



**GOODYEAR**  
RETIREE HEALTH CARE TRUST

---

October 2018

## **GOODYEAR RETIREE HEALTH CARE TRUST**

### **2019 Annual Benefit Enrollment Information**

We are pleased to offer you information regarding your 2019 Benefits and Contributions.

Please read the enclosed documents carefully, as some changes 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 Participants”.

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

Your 2019 contribution amount will depend upon three factors:

- Your Medicare status,
- Your, (or if you are a Surviving Spouse, your spouse’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 wish to continue to be enrolled in the same Health Care Plan that you had in 2018, you do not have to do anything. Your coverage and enrollment will continue and any change in the monthly contribution amount will occur automatically in January, 2019.**

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

# Non-Medicare Participants

## Medical Benefits

Your available medical benefit plan is the National PPO Plan administered by Highmark Blue Cross and Blue Shield.

There are no changes in 2019 to your medical benefits

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.

There are no changes in 2019 to your prescription drug benefits or copayment amounts.

However, please note that 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.

## 2019 Monthly Contributions

Enrollment in the Goodyear Retiree Health Care Plan requires a monthly contribution.

For 2019 your monthly contribution is based on your date of retirement and enrollment status. Please refer to the following chart.

<b>Enrollment Status: 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	\$210
Retiree & Spouse	\$130	\$305
Retiree & one or more children	\$208	\$299
Family (Retiree, Spouse & one or more children)	\$208	\$390

## 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 2019. Please keep this document for future reference.

However, **if you are turning age 65 in 2019, 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 7, 2018.

If you wish to **waive your enrollment** you may request a Waiver of Enrollment Form from the Trust Administration Office. Please be aware, however, if you waive your enrollment you will not be eligible for any benefits in 2019, including prescription drug coverage. If you are a Retiree or Surviving Spouse and you elect to waive your enrollment, your dependents will no longer be eligible for benefits as well.

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

### 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](mailto:GRTrust@cdsadmin.com)

# Medicare Eligible Participants

## Medical Benefits

Your available medical benefit plan is the Highmark Freedom Blue PPO Medicare Advantage Plan.

There are no changes in 2019 to your medical benefits, except for the addition of a new option for obtaining hearing aids.

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 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 but 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 in Medicare. The Freedom Blue PPO Plan is not available to individuals who do not participate in both Medicare Part A and Medicare Part B.
- **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, 2019 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.

There are no Plan changes in 2019, except for any changes in prescription drug benefits or to the formulary that are mandated by the federal government. You will receive an Annual Notice of Change from SilverScript in November which will outline any mandated changes.

If you are currently using a drug which will change formulary status, you will be notified by mail from SilverScript.

## 2019 Monthly Contributions

For 2019 your monthly contribution is based on your enrollment status and date of retirement. Please refer to the following chart.

<b>Enrollment Status: Medicare Retirees &amp; Surviving Spouses</b>	<b>Pre-1991 Retirees and Surviving Spouses</b>	<b>Post-1991 Retirees and Surviving Spouses</b>
Individual	\$65	\$93
Retiree & Spouse	\$65	\$144
Retiree & one or more children	\$143	\$173
Family (Retiree, Spouse & one or more children)	\$143	\$227

## What you need to do next

If you are **enrolled in the Health Care Plan, and do not wish to change your enrollment status**, you do not have to do anything more for 2019. Please keep this document for future reference.

If you wish to **waive your enrollment** you may request a Waiver of Enrollment Form from the Trust Administration Office. Please be aware, however, if you waive your enrollment you will not be eligible for any benefits in 2019, including prescription drug coverage and the Medicare Part B Reimbursement. If you are a Retiree or Surviving Spouse and you elect to waive your enrollment, your dependents will no longer be eligible for benefits as well.

If you wish 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 7, 2018.

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

Your 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](mailto:GRTrust@cdsadmin.com)