



**GOODYEAR**  
RETIREE HEALTHCARE TRUST

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October 9, 2015

Dear Goodyear Retirees and Surviving Spouses:

We are pleased to offer you information regarding your 2016 Benefits.

Please read the enclosed documents carefully, as there are important changes which may affect you and your enrolled family members.

Note that your plan options depend upon your Medicare status. If you or a family member is not yet eligible for Medicare, please refer to the document labeled “Non-Medicare Eligible Participants”.

If you or a family member is eligible for Medicare, please refer to the document labeled “Medicare Eligible Participants”.

Your 2016 contribution amount will depend upon three factors:

- The Retiree or Surviving Spouse’s Medicare status,
- The Retiree’s date of retirement: either before (“Pre-91”) or on or after May 1, 1991 (“Post-91”), and
- If you have enrolled a spouse or any dependent children.

Please refer to the “Monthly Contributions” section of the enclosures for the contribution rate applicable to you.

If you have any questions or need assistance, please contact the Trust Administration Office at 1 (866) 694-6477.

Sincerely,

**The Committee of the Goodyear Retiree Healthcare Trust**

## Non-Medicare Eligible Participants

### Medical Benefits

If you are not yet eligible for Medicare your plan option is the National PPO Plan administered by Highmark Blue Cross and Blue Shield.

#### Plan Changes Effective January 1, 2016

- The in-network deductible has been increased from \$400 to \$500 for an individual and from \$800 to \$1,000 for a family. The out-of-network deductible will increase from \$1,200 to \$1,500 for an individual and \$2,400 to \$3,000 for a family.
- The in-network out-of-pocket maximum has been increased from \$1,800 to \$2,000 for an individual and from \$3,600 to \$4,000 for a family. The out-of-network out-of-pocket maximum increases from \$5,400 to \$6,000 for an individual and \$10,800 to \$12,000 for a family.

Please refer to the enclosed Non-Medicare National PPO Summary of Benefits.

### Prescription Drug Benefits

Prescription drug coverage is administered by CVS/Caremark.

#### Plan Changes Effective January 1, 2016

- Effective January 1, 2016 the Plan will no longer cover compound medications that include bulk powders, high cost bases and topical analgesics which are not FDA approved for administration when utilized in compounds.
- The CVS/Caremark prescription drug formulary is subject to change each calendar year. If you are currently using a drug which will change formulary status, you will be notified by mail by CVS/Caremark.

### Monthly Contributions

Enrollment in the Goodyear Retiree Healthcare Plan requires a monthly contribution.

For 2016 your monthly contribution is based on your enrollment status. Please refer to the following chart.

<b>Non-Medicare Retirees &amp; Surviving Spouses</b>	<b>Pre-1991 Retirees and Surviving Spouses</b>	<b>Post-1991 Retirees and Surviving Spouses</b>
Individual	\$130	\$191
Retiree & Spouse	\$130	\$282
Retiree & one or more children	\$208	\$275
Family (Retiree, Spouse & one or more children)	\$208	\$366

### What you need to do next

If you are currently enrolled in the Plan and do not wish to change your enrollment status, **you do not have to do anything more for 2016**. Please keep this material for your reference.

However, **if you are turning age 65 in 2016, or will become eligible for Medicare** due to disability, you must enroll in both Part A and Part B of Medicare as soon as you become eligible. Please mail a copy of your Medicare card to the Trust Administration Office as soon as you receive it.

If you would like to change your enrollment status (e.g. terminate your coverage, or add or remove a dependent) you must complete and submit an Enrollment/Change Form to the Trust Administration Office.

This form may be downloaded from the Trust website at [www.GoodyearRetireeTrust.org](http://www.GoodyearRetireeTrust.org). If you do not have internet access, please contact the Trust Administration Office at 1 (866) 694-6477 to request that a form be mailed to you.

#### **Enrollment/Change Forms should be sent:**

By mail to:                   Goodyear Retiree Healthcare Trust  
60 Boulevard of the Allies, Fifth Floor  
Pittsburgh, PA 15222

By FAX to:                   1 (412) 224-4465

By email to:                 [GRTrust@cdsadmin.com](mailto:GRTrust@cdsadmin.com)

# Medicare Eligible Participants

## Medical Benefits

**Beginning January 1, 2016, the current National PPO Plan administered by Highmark BCBS, will be replaced with the Freedom Blue Medicare Advantage PPO.** The Freedom Blue PPO Plan is a Medicare Advantage PPO specifically designed for the Goodyear Retiree Healthcare Trust and administered by Highmark Blue Cross Blue Shield.

If you are currently enrolled in the National PPO Plan you will automatically be transferred to the Freedom Blue PPO Plan effective January 1, 2016. **NO ACTION ON YOUR PART IS REQUIRED.** A new Freedom Blue PPO identification card will be mailed prior to January 1 to both current and new Freedom Blue participants.

You may go to health care providers and hospitals of your choice – inside and outside the network – without referrals.

- If you go to network providers or hospitals in locations that are part of the national BC/BS Medicare Advantage network service area, eligible services you receive will generally be covered subject to specified deductible, co-payment or co-insurance amounts.
- On the other hand, if you go to non-network providers or hospitals in locations that are within the national BC/BS Medicare Advantage network service area, eligible services you receive will generally be subject to a higher out-of-pocket amount.
- If you go to Medicare-eligible providers or hospitals in locations that are not part of the national Medicare Advantage network service area, eligible services you receive will be covered at the more beneficial in-network level.

Please refer to the enclosed Freedom Blue Summary of Benefits for details regarding covered services, deductible and co-payment amounts.

### **ADDITIONAL INFORMATION**

If you are currently Medicare eligible, please check your mail for Highmark's detailed information package about the Freedom Blue PPO plan. If you live in a Freedom Blue network service area you will also receive information about participating network hospitals and physicians.

All Freedom Blue participants will receive the following additional materials from Highmark:

- Annual Notice of Change
- Evidence of Coverage
- Identification Card

**Important Note:** Because Freedom Blue is a federally qualified Medicare Advantage plan, certain additional rules apply in determining your eligibility to participate in the Plan:

- **You must be enrolled in both Medicare Part A and Part B.** If you are currently eligible for Medicare and not enrolled in either Medicare Part A or Medicare Part B you should contact your local Social Security Office for further information on how to enroll. The Trust cannot offer the Freedom Blue PPO Plan to individuals eligible for Medicare who do not participate in both Medicare Part A and Medicare Part B. If you are affected by this limitation, please contact the Trust Administration Office at 1 (866) 694-6477.
- **You cannot enroll at the same time in another Medicare Advantage Plan or an individual (non-group) Medicare Part D prescription drug plan.** If you enroll in either type of plan after January 1, 2016 you will lose eligibility in both the Freedom Blue medical plan and the SilverScript prescription drug plan.

### Prescription Drug Plan

Prescription drug coverage is administered by SilverScript.

#### Plan Changes effective January 1, 2016

- The Plan will no longer cover compound medications that include bulk powders, high cost bases and topical analgesics which are not FDA approved for administration when utilized in compounds.
- Coverage for Medicare Part B covered medications and supplies (including diabetic supplies) will be transferred from the prescription drug plan to the Freedom Blue Medicare Advantage PPO Plan. You will receive additional information on how to obtain covered Part B medications and diabetic supplies.
- You will receive an Annual Notice of Change from SilverScript in November which will outline any changes in Plan benefits or to the formulary that may be mandated by the federal government. (We do not anticipate any significant changes.)
- If you are currently using a drug which will change formulary status, you will be notified by mail by SilverScript.

<b>Monthly Contributions</b>
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Enrollment in the Goodyear Retiree Healthcare Plan requires a monthly contribution.

For 2016 your monthly contribution is based on your enrollment status, date of retirement and the Plan option selected. Please refer to the following chart.

<b>Medicare Retirees &amp; Surviving Spouses</b>	<b>Pre-1991 Retirees and Surviving Spouses</b>	<b>Post-1991 Retirees and Surviving Spouses</b>
Individual	\$65	\$82
Retiree & Spouse	\$65	\$131
Retiree & one or more children	\$143	\$160
Family (Retiree, Spouse & one or more children)	\$143	\$209

<b>What you need to do next</b>
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If you are currently enrolled in Freedom Blue, or are being transferred to Freedom Blue, and you wish to have coverage for 2016, you do not need to take any further action.

If you do not wish to enroll in Freedom Blue, you may waive your benefits with the Goodyear Retiree Health Care Trust effective January 1, 2016. Please be aware, however, if you waive your benefits for 2016 you may not be eligible for any benefits, including prescription drug coverage and the Medicare Part B Reimbursement. If you are a Retiree or Surviving Spouse and you elect to waive your benefits, your dependents may no longer be eligible for benefits as well.

If you wish to add or remove a dependent you must complete and submit an Enrollment/Change Form to the Trust Administration Office.

Please contact the Trust Administration Office at 1 (866) 694-6477 to request a form be mailed to you. An Enrollment/Change Form may be downloaded from the Trust website at [www.GoodyearRetireeTrust.org](http://www.GoodyearRetireeTrust.org).

Your Enrollment/Change form should be sent:

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