



October 2020

**IMPORTANT NOTICE
REGARDING YOUR 2021 ANNUAL ENROLLMENT,
HEALTH CARE BENEFITS AND CONTRIBUTIONS**

We are pleased to offer you information regarding your 2021 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**”.

2021 CONTRIBUTION AMOUNT

For 2021, there are modest increases to the monthly contribution required for both Non-Medicare and Medicare eligible participants.

Your 2021 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.

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

2021 HEALTH CARE BENEFITS

As you will note from the enclosed two Attachments, there are no changes to your medical and prescription plan benefits (except for an improvement in vision benefits for Medicare eligible participants, as noted in Attachment B).

ELIGIBILITY REPORTING REQUIREMENTS

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.

2021 ENROLLMENT

You do not have to do anything if you want to continue with the same Health Care Plan you had in 2020 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 required monthly contribution amount will occur automatically in January 2021.

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 2021 to your medical benefits.

Prescription Drug Benefits

Your Prescription Drug Program is administered by CVS/Caremark.

There are no changes to your Prescription Drug benefits (including co-payment amounts).

Please note, however, 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 before January 1, 2021.

2021 Monthly Contributions

Your monthly contribution is based on your date of retirement and enrollment status. **The 2021 contribution rates are listed in the chart below:**

Enrollment Status: Non-Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$130	\$226
Retiree & Spouse	\$130	\$342
Retiree & one or more children	\$208	\$309
Family (Retiree, Spouse & one or more children)	\$208	\$422

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 2021. Please keep this document for future reference.

However, **if you are turning age 65 in 2021, 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 4, 2020**.

If you wish to **waive your enrollment status** you may submit Waiver of Enrollment Form to the Trust Administration Office. Please be aware, however, if you waive your enrollment for 2021, you and your dependents will not be eligible for any benefits, including medical and prescription drug coverage in 2021 unless you had coverage under another qualifying health care plan that was involuntarily discontinued. Otherwise your next opportunity to enroll in this Plan will be on January 1, 2022.

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@cdsadmin.com

Attachment B - Medicare Eligible Participants

Medical Benefits

Your available Benefit Plan is the Freedom Blue PPO Medicare Advantage Plan administered by Highmark Blue Cross and Blue Shield.

There will be no changes in 2021 to your medical benefits, except that the annual vision benefit allowance for frames and lenses will increase from \$100 to \$150. Please refer to the enclosed Freedom Blue Summary of Benefits for details regarding covered medical 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, 2021 you will lose eligibility for all Goodyear Retiree Health Care Plan coverage, including the Freedom Blue medical plan, the SilverScript prescription drug plan and the Medicare Part B Reimbursement.

Prescription Drug Plan

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

There are no Plan changes in 2021, including required copayment amounts, 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 identify any mandated changes.

If you are currently using a drug which will change formulary status, you will be notified by mail from SilverScript before January 1, 2021.

2021 Monthly Contributions

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

Medicare Retirees & Surviving Spouses	Pre-1991 Retirees and Surviving Spouses	Post-1991 Retirees and Surviving Spouses
Individual	\$65	\$100
Retiree & Spouse	\$65	\$167
Retiree & one or more children	\$143	\$170
Family (Retiree, Spouse & one or more children)	\$143	\$239

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 2021.

If you wish to **waive your enrollment status** you may submit a Waiver of Enrollment Form to the Trust Administration Office. Please be aware, however, if you waive your benefits for 2021 you and your dependents will not be eligible for any benefits, including medical and prescription drug coverage and the Medicare Part B Reimbursement in 2021 unless you had coverage under another qualifying health care plan that was involuntarily discontinued. Otherwise your next opportunity to enroll in this Plan will be on January 1, 2022.

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 4, 2020**.

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.

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