



GOODYEAR
RETIREE HEALTH CARE TRUST

October 15, 2017

Dear Goodyear Retirees and Surviving Spouses:

We are pleased to offer you information regarding your 2018 Benefits and Contribution Rates.

Please read the enclosed documents carefully.

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 2018 contribution amount will depend upon three factors:

- The Retiree or Surviving Spouse’s Medicare status,
- The Retiree’s date of retirement: either before May 1, 1991 (“Pre-91”) or on or after that date (“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 Health Care Trust

Non-Medicare Eligible Participants

Medical Benefits

There are **NO** changes to the medical benefits for participants not yet eligible for Medicare and enrolled in the National PPO Plan administered by Highmark Blue Cross and Blue Shield, effective January 1, 2018.

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

Prescription Drug Benefits

Prescription drug coverage is administered by CVS/Caremark.

Plan Changes Effective January 1, 2018

- Spinraza (a drug for treatment of spinal drug atrophy) will be excluded from the prescription drug plan. Use of Spinraza for treatment of this condition may be covered under the medical plan when determined as medically necessary by Highmark.
- 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 from CVS/Caremark.

Monthly Contributions

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

For 2018 your monthly contribution is based on your enrollment status. Please refer to the following chart. **Note that these contribution rates are the same as in 2017.**

Non-Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$130	\$196
Retiree & Spouse	\$130	\$291
Retiree & one or more children	\$208	\$285
Family (Retiree, Spouse & one or more children)	\$208	\$376

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 2018**. Please keep this material for your reference.

However, **if you are turning age 65 in 2018, 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 by December 8, 2017.

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

Enrollment/Change Forms should be sent:

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

By FAX to: 1 (412) 224-4465

By email to: GRTrust@cdsadmin.com

Medicare Eligible Participants

Medical Benefits

If you, or any other enrolled dependent, is eligible for Medicare, the available Benefit Plan is the Highmark Freedom Blue PPO Medicare Advantage Plan.

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

ADDITIONAL INFORMATION

All Freedom Blue participants will receive the following additional materials from Highmark Blue Cross Blue Shield before the end of this year:

- Annual Notice of Change
- Evidence of Coverage

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 a Medicare Part D prescription drug plan.** If you enroll in either type of plan after January 1, 2018 you will lose eligibility for 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, 2018

- All medications classified by SilverScript as cough and cold agents (e.g. Benzonate, Promethazine/Codeine, Tussionex) or prescription vitamins and

minerals (e.g. Vitamin B12, Vitamin D, Folic Acid) for which Over-the Counter medications are available, will be excluded from the Plan.

- You will receive an Annual Notice of Change from SilverScript in November which will outline any changes in Plan prescription drug 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 from SilverScript.

Monthly Contributions

For 2018 your monthly contribution is based on your enrollment status, date of retirement and the Plan option selected. **Note that these are the same contribution rates as in 2017.** Please refer to the following chart.

Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$65	\$84
Retiree & Spouse	\$65	\$135
Retiree & one or more children	\$143	\$164
Family (Retiree, Spouse & one or more children)	\$143	\$218

What you need to do next

If you are enrolled in the Goodyear Retiree Health Care Plan, and do not wish to change your enrollment status, **you do not have to do anything more for 2018.** Please keep this material for your reference.

If you wish to change your enrollment status you may request a Waiver of Enrollment Form or an Enrollment/Change Form from the Trust Administration Office. Please be aware, however, if you waive your benefits for 2018 you may not be eligible for any benefits, including prescription drug coverage and the Medicare Part B Reimbursement Benefit. 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 by December 8, 2017.

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

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