-pay for mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount
Non-Preferred Brand	$80 copay	N/A	$160 copay	N/A	$140 or 50 % whichever is greater, max of $200 after deductible	After deductible, In-Network co-pay plus an additional 20% of the approved amount

To find a doctor or hospit

Dental and Vision Insurance Options

Dental Benefits Summaries

The Airline Trust provides dental insurance coverage through Blue Cross Blue Shield

Enrolling in a Dental Plan

Dental insurance is offered through Blue Cross Blue Shield of Michigan. This plan provides nationwide coverage and has both in and out of network coverage for plan participants. If you qualify for HCTC benefits, and you enroll in the Gold, Silver or Bronze Bundled Plans, your dental and vision coverage is already included. HCTC plan participants will pay 27.5% of the cost of their healthcare plans as long as the plans are priced as one cost(bundled). You also have the option of selecting the plan as a standalone plan paying 100% of the cost for you and your family members of all ages, including those members of your family on Medicare. There will be an admin fee of $4.25 of you and/or your family members select the dental coverage as a standalone plan.

To enroll in a dental plan only, you will need to complete, sign and date the enrollment form and return it to the Benistar Retiree Service Center.

	Dental Plan	
	In-Network	**Out-of-Network**
Basis of Reimbursement	Negotiated Preferred Dentist Program Fee	80th percentile of Reasonable and Customary (R&C)
Type A – Preventive (includes oral exams, X-rays, prophylaxis/cleaning, fluoride treatments, space maintainers, sealants, palliative care) Dental checkup twice per year.	100%	100%
Type B – Basic (includes fillings, endodontics – pulp capping/pulpotomy, recommendations and repairs, rebases/relines, general anesthesia, simple extractions, surgical extractions/ oral surgery, consultations)	80%	80%
Type C – Major (includes endodontics – pulpal therapy/ root canal, periodontics, inlays/ onlays, crowns, crown build-ups, veneers, dentures, bridges, implants)	50%	50%
Individual Deductible (annual) **Applies to Class 2 or Class 3 services only, Preventative Care is at no charge**	$50	$50
Family Deductible (annual)	No limit: $50 per person	No limit: $50 per person
Deductible Applies To:	Type B & C	Type B & C
Calendar Year Maximum	$3,000	$3,000

Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

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

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** or call **1-888-826-8152.**

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

2A 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 SelectSM 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.***

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

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

Dental ONLY Rates
(No Medical)

The rates below are priced for eligible plan participants enrolling in Dental and Vision Plans Only.
These same rates are also included in the bundled plans pricing of the Gold, Silver and Bronze "bundled" plans. When enrolling in the Dental and Vision only, you must include a fee of $4.25. If electing the Dental and Vision only option, you will be required to pay 100% of the cost of the plans. The only time you have the ability to receive the 72.5%subsidy with these plans is when they are priced together with the Medical and Prescription Drug plans at one cost for all 4 plans. For those that want to enroll in the Bronze Medical and Prescription Drug plan Only then select the Dental or Vision plan as well, they may find it more cost effective to take the Bundled plans offered through the Trust.

Single	$56.57
Two-Person	$113.15
Family	$198.01

If you purchase Dental Only, THERE IS NO SUBSIDY OF 72.5% AVAILABLE. When enrolling in Dental Only, an Administration Fee of $4.25 must be added to the rate.

Vision Benefits Summaries

Insurance offered through Blue Cross Blue Shield and is VSP Vision Care.

Enrolling in a Vision Plan

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

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

Blue Cross Blue Shield Blue Vision (VSP Vision) Rates

If selecting vision without the medical plans, you must bundle it with dental and include admin fee of $4.25

Single	**$6.86**
Two-Person	$13.73
Family	$22.79

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 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.

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

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

Eyewear: Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you or your family.
Choice of Providers: With open access to see any provider, you can see the one who's right for you.

Enroll today! You'll be glad you did!

CALL

1-800-236-4782

Vision (VSP) Vision Plan Cost for 2017

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 not both.

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	$10 copay	$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined $15 copay	Member responsible for difference between approved amount and provider's charge, after $15 copay
Medically necessary contact lenses	$15 copay	Member responsible for difference between approved amount and provider's charge, after $15 copay
Note: No copay is required for prescribed contact lenses that are not medically necessary.		

Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	$10 copay	Reimbursement up to $45 less $10 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		

Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less $15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor •Progressive Lenses – Covered when rendered by a VSP network doctor	One pair of lenses, with or without frames in any period of 12 consecutive months	
Standard frames	$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to $70 less %15 copay (member responsible for any difference)
One frame in any period of 24 consecutive months Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.		

Contact Lenses		
Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	$15 copay	Reimbursement up to $210 less $15 copay (member responsible for any difference)
One pair of contact lenses in any period of 12 consecutive months		
Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

2017 HCTC PLAN RATES

HCTC RATES FOR UNDER AGE 65 RETIREES PLAN PRICING WITH THE 72.5% SUBSIDY EFFECTIVE JAUNURY 2017 - DECEMBER 2017

GOLD

GOLD BUNDLED PLAN - Total cost includes medical, Prescription Drug, Dental, and Vision Maximizes benefits for Retirees and Qualified Dependents eligible for Health Coverage Tax Credit

	RETIREE	RETIREE & SPOUSE	RETIREE & FAMILY
PLAN COST	$1,653.65	$3,887.41	$4,911.47
With 72.5% HCTC Applied	**$454.75**	**$1,069.04**	**$1,350.65**

SILVER

SILVER BUNDLED PLAN - Total cost includes medical, Prescription Drug, Dental, and Vision Maximizes benefits for Retirees and Qualified Dependents eligible for Health Coverage Tax Credit

	RETIREE	RETIREE & SPOUSE	RETIREE & FAMILY
PLAN COST	$1,291.18	$3,017.47	$3,824.04
With 72.5% HCTC Applied	**$355.07**	**$829.80**	**$1,051.61**

BRONZE

BRONZE BUNDLED PLAN - Total cost includes medical, Prescription Drug, Dental, and Vision Maximizes benefits for Retirees and Qualified Dependents eligible for Health Coverage Tax Credit

	RETIREE	RETIREE & SPOUSE	RETIREE & FAMILY
PLAN COST	$915.22	$2,115.18	$2,696.17
With 72.5% HCTC Applied	**$251.69**	**$581.67**	**$741.45**

MEDICAL AND PRESCRIPTION DRUG PLANS ONLY

BRONZE
(UN-BUNDLED)

BRONZE PLAN - Total cost includes Medical AND Prescription Drug ONLY for Retirees and Qualified Dependents eligible for Health Coverage Tax Credit

	RETIREE	RETIREE & SPOUSE	RETIREE & FAMILY
PLAN COST	$851.79	$1,988.30	$2,475.37
With 72.5% HCTC Applied	**$234.24**	**$546.78**	**$680.73**

2017 HCTC PLAN RATES

HCTC RATES FOR UNDER AGE 65 RETIREES PLAN PRICING WITH THE 72.5% SUBSIDY EFFECTIVE JAUNURY 2017 - DECEMBER 2017

DENTAL AND VISION PLAN RATES

Dental & Vision Bundled Rates (No Medical)	
Single	$63.43
Two-Person	$126.88
Family	$220.80

If you purchase Dental & Vision ONLY, THERE IS NO SUBSIDY OF 72.5% AVAILABLE. When enrolling in the Dental and Vision Bundle Only, an Administration Fee of $4.25 must be added to the rate.

The rates below are priced for eligible plan participants enrolling in Dental and Vision Plans Only.

These same rates are also included in the bundled plans pricing of the Gold, Silver and Bronze "bundled" plans. When enrolling in the Dental and Vision only, you must include a fee of $4.25. If electing the Dental and Vision only option, you will be required to pay 100% of the cost of the plans. The only time you have the ability to receive the 72.5%subsidy with these plans is when they are priced together with the Medical and Prescription Drug plans at one cost for all 4 plans. For those that want to enroll in the Bronze Medical and Prescription Drug plan Only then select the Dental or Vision plan as well, they may find it more cost effective to take the Bundled plans offered through the Trust.

	Dental ONLY Rates (No Medical)	Vision ONLY Rates (No Medical)
Single	$56.57	$6.86
Two-Person	$113.15	$13.73
Family	$198.01	$22.79

If you purchase Dental Only, THERE IS NO SUBSIDY OF 72.5% AVAILABLE. When enrolling in Dental Only, an Administration Fee of $4.25 must be added to the rate.

If you purchase Vision Only, THERE IS NO SUBSIDY OF 72.5% AVAILABLE. When enrolling in Vision Only, an Administration Fee of $4.25 must be added to the rate.

Frequently Asked Questions

Eligibility and Administration			
Q1	I see that the medical program being offered says it is from BCBSM. Does this plan provides coverage in all 50 states, or do you have to live in a certain state to qualify for this coverage being offered in the Airline Trust?	A	Yes, you are covered in all 50 states. In fact, all of the programs (medical, prescription drug, dental and vision) provide nationwide coverage in the U.S. and also provides international coverage for foreign travel. You could live in New York for six months out of the year and in Florida for the other six months out of the year if you wanted. For the medical plan, you will need to check the BCBSM provider directory to locate in-network doctors and find hospitals to receive the highest in-network benefits at www.bcbsm.com
Q2	I have an HSA account now and still have funds remaining in the account. Do any of the plans allow me to use the balance of funds?	A	Yes. The Bronze plan is a high-deductible health plan (HDHP) being offered by BCBSM through the Airline Retiree VEBA and does qualify as a type of plan where an HSA account can be used. If you currently have funds in an HSA account, you can continue to use those funds for qualified medical expenses.
Q3	What type of medical plans are being offered (HMO, POS, or PPO plans, etc)?	A	All three plans (Gold, Silver and Bronze) are Preferred Provider Options plans. These plans provide you with access to covered benefits through a network of healthcare providers and facilities. There is no requirement to have a referral from your primary care doctor before going to a specialist.
Q4	I am permanently disabled and am on Medicare; can I qualify for the BCBSM program using the HCTC?	A	No. The BCBSM Pre-65 Plans do not offer coverage for Medicare eligible participants in the Trust. Medicare Supplement options as well as Medicare Advantage options are available to retirees who would otherwise be eligible for the Voluntary Benefit Trust for Airline Retirees. These plans do not qualify for a subsidy however, they are great options for eligible participants. Contact Benistar Retiree Service Center for more information. Benistar at 1- 800-236 4782 , to request a packet.
Q5	Am I eligible to participate in the Airline Retiree VEBA Plan if I reside out of the United States?	A	Yes. The Airline Trust VEBA Plan will cover claims incurred if you live oversees. You do not need to reside in the United States to receive benefits under the Airline Retiree VEBA Plan. Outside the U.S., only urgent and emergency claims are covered.
Q6	Can I choose to participate in Airline Retiree VEBA medical plan without participating in prescription drug plan?	A	No. The Voluntary Benefit Trust for Airline Retirees Under 65 medical plans do not allow medical coverage to be selected without also selecting prescription drug coverage.
Q7	Will the VEBA run out of money? If it does, will this program go away?	A	No, traditionally VEBA programs are funded with small administrative fees that are added to the monthly insurance premiums for members. The VEBA board will set an administrative fee each year, for the cost associated with managing the Trust. This administrative fee is determined by the cost associated with maintaining the plan (insurance and compensation for board members, meeting expense, administrative expense, legal fees, etc.).
Q8	What is the Voluntary Benefit Trust for Airline Retirees and what is its relationship to my former employer?	A	The Voluntary Benefit Trust for Airline Retirees is an independent, tax-exempt Voluntary Employee Benefit Association (VEBA) set up to be the plan sponsor and contract holder of the group medical policy for retirees who have worked in eligible airline companies. Spouses, dependent, and surviving spouses of eligible retirees may also be eligible to participate.
Q9	I am currently enrolled in a dental plan and in the process of getting a dental implant. Will Blue Cross cover the remaining work required on that tooth, if I move to Blue Cross plan in 2017?	A	No, Blue Cross does not cover teeth or procedures like a dental implant once the tooth has been removed and you were not enrolled in their plans when the tooth was extracted. You would need to complete the work being done to replace the tooth prior to moving over to the Airline Trust plan or the remaining work would not be covered.
Enrollment			
Q1	Do I have to complete an enrollment form to enroll in the Airline Retiree VEBA Plan?	A	Yes. You must complete the enrollment forms and return them to Benistar, the plan administrative services provider to enroll in the plan. If you are enrolling for the first time, you will need to include your HCTC Registration/Update Form (Form 13441-A) and proof of eligibility for the Trust as well as a copy of the 1099-R from received from the IRS.
Q2	Can my spouse and I have different medical/prescription drug coverage in the Under 65 plan?	A	Yes. The retiree and spouse have the ability to enroll individually in the plans they choose to enroll in, as long as the eligible retiree remains eligible for the HCTC program or has been on Medicare for less than 24 months.
Q3	What does it mean when it says the Gold, Silver and Bronze plans has been bundled?	A	It means the total costs of your medical, prescription drug, dental and vision premiums have been combined. This bundled package was created to allow HCTC retirees to take advantage of the 72.5% tax credit and have all four programs paid for at that level. If the dental and vision programs are elected separately, the 72.5% tax credit will only apply to the medical and prescription premiums, and you will have to pay for dental and vision at 100% of the cost.

Frequently Asked Questions Con't

Q4	Do I have to worry about pre-existing conditions?	**A**	No, there are no pre-existing conditions for plan participants enrolling in our plans. You are covered in full starting on the effective date you select when you enroll in the plan.
Q5	What if I am turning 55 in the next few months? Should I enroll now or wait until I am HCTC eligible?	**A**	You will need to wait until the first day of the month following your birthday month to enroll in the plan. (Example: birthday is May 15, you become eligible June 01). An eligibility list is transferred from the PBGC to the IRS each month, and that is the process used to verify eligibility. The list is updated with new eligibility at the end of each month.
Q6	As a new enrollee, when will I receive ID cards for these plans?	**A**	You will receive a separate ID card directly from BCBSM for the coverage you elect. If you select the Gold, Silver or Bronze plans bundled or unbundled Bronze plans, it will be noted on the BCBSM card you receive, noting the plans you are enrolled in (medical, prescription drugs, dental and vision plans).
Q7	Does this plan cover my dependent children up to age 26?	**A**	Yes, this plan meets all the requirements of the newly created healthcare reform laws, which include eligibility of children up to age 28*, as long as the dependent is covered on the eligible retirees federal income tax each year. * May vary by state.
Q8	I am not sure if I am eligible to participate; how can I find out if I am eligible for this program?	**A**	Contact Benistar, the plan administrator services provider, at **1-800-236-4782** . They can provide you with the eligibility requirements for the program if you are unsure if you qualify.
Q9	Is this plan sponsored by any union?	**A**	No, this plan is not sponsored by a union. It is a trust established under an order of the bankruptcy court, under statutes permitting qualifying benefits for the HCTC .
Q10	Is this plan sponsored by my former employer?	**A**	No. This plan is sponsored by the Trust. It was created through the bankruptcy court following the proper guidelines for qualification of the HCTC.
Q11	What happens when I reach age 65?	**A**	You will no longer be eligible for the HCTC program however; the VEBA Trust does offer coverage for Medicare-eligible retirees. Contact Benistar, the plan administrative services provider, at **1-800-236-4782** for more information on the Medicare-eligible programs offered through the Trust or go to the website **www.mymedplans.com** . If you have dependents who are under age 65 and you have been on Medicare less than 24 months, your dependents may be eligible to participate in this HCTC program.
Q12	Can I enroll in the Airline Retiree VEBA Trust program at any time?	**A**	At this time enrollment will be open for new participants to enroll during the open enrollment window that will end December 31, 2016. please visit our website at www.hctcplans.com or call the Benistar Retiree Service Center for more details.
Q13	How long must I stay in the plan if I choose to enroll in 2017?	**A**	The type and level of coverage that is selected is intended to be for a 12-month coverage period or until the next enrollment period, whichever comes first. Once you make your initial elections, you cannot make changes unless you have a qualifying event to make you eligible for changes. Qualifying events are: • Certain changes in employment status for your spouse or an eligible dependent; • Marriage or divorce; • Addition of a dependent; • Loss of a spouse or dependent; • Eligibility for Health Coverage Tax Credit due to age (turning 55 or TAA status change) • Eligibility for Medicare due to age (turning 65 or disabled)
Q14	Do I have to enroll in the medical plan in order to join the dental and/or vision plans?	**A**	No, you do not have to enroll in a medical plan in order to join the dental and vision plans. But, in order to receive the HCTC subsidy on your dental and vision coverage, you must elect the Gold, Silver, or Bronze Bundled HCTC Plan. You will not receive the HCTC subsidy on the dental and vision premium if you elect the dental and vision as a standalone option, nor if you elect dental and vision with the Bronze standalone medical and prescription drug plan. The HCTC program stipulates that it will apply the tax credit to cost of a plan that has on cost for all
Q15	Is there a subsidy available through the Voluntary Benefit Trust for Airline Retirees?	**A**	No, there are no subsidies available through the Trust, the 72.5% subsidy is only available through the IRS/HCTC program.

Frequently Asked Questions Con't

Billing/Premium Payment			
Q1	What will be my monthly cost for the medical plan?	**A**	The costs of the plan can be found by contacting: Benistar Retiree Call Center at **1-800-236-4782** or going to the website, www.hctcplans.com
Q2	Is my first month's premium payment required when I submit my enrollment form?	**A**	Yes. You will need to include a check for your first month's premium payment in full (100%) with your BCBSM Insurance Enrollment form, your completed IRS form 13441-A Monthly Registration/Update form and proof of your eligibility to enroll in the HCTC program such as the IRS Form 1099 form used to file your tax return . The check should be made out to "Benistar Retiree Service " . The only forms of payment accepted are personal check or money order.
Q3	If I am eligible for the HCTC, should I sign up for the automatic payment option?	**A**	No. There is no automatic pay option for the HCTC program. You do have the ability to enroll in the automatic pay option if you are only selecting the dental and vision plans as they do not qualify for the HCTC program and are paid at a 100% cost.
Q4	Can my premium come directly out of my bank account?	**A**	No, that option is currently not available unless you are only enrolling in the dental and vision options and making your monthly payment to Benistar. Otherwise you will be making your monthly payments directly to IRS/HCTC program beginning January 2017.
Q5	How will my premium be billed after I make my first payment to Benistar for 100% of the cost and take it off my tax return the following year?	**A**	• Benistar will collect all of your forms necessary to verify your eligibility and enrollment and the first months payment only, for the insurance premium. • Pay by check or money order for the first months payment to Benistar • Benistar will then forward the information to the IRS/HCTC program • After the IRS/HCTC program verifies eligibility, the IRS/HCTC will send you an enrollment letter that will include your IRS/HCTC pin #. • There will be instructions included in the letter to download your payment coupons each month and make your 27.5% payment in a timely manner to the IRS/HCTC program going forward (by 10th of each month to IRS/HCTC program) • You will be required to go to the IRS/HCTC website, download your payment vouchers using your pin number, each month to make your 27.5% payment. • If you do not make your payments in a timely manner each month, you will have to pay 100% of the cost of your healthcare for that month and take it off on your taxes the following year. • You will only be paying for your insurance premium to Benistar for the first month at 100%, once approved by the IRS/HCTC program, the remainder of your payments will be paid using the voucher you download each month, making your payment directly to the IRS/HCTC each month.
Claims			
Q1	How are my medical claims paid?	**A**	When you visit the doctor, simply present your ID card. Your participating provider will submit a claim to BCBSM and BCBSM will pay your provider the allowed amount of the claim. If there is any remaining amount due, you will receive an Explanation of Benefits. If you visit a nonparticipating provider, you may have to submit the claim yourself and may be billed the balance above what is reasonable and customary.
Q2	What if I am hospitalized for treatment that will last through the effective date of the new plan?	**A**	Typically, the coverage you had when admitted to the hospital will remain until you are discharged. After your release from the hospital, your new Airline Retiree Trust Medical Plan coverage will begin.
Q3	How are deductibles satisfied for a retiree in the Gold Plan?	**A**	The retiree must satisfy the full $250 deductible prior to making co-pays for doctors visits, outside your preventive care. Once the total our of pocket of $1,250 has been paid, you will not be responsible for any additional cost for the remainder of the year.
Q4	How are deductibles satisfied for a retiree in the Silver Plan?	**A**	You must individually satisfy the full $500 deductible for the retiree. If the retiree has $1,250 in eligible charges, the deductible has been met. The retiree enrolled in the Silver plan will have to pay a total of $2,500 in out of pockets cost each year.

Frequently Asked Questions Con't

Q5	How are deductibles satisfied for a retiree + spouse in the Bronze Plans?	**A**	You do not have an individual deductible to satisfy in the Bronze plan. For example, in the Bronze plan, the two-person family deductible is $3,000. If the retiree has $3,500 in eligible charges and the spouse has $0, the deductible is met for the two-person contract.
Q6	How are deductibles satisfied for a retiree + child in the Bronze Plan?	**A**	You do not have an individual deductible to satisfy in the Bronze plan. For example, the two-person retiree & child plan has a family deductible of $3,000. If the retiree has $3,500 in eligible charges and the child has $0, the $3,000 deductible is met for the family.
Q7	Is there a lifetime maximum on these medical plans?	**A**	No, there are no lifetime maximums with this program; it meets all the healthcare reform legislation recently passed that includes elimination of lifetime maximum limits.
Q8	Do these plans qualify for the HSA benefit?	**A**	The Gold and Silver plans do not qualify for the HSA benefit because they provide for a richer benefit than is allowed for the HSA program. The Bronze plan is a qualified high deductible health plan.
Q9	Are hearing aids covered?	**A**	There is no hearing aid coverage.
Q10	Do the OAMC plans cover cataract surgery?	**A**	Yes, cataract surgery is a covered benefit under the medical plans and subject to the deductible and co-insurance amounts of the plan.
Q11	How is my prescription drug claim paid?	**A**	When you go to a participating pharmacy, simply present your ID card to the pharmacist who will determine your portion to be paid. The balance of the cost will be automatically paid by BCBSM. You will not have to submit any claim forms.
Q12	On the Gold plan, when do the Rx co-pays go into effect?	**A**	The Rx co-pays apply immediately when the plan begins. There are no deductibles required for the Gold plan for prescription drugs.
Q13	On the Silver plan, when do the Rx co-pays go into effect?	**A**	Retail prescriptions are covered after the combined Medical/Rx plan deductible is met. There is a $5 co-pay for generics at retail or a $10 co-pay at mail order. You will pay 25% for formulary brand-name drugs and 50% for non-formulary brand-name drugs for up to a 30-day supply at retail or 90-day supply at mail order until the out of pocket maximum is met.
Q14	On the Bronze plan, when do the Rx co-pays go into effect for my local participating pharmacy?	**A**	Retail prescriptions are covered after the combined Medical/Rx plan deductible is met. There is a $5 co-pay for generics at retail or a $10 co-pay at mail order. You will pay 25% for formulary brand-name drugs and 50% for non-formulary brand-name drugs for up to a 30-day supply at retail or 90-day supply at mail order until the out of pocket maximum is met.

Health Coverage Tax Credit (HCTC)

Q1	What is the Health Coverage Tax Credit (HCTC)?	**A**	The HCTC is a federal tax credit that enables you to currently pay just 27.5% of qualified health insurance premiums. If you are eligible, the HCTC is available to you monthly as premiums become due, or yearly when you file your federal tax return, or a combination of both. In order to receive the HCTC you must be enrolled in a qualified health plan, and meet all HCTC eligibility requirements.
Q2	Who is eligible for the HCTC?	**A**	To be eligible for the HCTC, you must be: • age 55 or older and receive benefits from the Pension Benefit Guaranty Corporation (PBGC), or • a Trade Adjustment Assistance (TAA), Alternative Trade Adjustment Assistance (ATAA), or Reemployment Trade Adjustment Assistance (RTAA) recipient. • A Medicare eligible retiree that meets all eligibility requirements and has been on Medicare for less than 24 months and has dependents who are under the age of 65. These eligible participants are classified as Qualified Family Members (QFM). You must also meet some general requirements and be enrolled in a qualified health plan.

Frequently Asked Questions Con't

Q3	I am a spouse of a retiree that recently lost his eligibility to participate in the HCTC program when my husband became Medicare eligible, can I stay in this plan?	**A**	Yes. You are eligible for this program through the HCTC effective January 01, 2012 following the reinstatement of the QFM program by Congress as long as the otherwise eligible retiree has not reached the age of 67 or been on Medicare for more than 24 months.
Q4	What are the qualified health plans for the HCTC?	**A**	Qualified health plans include the following: • COBRA (federal legislation that lets employees extend their job-based health coverage if they lose their job or a VEBA trust health plan established in lieu of COBRA.) • State-qualified health plan: health plans that a state's Department of Insurance approves as meeting the certain requirements of the Trade Act of 2002. • Spousal Coverage – only applicable if you are paying more than 50% of the premium. The IRS/HCTC will only pay 72.5% of the spouses cost, not 72.5% of the total cost of the insurance. • Non-Group/Individual Plans – only applicable if you were enrolled in an individual policy 30 days prior to the date you became eligible for HCTC and your last day of employment.
Q5	What are the general requirements for the HCTC?	**A**	At the time of your registration, you will need to certify that: ♦ You were not enrolled in Medicare Part A, B, or C. ♦ You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP) ♦ You were not enrolled in the Federal Employees Health Benefits Program (FEHBP) and are not enrolled in benefits under the U.S. military health system (TRICARE). ♦ You were not imprisoned under federal, state, or local authority. ♦ You are not being claimed as a dependent on someone else's tax return.
Q6	If I am eligible for other plans besides the Airline Trust plan, can I choose to enroll in the Airline Trust instead of another plan that I am eligible to enroll in?	**A**	Yes, you have the ability to elect which plan you want to enroll in, understanding that you can only be enrolled in one plan, the HCTC plan in order to receive the HCTC 72.5% subsidy.
Q7	I am 53 years old and a XYZ Company retiree. When do I become eligible for HCTC?	**A**	You become eligible the month after you turn 55. Example: You turn 55 on October 6th. You become eligible for the HCTC on November 1st. HCTC eligibility also requires that you are a PBGC pension recipient and you are enrolled in a "qualified" plan. This example assumes you have also elected to start receiving your pension check at age 55. If you have deferred the start date of your pension check until you turn age 58, you will not be eligible for the HCTC until you begin receiving your pension check.
Q8	I understand that the HCTC currently pays for 72.5% assistance regarding my health care. What is that 72.5% calculated on? My monthly premiums, deductible, or total Out of Pocket?	**A**	The Health Coverage Tax Credit (HCTC) is a federal tax credit that currently pays 72.5% of qualified health insurance premiums for eligible individuals and their qualified family members. If you pay $300 a month in premiums, then the HCTC would pay for $217.50 and you would be responsible for $82.50. Please note that the HCTC does not pay for health insurance premiums for family members who are not qualified or have a separate dental or vision coverage.
Q9	When does the HCTC subsidy of 72.5% expire?	**A**	The HCTC program subsidy level has recently been reauthorized at the rate of 72.5% until at least December 31, 2019. For more information on the HCTC, visit www.irs.gov/HCTC.
Q10	I am retired, on COBRA, and I am TAA certified. Can I enroll in the VEBA program and receive the HCTC even before the pension has been trusteed?	**A**	Yes. Your would need to terminate your COBRA coverage and then the VEBA plan would start as your insurance. Only individuals who are certified to receive assistance under the Trade Adjustment Act (TAA) and are receiving Trade Readjustment Assistance (TRA) or would be receiving TRA but have not exhausted their Unemployment Insurance (UI) benefits are eligible. Since TAA certification is for a finite amount of time though, once you stop receiving TAA benefits you become ineligible for the HCTC unless you are receiving a pension from the PBGC and you are between the ages of 55-64.
Q11	Am I eligible to receive the HCTC if I enroll in the VEBA program?	**A**	If you are an Airline Trust Retiree, retiring from certain companies in the airline industry and your pension plan was turned over to the PBGC, and you are between the ages of 55 and 64, you may be eligible for the HCTC program. TRA, TAA, ATAA or TRAA recipients could also qualify for the HCTC.

Frequently Asked Questions

Q12	I am eligible to receive a pension from my former employer when my pension was turned over to the PBGC, but have not started receiving the checks yet. Am I eligible for the HCTC right now?	**A**	No, you are not eligible until you start receiving a pension check from the PBGC. You must be a PBGC recipient, not a future recipient.
Q13	I just started my own company. When I start drawing an income from my new business, will I still be eligible for the HCTC?	**A**	Yes, there are no limits/caps regarding wage amounts. Your income has nothing to do with your HCTC eligibility. The answer above assumes that you are receiving a pension check or lump sum distribution from the PBGC, you are between the ages of 55-64, and that you are enrolled in a "qualified" health plan.
Q14	My son is receiving Medicaid only and is disabled, is he a qualified dependent?	**A**	No, he is not eligible, but you as a retiree are eligible. If you or your dependents have health coverage through Medicaid, State Children's Health Insurance Program (SCHIP), or Federal Employees Health Benefits Program (FEHBP), you/they are not eligible.
Q15	I am the owner of a company where I pay 100% of my insurance premium cost. Am I still eligible to receive the HCTC toward my healthcare cost?	**A**	No, you are only eligible to use the coverage of your spouse's insurance plan. Your company insurance program is not considered as a qualified plan for the HCTC program. The answer above assumes that you are receiving a pension check or lump sum distribution from the PBGC, you are between the ages of 55-64, and that you are not enrolled in a "qualified" health plan.
Q16	How do I know if I am paying more than 50% of the monthly premium for my spouse's plan?	**A**	You need to go your spouse's HR department and ask for a breakdown of the premium costs and provide that letter/proof to the IRS.
Q17	I am currently on my spouse's insurance plan and we are not paying more than 50%. Am I allowed to move to the VEBA program and be eligible for HCTC even if I have the ability to get coverage from my wife's plan?	**A**	Yes, if it is to your advantage to move over to this program, then you are eligible to do so. Your spouse is allowed to enroll as well, under your plan as a qualified dependent. Your eligibility is not determined by whether you have no other options for coverage but what coverage you choose to enroll in. If the coverage you are enrolled in is qualified for HCTC, and you meet the eligibility requirements, you can enroll in the plan. The answer assumes that you meet all other HCTC eligibility requirements.
Q18	When our XYZ Company insurance coverage was cancelled, I moved over to a High Deductible plan. Would I be eligible for the HCTC under this plan? What do you recommend?	**A**	You would only be eligible for the HCTC if that plan you are enrolled in is a qualified health plan as declared by your state or is a COBRA plan. You have to evaluate your own personal situation and make decisions based upon what is best for you and your qualified dependents.
Q19	Am I eligible for the HCTC if I am an Army veteran?	**A**	If you are enrolled in health coverage through the military health system, TRICARE / CHAPMUS then you are not eligible for HCTC. This does not include health benefits received as a Veterans Affairs benefit. VA benefits do not count.
Q20	I am a XYZ Company Retiree that is 65 years old. My spouse is 62 years old. Can my spouse stay in the VEBA plan?	**A**	Yes, your spouse is eligible to participate in the HCTC program since the Congress recently reinstated the QFM program for eligible dependent effective January 01, 2012. Your spouse will be permitted to enroll in the plan for an additional 24 months of eligibility, or until you reach the age of 67.
Q21	I am a surviving spouse. Do I use my age or my spouse's age to determine eligibility for the HCTC?	**A**	If you became the PBGC recipient upon the death of the retiree, you are now are considered the PBGC recipient, therefore, you would use your age.

Benistar Plan Administrator & Call Center	Phone: 1-800-236-4782
Mail Enrollment Forms Fax Enrollment Forms To:	Benistar Retiree Service Center 10 Tower Lane 1st Floor Avon, CT 06001 1-860-408-7025 Make Checks Payable to: Benistar
Medical	
Blue Cross Blue Shield Pre-Enrollment Benefit Inquiries: Blue Cross Blue Shield Post-Enrollment Benefits and Claims Find Blue Cross Medical Providers	1-877-354-2583
Prescription Drug (Blue Cross PDP)	
Prescription Drug Formulary	1-877-354-2583
Blue Cross Blue Shield Michigan (Dental)	
Blue Cross Blue Shield Michigan	www.Mibluedentist.com Dental Customer Service Find a Doctor 1-888-826-8152
Blue Cross Blue Shield Michigan (VSP with BCBSM)	
BCBSM Customer Service	1-800-877-7195 www.VSP.com or www.BCBSM.com
Airline Retiree VEBA Website	
www.HCTCPlans.com	

Instructions for Form 13441-A Department of the Treasury

Retiree Name & SSN _____
Enrollee Name & SSN _____

Internal Revenue Service

(Rev. January 2016)

Health Coverage Tax Credit (HCTC) Monthly Registration and Update

Single Only Sample for January 2017

You Must Complete ALL Required Areas of this Form to Enroll in HCTC Monthly Insurance Program

General Instructions

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

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

Internal Revenue Service
Stop 6
Austin, Texas 78741

Do Not Mail to IRS!
Fax:1-860-408-7025 or
Mail: Benistar Service Center
10 Tower Lane Suite 100 Avon, CT 06001

Examples: Copy of IRS 1099-R, Paycheck Stub from PBGC
Other document showing PBGC Check

5. Check here if you are registering as a Qualified Family Member. Note: Qualified Family members of HCTC eligible individuals may receive the HCTC for up to 24 months following the eligible individual's Medicare enrollment, death or divorce.
6. Check here if you are updating your current monthly registration. When you are enrolled in the monthly HCTC Program, you must inform us of all changes that affect your eligibility, your family members and your health insurance. You only need to provide the updated information.
7. Please note that once you mail the registration form, it can take up to 6 weeks *(if all requirements are met)* before you receive registration confirmation. During this time, you must continue to pay your health insurance bills directly to your health plan and keep records of your payments. You can claim the yearly tax credit for these and any months that you met all eligibility requirements and made payments directly to a qualified health plan.

Required Supporting Document

These instructions have been covered at top of page

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

☐ **A copy of your health** ... **that includes all of the following:**

- Your name • Health ... one number
- Monthly premium amou... tion numbers • Dates of coverage • Address for mailing your payments

If applicable, ... policy

- Dollar amount ... mbers who are not ... e HCTC
- Separate dollar ... t for benefits that the HCTC d... cover *(such as separate dental or vision plans)*

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

Sample for your help in completing the IRS 13441-A Form (HCTC Enrollment Form)

Retiree Name SSN _____
Enrollee Name_____

Department of the Treasury - Internal Revenue Service

Form **13441-A** (January 2016)

Health Coverage Tax Credit (HCTC) Monthly Registration

OMB Number 1545-1842

Part 1: Your General Information HCTC/TAA Eligible Recipient to Complete

Name *(First, Middle Initial, Last, Suffix)*

Social security number (SSN)	Date of birth *(mm/dd/yyyy)*	Primary telephone number	Alternate telephone number

Mailing Address *(Street Number, City, State, ZIP)*

Part 2: Confirm Your Eligibility Retiree or TAA Recipient Completes Box 1 or 2, Qualified Family Members (QFM) Completes Box 3

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

☒ (1) I am a PBGC payee and 55 years old or older.
☒ (2) I am an eligible Trade Adjustment Assistance (TAA), Alternative TAA (ATAA), or Reemployment TAA (RTAA) recipient.

Check the box to certify that you meet all general requirements listed below. Qualified Family Member(s) Completes Box 3

☒ (3) I certify that all of the following statements are true for me and my qualified family members.

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

Part 3: Family Member Information

If you have more than three (3) qualified family members, make a copy of this page and then complete this section for any additional family members.

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

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

- My family member is my spouse or claimed as a ... ent on my fe... ome tax return and
- My family member meets all general requirem... listed ... *e exception of the last bullet)*.

1	Family member's name *(First, Middle Initial, Last, ...* ... ber (SSN)		Date of birth *(mm/dd/yyyy)*
	Relationship to you ☐ Spouse ☐ Child ☐ Other	Is this person ... ☐ Ye... page ... s a separate qualified plan. Make a copy of the next ... their health insurance information.	
2	Family member's name *(First, Middle Initial, Last, Suf...* ... mber (SSN)		Date of birth *(mm/dd/yyyy)*
	Relationship to you ☐ Spouse ☐ Child ☐ Other	Is this p... ☐ ... page ... se Part 4 to p... parate qualified plan. Make a copy of the next ... their health insurance information.	
3	Family member's name *(First, Middle Initial, Last, Suffix)*	Social security number (SSN)	Date of birth *(mm/dd/yyyy)*
	Relationship to you ☐ Spouse ☐ Child ☐ Other	Is this person on your health plan? ☐ ☐ Yes No. This person has a separate qualified plan. Make a copy of the next page and use Part 4 to provide their health insurance information.	

Name & SSN _____ Page 3

Part 4: Health Plan Information

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

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

Complete this section for all coverage types

Health plan name	Effective date of coverage	Health plan ID number
Blue Cross Blue Shield of Michigan		Plan Administrator Provides

Provide at least one of the following ID Numbers.

Member ID	Group ID	Policy or plan ID
Plan Administrator Provides		

Policy holder's name *(First, Middle Initial, Last, Suffix)*	Policy holder's SSN	Total monthly premium

1. Total number of people *(you and any family members)* on this policy	1
2. Number of family members on this policy who are not qualified for the HCTC	N/A
3. Monthly premium amount for family members who are not qualified for the HCTC	N/A
4. Other health benefits amount	N/A
5. Total HCTC *Total monthly premium minus line (3) and multiplied by 27.5% (.275)*	$0.00
6. Monthly HCTC payment *Line 4 plus Line 5*	$0.00

Complete this section only if you have COBRA coverage:

Former employer	Former employer's HR telephone number
Start Date for COBRA Coverage *(mm/dd/yyyy)*	End Date for COBRA Coverage *(mm/dd/yyyy)*

☐ Check here if this is a Lifetime Benefit

Part 5: Account Accessibility

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

Third-Party-Designee

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

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

This section is optional, you can complete it, if you choose

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

Primary telephone number	Alternate telephone number

Personal Identification Number (PIN)

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

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

Personal Identification Number (PIN)

HCTC Registration form, BCBSM Enrollment Form & Supporting Documents will be mailed, emailed, or faxed to Benistar, NOT the HCTC

SSN _____

Part 6: Form Completion

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

Signature

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

Signature	Full name *(print)*	Date

Privacy Act and Paperwork Reduction Act Notice

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

We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you are eligible, section 35 of the Internal Revenue Code allows a credit for payments you made to buy certain types of health coverage during the tax year. Section 7527 lets you authorize your health coverage provider to receive this credit in advance in the form of monthly payments from the Internal Revenue Service.
We use the information you submit to determine if you qualify for the monthly credit of the Health Coverage Tax Credit (HCTC). If you fail to provide the information, or provide inaccurate information, your application may be denied. However, you may still qualify for the Yearly HCTC when you file your federal income tax return.

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

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

Voluntary Benefit Trust for AIRLINE RETIREES

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

Client Name: Voluntary Benefit Trust for Airline Retirees

CONE RETIREE HEALTHCARE GROUP

Pre-65 Age 55-64 Insurance Enrollment Form

Carriers: Blue Cross Blue Shield of Michigan (BCBSM) - Medical, Prescription Drug, Dental and Blue Vision
Retiree and Spouse have the ability to enroll individually in a plan with/without different levels of coverage as a Single person enrolling in the plan if they desire. If electing to enroll as 1 individual, each plan participant must pay their individual administrative fee.

*****Select the Coverage for the individual(s) enrolling in the plan below under 1 Enrollment form. If you are a Retiree and/or Spouse and/or Dependent enrolling in the plan as a Single. If 2 or less people are enrolling in the plan, selecting enrollment as a single on 2 forms offers better pricing. Each family member must complete their own form and send pay individually for their plan options.**

Section I: Enrollee Information

Are you electing the same health plan that you are currently utilizing? ☐ Yes ☐ No

Who is enrolling? ☐ Retiree ☐ Spouse ☐ Domestic Partner ☐ Dependent
☐ Retiree and Spouse/Domestic Partner ☐ Retiree and Family

*Retiree Information (*All Information in *Italics* Below Applies Only to the Retiree)

Last name *First name* *M.I.* *Date of birth*

Address *City* *State* *Zip code*

Daytime telephone number *Social Security Number* *Email Address* *Sex (M or F)*

Medicare # if Applicable: *Medicare Effective Date:*

☐ *Salaried* ☐ *Hourly* *Name of Union if Hourly:*

Effective date . Form of Payment* ☐ Money Order ☐ Check

*Must be received by the 1st day of the month of the Effective Date

*Initial enrollment options for 2017: (1) 100% premium payment for 1st month (72.5% of the premium will be reimbursed if you file it on your 2017 tax return). (2) Enrollment with a future start date after IRS certification in the HCTC program. You will receive an enrollment letter verifying your entry into the HCTC program.

Section II: List All Dependents That Are Enrolling –

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

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

Section III: Tips To Help You Complete Your Coverage Elections

1) **You can find a complete listing of the 2017 rates on the included enrollment worksheet. Please review these rates before selecting your coverage.**
2) **Bronze Plan has 2 options. Option 1: Bundled with Dental and Vision. Option 2: Medical and Prescription Drugs ONLY. If you are electing the Bronze Option #2 please note that it is not Bundled, you must check the box separately if you want Dental or Vision Coverage, and you will pay 100%for the Dental or Vision Plan when selecting Option #2 for Bronze Plan.**
3) **When selecting your coverage please check each box that pertains to the coverage you and/or dependents elect. For example—if you are selecting the Gold or Silver Plans for both Retiree and Spouse you will need to check both the Retiree and Spouse box. If you are selecting the Gold Plan for both Retiree and Child, you will need to check both the Retiree and Child box. If you are enrolling as a Spouse or Child only, you need to check the appropriate box. All enrollees are eligible if the Retiree is qualified and they can enroll as Standalone participants however, they must complete the Retiree box and the Dependents box in order to verify HCTC eligibility.**
4) **Family Coverage is coverage including three or more individuals.**
5) **Please review all information and sign and date where necessary.**

Section IV: Select Your Coverage

Effective Date for Coverage (Enter MM): __/01/2017 You MUST select an Effective Date to start coverage

Gold Plan: (Bundled Medical, Prescription Drug, Dental and Vision)			
☐ Retiree	☐ Spouse/Domestic Partner	☐ Child	☐ Family
Silver Plan: (Bundled Medical, Prescription Drug, Dental and Vision)			
☐ Retiree	☐ Spouse/Domestic Partner	☐ Child	☐ Family
Bronze Plan Option 1: (Bundled with Dental and Vision)			
☐ Retiree	☐ Spouse/Domestic Partner	☐ Child	☐ Family
Bronze Plan Option 2: (Medical and Prescription Drug)			
☐ Retiree	☐ Spouse/Domestic Partner	☐ Child	☐ Family
Dental and Vision Only:			
☐ Retiree	☐ Spouse/Domestic Partner	☐ Child	☐ Family

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

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

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

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

Retiree Signature: _____ Date: _____
(If Enrolling)

Spouse Signature: _____ Date: _____
(If Enrolling)

This enrollment form in conjunction with form 13441A must be completed in their entirety in order to be enrolled in the HCTC program. Any missing information will delay your enrollment in being processed. Coverage will be effective upon IRS certification in the HCTC program.

Instructions for form completion:

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

Completed forms can be emailed to Benistar at: memelig@benistar.com
If faxing send to: 1-860-408-7025
If mailing send to:
Benistar Retiree Service Center
10 Tower Lane, Suite 100
Avon, CT. 06001
Please make your check payable to Benistar Service Center

Check List for Enrolling in

HCTC Eligible Trusts Plan for Under Age 65 Retirees

In Your Enrollment Packet You Will Find the Following:	Please Use this Check List Below:
Enrollment Booklet	This provides you with an overview of the program and important information for you to consider.
Enrollment Forms	Included in this packet is your: BCBSM Insurance enrollment form HCTC 13441-A Monthly Registration/Update Form
Cost of Plans available include medical, prescription drugs, dental & vision if bundled! **Gold- Bundled** **Silver Bundled** **Bronze Bundled Plans** **Bronze Medical& Prescription Drugs Only**	The enrollment book outlines the Summary Plan Descriptions for each medical and prescription drug plan being offered through this Trust. Please review each plan and select the plan that is right for you and your family.
Dental Plan Summary	This is the summary plan description of your dental benefits if you select a bundled plan.
Vision Plan Summary	This is the summary plan description of your vision benefits if you choose to enroll in a bundled plan.
Frequently Asked Questions (FAQ)	The FAQ's will give you a better understanding on how the program works. If you have questions about the Plans, call **Benistar Retiree Service Center**: **1-800-236-4782**
Please enclose information in an Envelope and return to Benistar Retiree Service Center 10 Tower Lane, 1st Floor, Avon CT, 06001 (**May Require 2 stamps to mail**)	Use this envelope to send back your enrollment form and 1st month premium payment. If you need help in completing your forms or in what your cost will be at 27.5%, **Please Call Benistar for Help. 1-800-236-4782**
Health Coverage Tax Credit to Do's	This explains the steps you will need to take to register in the monthly HCTC Program.

To Enroll for a January 01, 2017 Effective Date, Please Send by December 01, 2016

To Avoid Paying 100% for Your First Months Enrollment If You Delay!

What Do I Return?	Make Sure to…
Addressed Envelope (May require **2 stamps**)	⇒ 13441-A HCTC Monthly Registration/Update Form ⇒ Enclose your Blue Cross Insurance Enrollment Form ⇒ Is your check being mailed for 27.5% 1st months payment mailed or faxed to Plan Administrator Benistar Retiree Service Center 1-800-236-4782 ⇒ Are you making your payment before the December **01, 2016** deadline to get your enrollment materials to Benistar? ⇒ Are you aware you may be required to pay 100% of the month of January and claim it on your tax return for 2017 in 2018?