



October 11, 2019

**IMPORTANT NOTICE
REGARDING YOUR 2020 ANNUAL ENROLLMENT,
HEALTH CARE BENEFITS AND CONTRIBUTIONS**

We are pleased to offer you information regarding your 2020 Annual Enrollment, Benefits and Contributions. Please read the enclosed documents carefully, as some changes may affect you and your enrolled family members.

ANNUAL ENROLLMENT INFORMATION

Note: your Health Care Plan coverage depends upon your Medicare status:

- If you or a family member is not yet eligible for Medicare, please refer to the document labeled “**Attachment A - Non-Medicare Participants**”.
- If you or a family member is eligible for Medicare, please refer to the document labeled “**Attachment B - Medicare Eligible Participants**”.

You are responsible for reporting to the Trust Administration Office within 31 days any changes in:

- your employment status;
- your marital status;
- enrollment of a dependent spouse or child;
- your Medicare status; or
- your primary residence location.

Failure to report changes on a timely basis can delay claims processing or result in termination of Plan coverage for you and your dependents. Please refer to the enclosed Attachments for additional information regarding Plan enrollment rules.

You do not have to do anything if you want to continue with the same Health Care Plan you had in 2019 and there have been no changes in your or your dependent’s eligibility status as indicated above. Your enrollment and Plan coverage will continue and any change in the monthly contribution amount will occur automatically in January, 2020.

2020 CONTRIBUTION AMOUNT

Your 2020 contribution amount will depend upon three factors:

- your Medicare status,
- your, (or if you are a Surviving Spouse, your former 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.

Your 2020 monthly contribution will not change except, if you are a Post-91 Retiree or Surviving Spouse, for the amount required to enroll your spouse or a dependent child. These rates have been adjusted to more accurately reflect the actual costs attributable to that coverage.

2020 HEALTH CARE BENEFITS

As you will note from the enclosed two Attachments, there are no changes to your medical plan benefits, except for a modest reduction in benefits for a limited number of dental procedures.

However, like almost all health plan sponsors in the USA, our Plan continues to face the difficult challenge caused by ever-rising prescription drug costs due to lack of price controls and the escalating number and expanded use of new and highly-specialized drugs.

In order to help address rising prescription drug costs over the long term, and to avoid significant (and potentially unaffordable) increases in monthly contribution rates, we have worked with Caremark, our prescription drug benefit manager, to adjust the list of covered drugs (the drug formulary) for Medicare eligible participants. The adjustment encourages the use of less expensive drugs that are still medically appropriate. Attachment B "Medicare Eligible Participants" contains additional information regarding the formulary changes and how these changes will be communicated to you if you are affected by them.

EXPANDED ELIGIBILITY FOR STUDENT DEPENDENT CHILDREN

Our Health Care Plan currently allows for enrollment of an eligible never-married dependent child beyond age 19 up to age 25 when such child is enrolled as a full-time student in an accredited high school or post-secondary institution in a course of study leading to a high school diploma, Associate's degree, Bachelor's degree or higher.

Beginning January 1, 2020, the Plan will extend student eligibility to include children who are attending an accredited vocational, technical, or trade school whose full time status is certified by the school. Student eligibility does not include programs that rely entirely on correspondence, online, or distance learning.

If you wish to enroll a dependent child who qualifies under this expanded student eligibility rule, you should call the Trust Administration Office to request an Enrollment/Change Form.

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

Attachment A - Non-Medicare Participants

Medical Benefits

Your available medical benefit plan is the National PPO Plan administered by Highmark Blue Cross and Blue Shield. Please refer to the enclosed PPO Benefits Summary.

There are no changes in 2020 to your medical benefits, except to modify benefit coverage for a limited number of dental procedures.

Effective January 1, 2020, the Plan will continue to cover all currently eligible dental procedures (e.g. oral surgery, endodontic and periodontal services, and TMJ treatment). However the Plan benefits will be limited to 80% of the Plan's allowable amount, with a maximum benefit of \$1,000 per person per year. Please note that other types of dental benefits are provided under a plan sponsored by Goodyear. Those benefits are not affected by this change.

Prescription Drug Benefits

Your Prescription Drug Program is administered by CVS/Caremark.

There are no changes to your Prescription Drug coverage (including co-payment amounts), except for addition of the following Drug Management rules:

- Adoption of nationally recommended guidelines for quantity limits on prescriptions for opioids. Initial prescriptions for new therapies will be limited to seven (7) days, with some exceptions such as in the case of a serious or terminal illness.
- Use of Step Therapy criteria for (a) certain drugs prescribed for prevention of migraine headaches, and (b) Doxepin 5% Cream. Step Therapy encourages prescribers to try lower cost treatment options before newer and more expensive drugs are prescribed.
- Use of Prior Authorization for Diclofenac 3% Gel (Solaraze) used for treatment of Actinic Keratosis caused by sun exposure.

Please also 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.

2020 Monthly Contributions

Your monthly contribution is based on your date of retirement and enrollment status. Please refer to the following chart. **The 2020 contribution rates for Pre-1991 Retirees and Surviving Spouses will remain the same as 2019. The rates for Post-1991 Retirees and Surviving Spouses will remain the same except for an increase in the contribution required to cover a spouse and a decrease for eligible dependent children as noted below.**

Enrollment Status Non-Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$130	\$210
Retiree & Spouse	\$130	\$318
Retiree & one or more children	\$208	\$287
Family (Retiree, Spouse & one or more children)	\$208	\$392

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 2020. Please keep this document for future reference.

However, **if you are turning age 65 in 2020, 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;
- Notify the Trust Administration Office no later than 31 days following your Medicare effective date; and
- 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 6, 2019**.

If you wish to **waive your enrollment status** you may request a Waiver of Enrollment Form from the Trust Administration Office. Please be aware, however, if you waive your benefits for 2020 you and your dependents will not be eligible for any benefits, including prescription drug coverage.

Forms may be downloaded from the Trust website at www.GoodyearRetireeTrust.org or you may 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@cadsadmin.com

Attachment B - Medicare Eligible Participants

Medical Benefits

Your available Benefit Plan is the Highmark Freedom Blue PPO Medicare Advantage Plan. We are pleased to report that there will be no changes in 2020 to your medical benefits, except for a change in dental benefits as noted below. Please refer to the enclosed Freedom Blue Summary of Benefits for details regarding covered medical services, deductible and co-payment amounts.

Effective January 1, 2020, the Plan will continue to cover all currently eligible dental procedures (e.g. oral surgery, endodontic and periodontal services, and TMJ treatment). However the Plan benefits will be limited to 80% of the Plan's allowable amount, with a maximum benefit of \$1,000 per person per year. Please note that other types of dental benefits are provided under a plan sponsored by Goodyear. Those benefits are not affected by this change.

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, 2020 you will lose eligibility for all Plan coverage, including the Freedom Blue medical plan, the SilverScript prescription drug plan and the Medicare Part B Reimbursement.

Prescription Drug Plan

Prescription drug coverage is administered by SilverScript, a federally approved Medicare Part D carrier established by Caremark, Inc.

2020 Prescription Drug Benefits

As noted in the Introductory Letter, in response to the continuing challenge of escalating prescription drug costs due to lack of price regulation and introduction of newer highly specialized drug therapies, the Plan has approved certain changes to the drug formulary (list of covered drugs and medications) in an effort to encourage use of more cost effective, yet medically appropriate alternative drugs.

Effective January 1, 2020, the Silver Script formulary will continue to include Medicare Part D eligible drugs. In addition, the Plan will continue to provide coverage for two classes of non-Part D drugs -- for treatment of obesity and erectile dysfunction. However, drugs that are not on the formulary will no longer be covered. Silver Script estimates that approximately 3.1% of drugs currently being used by Medicare eligible Plan participants will be affected. Instead, the formulary will offer an alternative drug or medication for each drug removed from the formulary.

If you are taking a medication that either (1) will be removed from the formulary in 2020, or (2) will be moved to a higher copay tier from 2019 to 2020, then in either case you will have the option to choose at least one alternative medication on the revised formulary that is listed at either the Tier 1 or Tier 2 copay level.

If you are currently using a drug that will be removed from the formulary next year, the following steps can be taken to find an alternative drug:

First, you can call Silver Script Customer Care, anytime 24/7 at 1(855) 479-3654 to determine if a particular drug remains on the formulary or will be removed.

In addition, if a drug you are currently using is being removed, you will receive written notice in a letter from Silver Script before the end of the year, which will also include the name of an alternative formulary drug.

You may then consult with your prescribing physician to obtain a prescription for that drug or some other acceptable formulary drug. In addition, Silver Script will allow you to obtain a 30 day transition supply for your current medication.

If your prescribing physician believes it is medically necessary for you to continue on your current medication beyond January 1, you or your prescriber may submit a request for an exception. The letter from Silver Script will explain the procedure for applying for an exception.

Prescription Drug Copayment Amounts

The amount you are required to pay for a prescription drug (your copayment) will depend on (a) the type of drug dispensed, (b) the number of days supply, and (c) where your prescription is filled.

Please refer to the following charts:

Retail Pharmacy				
	Network Pharmacy (Up to a 30-day supply)	Preferred Network Pharmacy (Up to a 90-day supply)	Non-Preferred Network Pharmacy (Up to a 90-day supply)	Long Term Care Pharmacy (Up to a 31-day supply)
Tier 1 Generic	\$12.50	\$31.25	\$37.50	\$12.50
Tier 2 Preferred Brand	\$30.00	\$75.00	\$90.00	\$30.00
Tier 3 Non-Preferred Brand	\$70.00	\$175.00	\$210.00	\$70.00

CVS Caremark Mail Service Pharmacy (Up to a 90-day supply)	
Tier 1 Generic	\$31.25
Tier 2 Preferred Brand	\$75.00
Tier 3 Non-Preferred Brand	\$175.00

2020 Summary of Benefits

You will receive a 2020 Summary of Benefits booklet from SilverScript in November which will provide you with more details regarding the Silver Script program, and outline any mandated changes.

2020 Monthly Contributions

Your monthly contribution is based on your date of retirement and enrollment status. Please refer to the following chart. **The 2020 contribution rates for Pre-1991 Retirees and Surviving Spouses will remain the same as 2019. The rates for Post-1991 Retirees and Surviving Spouses will remain the same except for an increase in the**

contribution required to cover a spouse and a decrease for eligible dependent children as noted below.

Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$65	\$93
Retiree & Spouse	\$65	\$155
Retiree & one or more children	\$143	\$158
Family (Retiree, Spouse & one or more children)	\$143	\$222

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 2020. Please keep this document for future reference.

If you wish to **waive your enrollment status** you may request a Waiver of Enrollment Form from the Trust Administration Office. Please be aware, however, if you waive your benefits for 2020 you will not be eligible for any benefits, including medical and 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 will 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 6, 2019.

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.

Your forms should be sent:

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