2018 Benefits Guide

Voluntary Benefit Trust for Airline Retirees Medicare Plans

Voluntary Benefit Trust for AIRLINE RETIREES

Group Plans Providing Choice, Quality and Value

Available to All Voluntary Benefit Trust Airline Retirees

Cone Retiree Healthcare Group Trust Representatives

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Overview

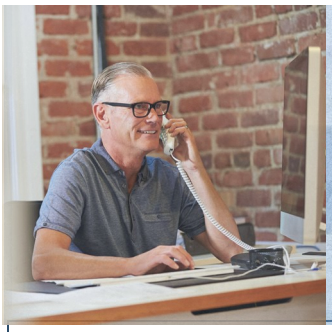
The Board of Directors of the **Voluntary Benefit Trust for Airline Retirees** (the Trust) would like to welcome you to review this Benefits Enrollment Guide that has been created for Retirees of all US Airline Industry Companies. Please refer to the Summary Plan Description (SPD) for complete details 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 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 Voluntary Benefit Trust for Airline Retirees.

Protecting Your PHI

The Board, Cone Retiree Healthcare Representatives and our Healthcare Providers understand the importance of protecting your **p**ersonal **h**ealth **i**nformation. We have the ability to communicate with our plan participants and protect their PHI.



Coverage Contact Information

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

Supplemental Medicare Plan Information:

Supplemental Medicare Plan - Medical	
Transamerica Post-Enrollment Benefits and Claims	1-800-854-0186 www.Transamerica.com
Supplemental Medicare Plan - Prescription Drug	
Aetna Prescription Drug (PDP) Prescription Drug Formulary	1-800-594-9390 www.aetnaretireeplans.com

Medicare Advantage Plan Information:

Medicare Advantage Plan - Medical, Rx, Dental and Vision	
Humana Post-Enrollment Benefits and Claims	1-866-396-8810

Medicare Dental and Vision ONLY Plan Information:

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 (Blue Vision VSP with BCBSM)	
BCBSM Customer Service	1-800-877-7195 www.VSP.com or www.BCBSM.com
Voluntary Benefit Trust for Airline Retirees VEBA Website	
www.MyMedPlans.com	

Please Print this and Keep for Your Records!

Auto Retiree VEBA Trust

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 plans.

You will find we have excellent healthcare options available to ALL US Airline Retirees through these plans. Medicare-eligible retirees, spouses, domestic partners, survivors and their families who:
Have worked at least 5 years for one of the companies eligible to participate in the Trust. Based on information currently available to the Trust, the list of eligible companies includes, but is not limited to:

•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

Choosing the Right Plan for You!

TRANSAMERICA

Supplemental Medical Plans

Blue Cross Blue Shield of Michigan

Dental and Vision Plans

aetna

Standalone Prescription Drug Plans

Humana.

Medicare Advantage Plans

CONE RETIREE HEALTHCARE GROUP

IMPORTANT TO NOTE

Retiree - As a Voluntary Benefit Trust for Airline Retirees plan participant, you are eligible for the medical, prescription drug, dental and vision benefits outlined within this benefit guide.
Spouse/Domestic Partner Dependent - Your spouse or same-gender domestic partner may also be eligible for medical, prescription drug, dental and vision benefits if they meet the guidelines for eligibility.
Under Age 65 - Your spouse/domestic partners are only eligible for the Medicare Advantage Plans, the Standalone Prescription Drug Plans, and the Dental and Vision coverage through this Trust in 2018. The Supplemental Medical Plans are available to Medicare eligible plan participants over the age of 65 only)
Medicare-eligible (over the age of 65 ONLY for 2018) - You must be over the age of 65 to be eligible to enroll in the supplemental medical plans. People that are under 65 & on medicare remain eligible for medicare advantage plans available through the Trust for 2018. This is a change from 2017 ,if you are enrolling in the Medicare medical and prescription drug 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.

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. *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 your or your spouse's federal income tax return.
Disabled Children	To continue coverage past the age limit, your disabled child must otherwise meet the requirements for eligible dependents and must also meet the following definitions: A disabled child is a child who, due to a mental or physical disability, is incapable of earning a living at the time he or she would otherwise cease to be a dependent if the child is covered as a dependent at that time and if at that time he or she depends on you for principal support and maintenance. A disabled child continues to be considered and eligible dependent as long as the child remains incapacitated, unmarried, dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the date he or she otherwise would lose dependent status. A dependent child who loses eligibility and later becomes disabled is not eligible to be covered. A disabled child who was not covered as a dependent immediately prior to the time he or she would otherwise cease to be a dependent is not eligible to be covered.

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 (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 you or your spouse's federal income tax return

OCTOBER 15—DECEMBER 31, 2018

Voluntary Benefit Trust for AIRLINE RETIREES

ENROLL NOW

1-800-236-4782

Annual Enrollment Periods

The Annual Enrollment begins October 15 - 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 October 15th to December 7th. This Trust is a Group plan, therefore, **we are able to extend the annual open enrollment period until December 31st of each year.**

Enrollment for New Retirees or Retirees becoming Medicare Eligible

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 65th birthday. You will have up to 3 months prior to your 65th birthday and 3 months following your 65th 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

Keeping your Contact Information Up to Date

Please Visit our NEW Website!
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 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** 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

CONE RETIREE HEALTHCARE GROUP

BENISTAR CALL CENTER & PLAN ADMINISTRATOR

Voluntary Benefit Trust for AIRLINE RETIREES

Benistar is the Plan Administrator and manages the Call Center for the Trust. The toll free number is **1-800-236-4782.** If you choose to enroll, all enrollment forms should be returned to **Benistar** at the address provided on the back of 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 Medicare Advantage PPO, Medicare Prescription Drug, and the Supplemental plans, you will be billed after your enrollment is approved by Medicare; or in the case of the Supplemental plans, your Medicare eligibility is verified.

TRANSAMERICA SUPPLEMENTAL MEDICAL PLANS / AETNA RX PLANS

- **New Provider! Transamerica offers 2 Supplemental Medical Plans in 2018. Plan "F" and Plan "N"**
- **Aetna will continue to provide the same 3 Standalone Prescription Drug Plans in 2018**

The Trust offers two (2) Transamerica Supplemental Medical plan options, and two (3) Aetna Medicare Prescription Drug plan options (PDPs) in all states where the plans are offered. You decide which, if any of these plans, best meet your needs. We do not require you to enroll in a "bundled" plan with both a medical and prescription drug plan. We allow you to decide what medical and prescription drug plans best meet you needs, understanding that "one size does not fit all".

While Transamerica provides excellent options for your medical needs and Aetna provides great options for prescription drug plans, the choice is yours, to select a medical and prescription drug plan through this Trust, or elect a medical plan through another provider.

The Transamerica Supplemental Retiree Medical plans mirror the Medigap plans. These plans work with original Medicare to pay for some or all of the remaining balances for Medicare approved services after Medicare's payment.

The Transamerica Supplemental Retiree Medicare Plans are non-network plans, you have access to any Medicare-eligible provider. To find a doctor or hospital participating in Medicare and who accepts or does not accept Medicare assignments visit http://medicare.gov.

TRAVEL BENEFITS INCLUDED IN SUPPLEMENTAL MEDICAL PLANS

Another important benefit for Airline Retirees enrolling in the Transamerica Supplemental Retiree Plans through the Voluntary Benefit Trust for Airline Retirees is the coverage for travel, you will pay a $250 deductible and then 20% up to a $50,000 maximum lifetime benefit.

CONE RETIREE HEALTHCARE GROUP

Transamerica Supplemental Medical Plan Cost
Plan F & Plan N

Retirees are eligible to join these Transamerica Supplemental Medicare plans at anytime. This is a group plan offering flat rates, no age bands for retirees over the age of 65 only (except the state of Florida). These Medicare Plans are always open for enrollment, unlike an individual plan, which has an open enrollment window. Contained within this section you will find the rates for the various Medical, Dental, and Vision plans that are available to you. We offer cafeteria style benefits, you have the ability to select each of our healthcare options as standalone plans (Medicare Supplement Plans, Medicare Advantage Plans and Dental/Vision plans). We also offer a Medicare Advantage Plan that includes a Prescription Drug Plan.

*In addition, *Dental and Vision must be selected together when choosing these products without Medical or Prescription drug coverage options. They are only offered as bundled coverage.*

Transamerica Medicare Supplement Plans		Aetna Prescription Drug Plan			Humana Medicare Advantage Plan		Blue Cross Blue Shield Dental & Vision Plans	
Plan F	Plan N	High PDP	Low PDP	Value Plan	Plans by area	Extra Services	Blue Vision (VSP)	Blue Dental PPO

If you have a Medical or Prescription Drug plan only you must include the **admin fee of $10.00 per month** will be added to cover the cost for Plan Administration Fees.

If you elect to enroll in the Dental and Vision bundled package only, you will pay an admin fee of $4.25.

The cost for these plans in the States of Florida, Washington and Arizona are different. Please ask Benistar, the Plan Administrator **1-800-236-4782 for pricing for these states.

TRANSAMERICA SUPPLEMENTAL MEDICAL PLANS

Supplemental Medical Plans - Plan F vs. Plan N	PLAN "F"			PLAN "N"		
FLAT RATES FOR PLAN F & PLAN N IN MOST STATES	$0 Deductible $0 Out of Pocket			Requires Out of Pocket Cost from Retirees		
COPAYS	MEDICARE PAYS	PLAN PAYS	YOU PAY	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medicare Part A Deductible *(per benefit period)*	$0	$1,316	$0	$0	$0	$1,316
Medicare Part B Deductible *(per calendar year)*	$0	$183	$0	$0	NOT covered	$183
Medicare Part B Excess charges, generally 15% above Medicare approved amounts when using providers that do not participate in Medicare. *(per calendar year)*	N/A	Covered 100%	$0	$0	NOT covered	You Pay
Annual Supplemental Retiree Medical Deductible	N/A	N/A	Unlimited	N/A	N/A	N/A
Annual Plan Out of Pocket Maximum *(in addition to Part B deductible)*	N/A	Unlimited	$0	N/A	N/A	Unlimited
Part A – Hospital Services – Per Benefit Period						
Hospitalization						
First 60 Days (Part A deductible)	All but $1,316	$1,316	$0	All but $1,316	$0	$1,316
61st Through 90th Day	All but $329/per day	$329/per day	$0	All but $329/per day	All but $329/per day	$0
91st Day and After:						
While using 60 Lifetime Reserve Days	All but $658	$658/day	$0	All but $658	$658/ day	$0
Once Lifetime Reserve Days are Used:						
Additional 365 Days	$0	100% of Medicare eligible expenses	$0	$0	100% of Medicare eligible expenses	$0
Beyond the Additional 365 Days	$0	$0	All Costs	$0	$0	All Cost
Blood						
First 3 Pints	$0	Covered 100%	$0	$0	Covered 100%	$0
Additional Amounts	Covered 100%	$0	$0	Covered 100%	$0	$0
Hospice Care – Available if doctor certifies that you are terminally ill						
Hospice Care Coinsurance or Copayment	All but very limited coinsurance outpatient drugs and inpatient respite care	The amount equal to 100% of the charges not covered by Medicare	$0	All but limited coinsurance outpatient drugs and inpatient respite care	Amount equal to 100% of charges Medicare does not cover	$0

TRANSAMERICA SUPPLEMENTAL MEDICAL PLANS
Plan F & Plan N Coverage Details (continued)

Supplemental Medical Plans - Plan F vs. Plan N	PLAN F			PLAN N		
FLAT RATES FOR PLAN F & PLAN N IN MOST STATES	$0 Deductible $0 Out of Pocket			Requires Out of Pocket Cost from Retirees		
COPAYS	MEDICARE PAYS	PLAN PAYS	YOU PAY	MEDICARE PAYS	PLAN PAYS	YOU PAY
Part A – Hospital Services – Per Benefit Period (continued)						
Skilled Nursing Facility Care (per benefit period) – you must meet the requirement, including having been in a hospital for at least 3 days and entered into a Medicare-approved facility within 30 days after leaving the hospital.						
First 60 Days	All approved amounts	$0	$0	All approved amounts	$0	$0
61st Through 90th Day	All but $329	$329/day	$0	All but $329 per day	All but $329 per day	Up to $329 per day
91st Day and After	$0	Not covered	All Costs	$0	Not covered	All Costs
Part B – Medical Services – Per Calendar Year						
Medical Expenses						
First $183 of Medicare- Approved Amounts	$0	$183 (Part B deductible)	$0	$0	$0	$183 (Part B deductible)
Remainder of Approved Amounts for Other Than Preventive Part B Services	Generally 80%	Generally 20%	$0	Generally 80%	Generally 20%	$0
Part B Excess Charges (generally 15% above Medicare – approved amounts when using providers that do not participate in Medicare.)	$0	Covered 100%	$0	Covered 100%	Not Covered	$0
Clinical Laboratory Services						
Tests for Diagnostic Services	100%	$0	$0	100%	$0	$0
Parts A&B						
Home Health Care Approved Services: Medically Necessary Skilled Care Services and Medical Supplies	100%	$0	$0	100%	$0	$0
Durable Medical Equipment	80%	20%	$0	80%	20%	$0
Part B* Preventative Care Insurance	100%	$0	$0	100%	$0	$0
Foreign Travel Benefits	Airline Trust members pay a $250 deductible then 20% until $50,000 maximum benefit			Airline Trust members pay a $250 deductible then 20% until $50,000 maximum benefit		

What is New in 2018?

Changes to Travel Benefit, $250 Deductible + 20% up to $50,000 Life-time benefit.

New for 2018! Plan "N" includes the Foreign Travel Benefit in 2018!

+ No charge for emergency room or B excess charges

Cost increases in the Part B Deductible for people enrolled in Plan "N"

Plan "N" enhancements

(1) No B excess charges

(2) Foreign Travel Benefits included

(3) No charge for emergency room

Transamerica Supplemental Medical Plans in 2018

The Voluntary Benefit Trust for Airline Retiree Plans provide Flat Rates in Most States:

You Have 2 Supplemental Plans
with Flat Rates to Choose From!

Available in ALL States that offer Supplemental Medical Plans
(excluding the States of FL who use Age and Zip Codes to determine rates).

Plan "F" Plan "N"

Any Doctor That Accepts Medicare

Any Hospital That Accepts Medicare

CONE RETIREE HEALTHCARE GROUP

The 2018 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 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 2018, the donut hole begins when your total out of pocket cost including the cost to your provider is $3,750. -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 and is set by CMS. People who increase each year and is set by CMS. People who reach their donut hole will receive a discount or 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 determined by CMS each year. Coverage in the "Coverage Gap" is $44 for Generics and 35% of the cost of the Drugs for Brand and Preferred Brand Drugs in 2018. Once an enrollee reaches the total out-of-pocket limit during the coverage gap of $5,000, 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% of subsequent drug costs after the donut hole, their plan paying about 15%, and Medicare covering about 80%.

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 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 Wal-Mart and you only require 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 Supplemental Medical plan and/ or a Prescription Drug Plan, please complete, sign and date the Enrollment forms and return them to Benistar at the address on the form.
Enrollment Form indicating your selections

- Plan F, or Plan N
- PDP High, PDP Low, PDP Value or neither
- Blue Dental/Blue Cross Blue Shield Dental
- Blue Vision (VSP)

A copy of any document(s) providing your employment in the Airline industry for at least five (5) years or your retirement from the Airline Industry.

After Enrolling in the Supplemental Medical and/or Prescription Drug Plan and/or the Dental and Vision

WATCH FOR YOUR ID CARDS!

Transamerica Supplemental Medical Plans
Transamerica ID card
Certificate of coverage
Member discount brochure

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

Plan Prescription Drug Plans
Aetna ID card
New Member Welcome Packet

CONE RETIREE HEALTHCARE GROUP

AETNA Standalone PART D Prescription Drug Plan

AETNA PRESCRIPTION DRUG PLANS	Plan #1		Plan #2	
	PDP High RX (11S8)		PDP Low RX (1203)	
Annual Deductible	$0		$0	
Initial Coverage Limit (ICL) - $3,750 in total drug expenditures (total cost of prescriptions and includes co-pays).				
	Retail or Mail Order 1 month supply cost are the same in 2018	Retail 90 day supply Retail and Mail Order cost are the same in 2018	Retail or Mail Order 1 month supply cost are the same in 2018	Retail 90 day supply Retail and Mail Order cost are same for 2018
Preferred Generic Tier 1	$5 copay	$10 copay	$2 copay	$4copay
Non-Preferred Generic Tier 2	$25 copay	$50 copay	$10 copay	$20 copay
Preferred Brand (includes some high-cost generics)	$40 copay	$80 copay	$40 copay	$80 copay
Non-Preferred Brand	$75 copay	$150 copay	$75 copay	$150 copay
Specialty-Tier Medications	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Coverage Gap – Once the total drug expenditures reaches the Initial Coverage Gap of $3,750 and continues until the total True Out of Pocket (TrOOP) member expenses reaches $5,000 in 2018				
Preferred Generic Tier 1	$5 copay	$10 copay	44% coinsurance for Generics	
Non Preferred Generics Tier 2	$25 copay	$50 copay		
Generics Tier 3 Preferred Brand	$40 copay	$80 copay	35% coinsurance after the manufacturer discount of 50% is applied	
Preferred Brands, Brands Tier 4 and Tier 5 Specialty Tier	35% coinsurance after the manufacturer discount of 50% is applied	35% coinsurance after the manufacturer discount of 50% is applied	35% coinsurance after the manufacturer discount of 50% is applied	35% coinsurance after the manufacturer discount of 50% is applied
Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) in 2018 of $5,000				
Generic or Those Treated as Generic	Greater of $3.35 or 5%	Greater of $3.35 or 5%	Greater of $3.35 or 5%	Greater of $3.35 or 5%
All Other Covered Drugs	Greater of $8.35 or 5%	Greater of $8.35 or 5%	Greater of $8.35 or 5%	Greater of $8.35 or 5%

AETNA PRESCRIPTION DRUG PLANS	PDP Value RX (1303)	
Annual Deductible	★ **$240 Deductible Required Before Co-Pays** ★	
Initial Coverage Limit (ICL) - $3,750 in total drug expenditures (total cost of prescriptions and includes copays)		
	Retail or Mail Order 1 month supply cost is the same in 2018	Retail 90 day supply Retail and Mail Order costs are the same in 2018
	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 ($3,750 in 2018), the Coverage Gap begins and continues until the total True Out of Pocket (TrOOP) member expenses reaches $5,000		
Preferred Generic Tier 1	44% coinsurance for Generics	
Tier 3 Preferred Brand (includes some high cost generic and preferred brand drugs)	35% coinsurance after the manufacturer discount of 50% is applied	
Generics Tier 4 and Tier 5	44% coinsurance	
Brands Tier 4 and Tier 5	35% coinsurance after the manufacturer discount of 50% is applied	
Catastrophic Tier – Begins after member expenditures reach out-of-pocket (TrOOP) for 2018 is $5,000		
Generic or Those Treated as Generic	Greater of $3.35 or 5%	
All Other Covered Drugs	Greater of $8.35 or 5%	

Transamerica Supplemental Retiree "F" Plan
(with or without Prescription Drug Options)

Airline TRUST OFFERS FLAT RATE REGARDLESS OF AGE *(in most states)*

STANDALONE PDP PLANS

$0 Out of Pocket

$0 Deductibles

Plan F is Comparable to a Medigap Plan "F"

Supplemental Plan "F"
$209
$0 Deductible $0 out of pocket

NEW! 2018 Coverage in Gap Tier 1, 2, & 3 Drugs

All Standalone Medical Plans
No Bundling required with Medical and PDP

Total per Member per Month	Total per Member per Month	Total per Member per Month
High PDP $215.00	Low PDP $82.00	Value PDP $67.00
High PDP limited Coverage in Gap	Low PDP limited Coverage in Gap	Value PDP limited Coverage in Gap
Total per member Per month	**Total per member Per month**	**Total per member Per month**
$424.00	$291.00	$276.00
Plus $10 Admin fee	Plus $10 Admin fee	Plus $10 Admin fee

All Total Costs above are Calculated on average cost of PDP Plans Across All States. The Airline Trust Supplemental Rates are Flat Rates for ALL States except Florida (They offer rates using age bands and zip codes)

Transamerica Supplemental Retiree "N"Plan
(Prescription Drug Options)

AIRLINE TRUST OFFERS FLAT RATE REGARDLESS OF AGE *(in most states)*

STANDALONE OR YOUR CHOICE OF PDP PLANS

Plan N is Comparable to a Medigap Plan "N"

Supplemental Plan "N"
$167.00
You must meet deductibles and out of pockets

NEW! 2018 Coverage in Gap Tier 1, 2, & 3 Drugs

All Standalone Medical Plans
No Bundling required with Medical and PDP

Total per Member per Month	Total per Member per Month	Total per Member per Month
High PDP $215.00	Low PDP $82.00	Value PDP $67.00
High PDP limited Coverage in Gap	Low PDP limited Coverage in Gap	Value PDP limited Coverage in Gap

2X copay 90 day Supply at Local Pharmacy OR Mail Order

Total per member Per month	Total per member Per month	Total per member Per month
$382.00	$249.00	$234.00
Plus $10 Admin fee	Plus $10 Admin fee	Plus $10 Admin fee

All Total Costs above are Calculated on average cost of PDP Plans Across All States. The Airline Trust Supplemental Rates are Flat Rates for ALL States except Florida (They offer rates using age bands and zip codes)

NEW Medicare Advantage PPO Plan Provider For 2018!

Humana.

Nationwide Coverage PPO Plan

Includes Medical and Prescription Drugs

FREE
Extra Benefits!

SilverSneakers®

SilverSneakers® Fitness

Look good, feel great! Work out with SilverSneakers® Fitness

SilverSneakers is a total health and physical activity program. Stay active with support from fellow members. Staying in shape and feeling good are important at any age. That's why our Humana Medicare plans include the SilverSneakers Fitness program – at no extra cost*. So what are you waiting for?

SIGN UP TODAY AND SEE HOW MUCH FUN EXERCISE CAN BE!

Choose your workout style

Workout Indoors

If there's a participating fitness center near you, take advantage and join. With over 11,000 participating fitness centers it won't be hard to find one. Even better - you'll be able to take your membership with you wherever you go. Which means you can work out close to home or on the go.
Participating fitness centers offer plenty of programs designed to get you in your best shape ever. Use the club's fitness equipment - from cardio to free weights. Take a SilverSneakers fitness class, taught by certified instructors who have your needs in mind. Meet new friends, learn new things, and get involved at health fairs and social events.

Outdoor Workout

For options outside the traditional fitness location, try SilverSneakers FLEX™ with classes including tai chi, yoga, and walking groups offered at local parks and recreation centers.

Find participating locations close to you *(link opens in new window)*
https://www.silversneakers.com/learn/

No participating locations near you? No problem. Sign up for SilverSneakers Steps and exercise your way. You'll get a choice of four kits (general fitness, strength, walking and yoga) to use at home or when you travel.
Questions? Call 1-888-423-4632
Monday through Friday, 8 a.m. to 8 p.m. EST.

CONE RETIREE HEALTHCARE GROUP

Medicare Advantage Plans
How They Work and Are They Right For You?

Humana.

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 Humana 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 Humana 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 Humana, 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 nonemergency or non urgent care). These rules can change each year.

Need Help with your Medicare Plan Comparisons for Open Enrollment?

1-800-236-4782

Humana Medicare Advantage Plan℠

ENROLL NOW

This plan offers high-quality benefits beyond Original Medicare. It also includes special services and programs only available to Humana 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 Humana Medicare PPO network will have one option in 2018 for a Medicare Advantage Plan. Your Plan design and rates will be determined by the Zip Code you live in and most plans will require a Deductible upfront for your Prescription Drug plan.

FREE Extra Benefits!

CALL For Details and Pricing

1-800-236-4782

Medicare Advantage Plans
How They Work and are They the Right Plan for You

Humana

Besides Part A & B Benefits, What Else do Medicare Advantage Plans Cover?

Medicare Advantage Disenrollment Period: January 1 –February 14

Whatever changes you make during the annual open enrollment window will not go into effect until January 1; they will then be locked in until January 1 of the following year unless you are enrolled in a Medicare Advantage plan. For Retirees enrolled in a Medicare Advantage plan, you will have a Disenrollment Period: January 1 – February 14. During this period you can drop your MA plan and return to "Original Medicare" and get a Part D plan. However, you cannot change to another MA plan during this period. And, if you are trying to move to a Medicare Supplement plan you may not qualify due to medical underwriting questions about any health problems you may have during this special window.

Humana Medicare Extra Features

Extra Services

•**MyHumana** - Use MyHumana as an online tool to check benefits and claims, find an in-network doctor and make premium payments

•**Humana First** - this is a toll-free, 24 hour Nurse Advice Line were a registered nurse will answer your questions and help you avoid unnecessary doctor visits.

•**Humana at Home** - Get the right care in place to help manage chronic condition(s). Your personal care Manager will work with you one-on-one by phone, video or in your home.

•**Silver Sneakers Fitness** - A total health and physical activity program. Stay active with support from fellow members.

•**Humana Well Dine** - After an inpatient stay in a hospital or nursing facility, you may be eligible for 10 healthy, precooked frozen meals delivered to your door at no cost to you.

•**Healthways Quitnet** - A tobacco cessation program that includes nicotine replacement therapy, phone counseling and website support.

•**Humana Member Assistance Program** - Provides you with three confidential, telephonic counseling sessions, per life event, with a MAP professional to help you cope with life changes, stress, conflict resolution and grief.

How Much Does a Medicare Advantage Plan Cost?

While plan benefits and the out-of-pocket costs you pay for these benefits can vary by the insurance company offering the Medicare Advantage plans, typically there is an additional monthly premium. The Humana Medicare PPO plans offered do have additional monthly premiums. You should also evaluate the following when reviewing the Humana PPO, including the Prescription Drug plans, as these could potentially increase your out-of-pocket costs:
•Whether the plan has a yearly deductible or any additional deductibles •How much you pay for each visit or services you need and how often you get them •Whether you follow the plan's rules such as using network providers •Whether you need extra benefits, and if the plan charges for them •The plan's yearly limit on your out-of-pocket costs for all medical services

To find a doctor or hospital in the Humana network, visit http://www.myhumana.com

MyHumana

Medical Plan Medicare Advantage PPO Plan Options
EXTRA BENEFITS

SilverSneakers®	In most service areas members will have free membership to a local fitness center through the SilverSneakers® Program. The SilverSneakers® Fitness Program offers your retirees free membership at a warm and friendly fitness center.
	Enrollment is easy and there is no initiation fee or contract. SilverSneakers Steps is a personalized fitness program for members who don't have access to a SilverSneakers location. After signing up as a Steps member on silversneakers.com/member, you'll receive a kit with tools to help you get fit at home.

Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

Smoking Cessation (Additional)	A comprehensive smoking cessation program available on-line, e-mail and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.establishing goals and providing articles and resources to aid in the effort to quit smoking.

Counseling Services

Counseling Services	Member Assistance Program (MAP) which aims to make your life easier and can help you get through life's challenges. MAP provides you with three confidential, telephonic counseling sessions, per life event, with a MAP professional to help you cope with life changes, stress, conflict resolution and grief. You will also have access to online resources, including educational articles and webinars. Unlimited consultations with subject-matter experts and referrals for adult care and childcare issues.

Medical Plan Medicare Advantage PPO Plan Options
EXTRA BENEFITS

Humana

MyHumana

Use as an online tool to check benefits and claims, find an in-network doctor and make premium payments.

HumanaFirst®

A toll-free 24-hour, 7 day a week medical information service staffed with specially trained registered nurses to assist in immediately answering questions on symptom related health conditions. Also available is an audio text library to access information on a variety of health topics.

Humana At Home℠

Get the right care in place to help manage chronic condition (s). Your personal Care Manager will work with you one-on-one by phone, video or in your home.

Web/Phone Based Technologies

A program that allows members to access a doctor either by phone, secure video through your personal computer, or using a mobile device such as a tablet 24 hours a day, 7 days a week. Doctors can diagnose symptoms, prescribe medication, and send prescriptions to a selected pharmacy. The program is designed to handle non-emergency medical issues and should not be used when experiencing a medical emergency. While this program is not intended to replace your primary care doctor for common or chronic conditions, a virtual doctor's appointment can sometimes be another option when your doctor's office or urgent care center is not available or open. You are not required to use this service, and you can contact your primary care doctor to request an appointment. Services will be rendered for $15. Changes to state law may impact this service so please contact Customer Care or visit myhumana.com for the most up-to-date information and additional benefit details. Web/Phone based Technologies is available in all States except Arkansas and Idaho. Web Based Technologies only - available in Arkansas and Idaho.

IMPORTANT: Please verify with your plan on each Extra Service to make sure you are eligible for these benefits.

Go365 is a wellness reward program that engages Medicare beneficiaries for doing activities that help them establish and maintain a healthy lifestyle. Go365 inspires members to know and improve their individual health status through a state of the art health assessment, biometrics and a personalized pathway to wellness. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their health efforts.

Humana.

For Complete Plan Details & Pricing Contact the Plan Administrator - Benistar

1-800-236-4782

8:00 am-4:30 pm ET

Monday—Friday

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 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.***
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

No Rate Increase in

2018 Blue Cross Blue Shield Nationwide Dental Rates

Dental ONLY Rates (No Medical)

The rates below are priced for eligible plan participants enrolling in the Dental Plan 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 only, you must include a fee of $4.25. 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

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

Blue Vision (VSP) Vision Plan Cost for 2018

No Rate Increase in

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)

Blue Vision (VSP) Vision Plan

No Rate Increase for 2018!

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. You can provide 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.

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.

2018 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	$6.86
Two-Person	$13.73
Family	$22.79

These Rates do NOT include the admin fee

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 www.MyMedPlans.com provided by Cone Retiree Healthcare Group, our broker. You can log into this website to help you with any information you might need regarding your Medicare benefits you may be eligible to enroll in if you are a retired Airline employee or a dependent of a retired Airline employee.
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.
Claims and Medicare Coverage			
Q.	How are my medical claims paid if I am enrolled in the Transamerica Supplemental Retiree 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. Aetna 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.
Q.	I only worked for RG Airline 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 RG Airline 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 Transamerica 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, AETNA will pick up all the cost. The Supplemental Plan "F" has ZERO out of pocket cost and ZERO deductibles.
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.
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 provides for coverage through the donut hole with Generics in Tier 1, Tier 2 and Tier 3 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 2018!
BENISTAR, THE PLAN DMINISTRATOR
1-800-236-4782

FREQUENTLY ASKED QUESTIONS

Eligibility and Administration

Q.	Does this plan provide Flat Rates in all 50 states?	A.	Yes, the plan provides Flat Rates for Supplemental Medical "Plans F" and "Plan N" in ALL States where Transamerica offers Supplemental Retiree Medical Plans, excluding Florida where the cost is determined by your age and zip code Medicare Advantage Plans, Prescription Drug Plans along with Dental and Vision can be sold in all 50 States.
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 A and Plan F in certain States as well as Medicare Advantage Plans.
Q.	What insurance carriers will we have a choice of for the VEBA program?	A.	Transamerica is the insurance carrier for the Medicare medical plans (medical and prescription drug) and Blue Cross Blue Shield is the Dental provider. Blue Vision (VSP) is the insurance carrier for 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 **1-800-236-4782**
Q.	I am permanently disabled and am on Medicare and under age 65. Can I qualify for the Transamerica program?	A.	No, you are not eligible for the Supplemental plans.
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 immediately since this is a group plan. You do not have to wait until the annual open enrollment window 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 and vision plans as standalone plans 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 2017, the admin fee for the Trust is $3.
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 **Benistar**. For the Medicare Advantage PPO, Medicare Prescription Drug, and the Supplemental Retiree Medical plans, you will be billed after your enrollment is approved by Medicare; or in the case of the Supplemental Retiree Medical plan, 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, if you enroll in different levels of coverage then you will each pay your own admin fee because you will have to be setup as 2 individuals that will not be on the same family record.
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. 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. Transamerica and Aetna will mail out your ID card for the medical & RX, and Blue Cross Blue Shield Dental and Blue Vision through VSP Vision. All of the Trust providers will be sending you an ID card following your enrollment into the plans.
Q.	Who can I call to get more information about the plans?	A.	You can call the **Benistar Retiree Service Center at 1-800-236-4782**, Monday through Friday, 8am to 4:30 pm Eastern time zone.

Voluntary Benefit Trust for
AIRLINE RETIREES

Benistar Retiree Service Center
10 Tower Lane, 1st Floor
Avon, CT 06001
1-800-236-4782

Airline Retiree VEBA Trust

TRUST BOARD

George Leatherbury, Chairman

Bob Benham, Secretary

Anthony Piacentino, Treasurer

Mike Cox

Marion Hindman

INSURANCE PROVIDERS

Transamerica Supplemental Medical

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

Trust Representatives

Cone Retiree Healthcare Group