

2025

**City of Detroit
General Retiree Healthcare Trust
Open Enrollment Information**



**MEDICAL | DENTAL | VISION
HEALTH REIMBURSEMENT ACCOUNT**



City of Detroit General Retiree Healthcare Trust

IMPORTANT INFORMATION ABOUT YOUR 2025 OPEN ENROLLMENT

Dear City of Detroit General Retiree/Surviving Spouse:

It's time for your 2025 Open Enrollment. Open Enrollment begins **October 30, 2024**, and ends **November 27, 2024**. This is the time to review your current healthcare coverage and make elections or changes for your 2025 Plan Year, if desired. Prior to making this important decision we encourage you to carefully read through this book and the enclosed rate sheet so you will be aware of the healthcare options and benefits that are available to eligible General City Retirees and their eligible Surviving Spouses through the VEBA, and the cost of that coverage for the 2025 Plan Year. **If, after review, you find you are satisfied with your current medical, dental, vision or HRA elections and you do not wish to make any changes, there is no need to take any action.**

Your current elections will automatically continue and the amount you are required to pay will be adjusted, if needed, to the 2025 rate. However, if you wish to change your coverage you must do so during the Open Enrollment period. New enrollments, benefit changes, the 2025 rates, and any changes you choose to make to your current coverage will be effective January 1, 2025. BeneSys, Inc. will continue to process your 2025 enrollment requests, manage the HRA program, and deal with the day-to-day activities related to the administration of all VEBA healthcare plans. If you have questions, including if you are not sure what your current elections are, we encourage you to contact the BeneSys staff at (844) 563-8911 to review your current benefit elections and options. BeneSys is available to assist you during open enrollment and throughout the year.

The HRA Reimbursements will be increased by \$15/per month for all categories. Effective January 1, 2025, those enrolled in the HRA can submit claims once a year for their Medicare Part B Premium or other Medical Insurance Premium and have monthly recurring reimbursements set up. You will no longer have to submit a new claim every month if you are asking for reimbursement of your Medicare Part B Premium or other Medical Insurance Premium.

To reduce the cost associated with Open Enrollment Mailings we have reduced the amount of materials being included in this packet. Detailed benefit comparison charts are available on the website (www.ourbenefitoffice.com/mydetroitretireebenefits). If you would like a paper copy, please call BeneSys, Inc. at (844) 563-8911 to request it be mailed.

Please review the Summary Annual Report found on page 15 and FAQ's on page 18 for information on the financial status of the Trust as of December 31, 2023 and some healthcare developments.

Despite sharply rising health care costs and increased member utilization, the Trust will fully absorb the resultant premium increases except for Blue Care Network whose participants will incur a \$14.06 per person monthly premium charge. Dental and vision coverage will continue to be available, with retirees paying the full cost for such coverage; for 2025 BCBS Dental and DENCAP have increased their premiums. The Board still faces long-term challenges and uncertainties and continues to work to provide you the best and most efficient health care we can.

Sincerely,

Board of Trustees of the City of Detroit General Retiree Healthcare Trust

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General Information

When is Open Enrollment?

Open Enrollment for medical, dental and vision starts on October 30, 2024 and continues through November 27, 2024. The deadline for submission of all enrollment changes is **November 27, 2024**. Enrollment changes received after November 27, 2024 will not be processed.

What changes will be made to Retiree healthcare in 2025?

Medical benefits under the Medicare Advantage Plans will remain the same. The prescription drug coverage for all Medicare Advantage Plans also remains the same. For 2025, there will be a cost for members who stay with or decide to enroll in BCN. Please see the enclosed cost of coverage.

Dental and vision coverage will continue to be available, with retirees paying the full cost for such coverage. Please note that there are premium increases for Dental coverage with BCBS Dental and DENCAP for 2025. In addition, Heritage Vision Local plan is a two-year plan, so if you enroll in the Heritage Vision Local plan in 2025 you cannot switch to another vision plan until the 2027 open enrollment period.

To reduce the cost associated with Open Enrollment Mailings we have reduced the amount of materials being included in this packet. There is a summary of benefits included here. Detailed benefit comparison charts for medical, dental and vision are available on the website (www.ourbenefitoffice.com/mydetroitretireebenefits). If you would like a paper copy, please call BeneSys, Inc. at (844) 563-8911 to request it be mailed.

Do I need to enroll or make changes during open enrollment?

If you are currently enrolled in a Medicare Advantage Plan, HRA, dental and/or vision plan offered through the VEBA and you do **NOT** want to switch to a different medical/prescription drug, HRA, dental or vision plan, or add or remove any dependents, you do **NOT** have to take any action during the open enrollment period. Your current healthcare elections will automatically continue for the 2025 Plan Year.

You only must act during this open enrollment period if you:

- are NOT currently enrolled and wish to enroll in a Medical Advantage Plan, HRA, dental and/or vision plan offered through the VEBA;
- are currently enrolled, but want to switch to a different medical/prescription drug, HRA, dental, and/or vision plan;
- are currently enrolled and want to add or remove dependent coverage from your Medicare Advantage, HRA, dental and/or vision coverage;
- are currently enrolled and want to terminate or stop your Medicare Advantage, HRA, dental or vision coverage;
- wish to opt-out from coverage under the VEBA's Medicare Advantage program and enroll in the VEBA's Health Reimbursement Arrangement (HRA) program; and
- are eligible for the increased HRA benefit due to a household income of less than \$75,000. (In order to qualify for the increased HRA benefit you must submit a Federal Tax Return Transcript to verify your household income, and IRS Form 1095-A to verify insurance through a Public Exchange. (See page 8 for further information.)

If you are unsure of your current coverage please contact BeneSys at (844) 563-8911.

How do I enroll or make changes?

If you wish to enroll or make changes to your plans, add or remove dependent(s) coverage, you may do so online at www.ourbenefitoffice.com/mydetroitretireebenefits. The Open Enrollment portion of the website will be available 24 hours a day, 7 days a week beginning October 30, 2024 through November 27, 2024. Please see page 14 of this booklet for instructions on how to register online. If you need help with online registration, please contact BeneSys at (844) 563-8911.

If you do not have access to the internet, you may complete the enclosed enrollment form and return it to BeneSys at P.O. Box 4955, Troy, MI 48099-4955. For your convenience, enclosed is a self-addressed envelope you can use. Be sure to place the appropriate postage on the envelope before mailing. If you require additional assistance, please contact a BeneSys Member Services Representative at (844) 563-8911.

Can I make changes to my medical coverage during the year?

As is common in most group insurance plans, once the coverage period begins, you cannot switch to another plan, terminate coverage, add or remove dependents or otherwise make changes during the coverage year unless a verifiable qualifying life event occurs. (Examples of qualifying life events include, death, marriage, divorce, enrollment in Medicare Part A and Part B, loss of coverage, eligibility for coverage as an early retiree or resulting from new employment, permanent address change in instances where your current healthcare plan is not available in the new area.) Qualifying life events must be reported to BeneSys within thirty (30) days of the event. Notification beyond thirty (30) days of the event will delay the effective date of the coverage change to the first day of the calendar month following the date on which notification was made. If failure to report a qualifying life event within thirty (30) days results in additional benefit costs to the VEBA due to non-termination of benefits, you may be held responsible for such additional costs.

Can I enroll in another prescription drug or medical plan during the year?

No. If you join another medical and/or prescription drug plan (this includes coverage you may have through another family member or one that is purchased through an individual health insurance plan), your medical and prescription drug coverage (and your spouse's medical and prescription drug coverage, if enrolled) under the VEBA's Medicare Advantage Plan will be automatically terminated. If coverage is terminated due to enrolling in another medical and/or prescription drug plan during the coverage year, you (and your spouse) will not be eligible to reenroll in the VEBA's Medicare Advantage Plans during the 2025 coverage period; you (and your spouse) will have to wait until the next Open Enrollment period. If you are enrolled in the VEBA's Medicare Advantage Plan and decide you want to join another medical or prescription drug plan during the coverage year, please call BeneSys at (844) 563-8911 **BEFORE** you enroll in the other plan.

Can I make changes to my dental and/or vision coverage during the year?

You cannot switch to another dental or vision plan during the coverage year. But, if you wish to terminate your dental or vision plan during the coverage year you are permitted to do so. However, please note, if you terminate your dental and/or vision coverage during the 2025 plan year, you will not be eligible to re-enroll for dental/vision coverage until the 2027 open enrollment period.

Am I required to be enrolled in Medicare to qualify for VEBA medical coverage?

Yes, all persons enrolled in the Medicare Advantage Plans offered through the VEBA must be enrolled in Medicare Part A and Part B and continue paying their Medicare Part B premiums.

Is documentation required when adding a dependent?

Yes, when adding dependents to your healthcare coverage you will be required to submit documentation to substantiate eligibility for coverage. Examples of documentation that may be required include, but are not limited to: birth certificate, marriage certificate (a marriage license is not accepted), legal guardianship papers (stating full and permanent custody), proof of residency, and a Federal Tax Return Transcript.

Providing False Information:

Retirees who submit false information intended to provide health care coverage for alleged dependents not eligible for such coverage will be held financially responsible for all claims filed, and will be required to reimburse the VEBA for any payments made on behalf of or for the benefit of an ineligible person claimed as a dependent. Also, be aware that even if you had been married while you were actively employed, if that former marital partner is now divorced from you (is your ex-spouse) then he/she is NOT eligible for our retiree healthcare benefits even though you are.

Audits:

Periodic audits will be conducted to ensure that retirees, spouses and dependents currently enrolled in VEBA healthcare plans are eligible for coverage. During these audits, the terms and conditions of your retirement will be examined. In addition, retirees will be required to provide documentation to substantiate that their covered dependents continue to be eligible for coverage. If you receive a notice of audit, you must provide the documentation within the time period specified in the notice or the coverage for your dependent will be terminated. If it is determined that a retiree and/or his/her dependent is not eligible for healthcare the coverage will be immediately terminated.

Note: It is the responsibility of the retiree/beneficiary to notify BeneSys when covered dependents are no longer eligible for healthcare coverage. Events that can make a dependent ineligible for coverage include, but are not limited to, marriage, divorce, age or no longer being a dependent of the retiree/beneficiary (i.e., can no longer be claimed as a dependent on his/her federal income tax return). In general, the termination of coverage becomes effective at the end of the month in which the disqualifying event occurs. However, the coverage termination date for an ex-spouse is the date of the divorce decree. Please note that you will be financially responsible for all claims and premiums associated with an ineligible dependent.

How do I pay for my healthcare plans?

The required monthly payment for your medical, dental and/or vision plan will be automatically deducted from your monthly pension check. The amount being deducted appears on your pension check stub. You are responsible for monitoring your pension check stubs to verify that the deductions are proper. If an incorrect amount is being deducted, you must immediately report it to BeneSys.

Who do I contact to change my address?

It is important to keep your address updated in two places, the City of Detroit Pension Office and BeneSys.

You are required to notify BeneSys of your address change so that you will continue to receive information from the VEBA and other mailings regarding healthcare benefits. To change your address for healthcare purposes please contact BeneSys at (844) 563-8911.

Health Reimbursement Arrangement (HRA) FAQ's

What is the HRA Account?

The *Health Reimbursement Arrangement* (HRA) is a bookkeeping account that will be established for any Medicare Retiree who retired on or before December 31, 2014 and has elected to opt out of the Medicare Advantage Plans provided through the VEBA. Additionally, Non-Medicare eligible Retirees who retired on or before December 31, 2014, and who have obtained health insurance via the Health Insurance Marketplaces, also known as Exchanges, are also eligible to receive a monthly HRA benefit.

What can I use the HRA account for?

The HRA may be used for all “qualified medical expenses.” A partial list is provided in IRS Pub 502 (available at www.irs.gov). **Effective January 1, 2025, those enrolled in the HRA can submit one claim for their Medicare Part B Premium or other Medical Insurance Premium and have monthly recurring reimbursements set up. You will no longer have to submit a new claim every month if you are asking for reimbursement of your Medicare Part B Premium or other Medical Insurance Premium. You will find a new section on the HRA Form that will allow you to submit your premium for recurring monthly reimbursements. You will need to submit supporting documentation for the monthly premiums you pay.**

Where do I obtain HRA Claim Forms?

You may call BeneSys at (844) 563-8911 to have a Claim Form mailed to you or you may obtain a form by visiting our website at www.ourbenefitoffice.com/mydetroitretireebenefits.

Is there a time limit to file for HRA Benefits?

Yes, HRA Claims must be filed by March 31st of the year following the Plan Year in which the expense was incurred.

How can I submit my HRA reimbursement request?

Mail your HRA Reimbursement requests to:

City of Detroit General Retiree Healthcare Trust, P.O. Box 4955, Troy, Michigan 48099-4955

Fax: (248) 876-4355

Email: CityofDetroitGeneralHRAclaims@benesys.com

What if my total household income is \$75,000 or less?

If your total household income is \$75,000 or less and you purchased health insurance through a policy on a public exchange you may be eligible to receive an additional monthly HRA benefit. **You will be required to provide a copy of your IRS Form 1095-A as verification of coverage purchased through a public exchange along with a copy of your tax return transcript from the previous year.** To obtain a copy of your tax return transcript call (800) 908-9946 or visit www.irs.gov/form4506t. If you have questions call BeneSys at (844) 563-8911

If I opt out can my spouse stay in the VEBA's Medicare Advantage Plan?

No. When you opt out of the VEBA's Medicare Advantage Plan you and your spouse will no longer have medical/prescription drug coverage under the VEBA's Medicare Advantage Plan.

What if I'm already receiving a tax credit?

Please be advised that HRA coverage through the VEBA will be considered “other health coverage” and may result in your ineligibility for federal tax credits on the public exchanges. Therefore, if you are currently receiving federal tax credits through the public exchanges, you may elect to opt-out of coverage via the VEBA's Open Enrollment in order to preserve your eligibility for such tax credits on the public health exchanges. You may need to contact your accountant for additional information regarding your eligibility.



City of Detroit General Retiree Healthcare Trust

2025 VEBA Healthcare Options

Enrollment options for retirees who qualify for healthcare and retired on or **BEFORE** December 31, 2014

Medicare-Eligible Retiree Options

Medical and Prescription Drug Plan Options: All medical plans offered through the VEBA are Medicare Advantage Plans that include prescription drug coverage and assistance with hearing aids. You must be enrolled in Medicare Part A and Part B and continue to pay your Medicare Part B premium to enroll and maintain coverage in Medicare Advantage Plans.

- BCBSM Medicare Plus Blue Group PPO (available anywhere in the U.S.A.)
- Humana Group Medicare Advantage PPO (available anywhere in the U.S.A.)
- BCN Advantage HMO-POS (available in Michigan only)
- HAP Senior Plus HMO (available in Michigan only)
- Priority Health HMO (available in Michigan only)

Health Reimbursement Account (HRA): Medicare eligible retirees and retiree spouses who meet the below criteria, who do not wish to enroll in the Medicare Advantage Plans offered through the VEBA, can opt-out of the VEBA's medical coverage and establish an HRA.

- Medicare-eligible Retiree..... \$130.00
- Medicare-eligible Retiree Spouse who is insured through a Public Exchange and whose household income is less than \$75,000* \$140.00
- Medicare-eligible Surviving Spouse married to retiree at time of retirement \$130.00

Dental Plan Options

- Blue Cross Blue Shield Dental PPO ■ DENCAP Dental DHMO
- Delta Dental High Plan
- Delta Dental Low Plan

Vision Plan Options with Hearing Aid Discounts:

- Heritage Vision Standard Plan
- Heritage Vision National Plan
- Vision Service Plan (VSP)

Non Medicare-Eligible Retiree Options

Health Reimbursement Account (HRA):

- Non Medicare-eligible Retiree (Pre-65)..... \$140.00
- Non Medicare-eligible Retiree Spouse who is also Non Medicare-eligible, insured through a Public Exchange and whose household income is less than \$75,000*.... \$140.00
- Non Medicare-eligible Retiree, insured through a Public Exchange and whose household income is less than \$75,000* \$190.00
- Non Medicare-eligible Retiree Duty Disabled..... \$315.00
- Non Medicare-eligible Surviving Spouse married to retiree at time of retirement \$140.00

Dental Plan Options

- Blue Cross Blue Shield Dental PPO ■ DENCAP Dental DHMO
- Delta Dental High Plan
- Delta Dental Low Plan

Vision Plan Options with Hearing Aid Discounts:

- Heritage Vision Standard Plan
- Heritage Vision National Plan
- Vision Service Plan (VSP)

*If you are eligible for the increased HRA benefit due to a household income of less than \$75,000, you are required to submit a Federal Tax Return Transcript for Income Verification and Form 1095-A to verify coverage through a public exchange.

	BCBSM Medicare Plus Blue Group PPO	Humana Group Medicare Advantage PPO	BCN Advantage HMO-POS	HAP Senior Plus HMO	Priority Health HMO
Monthly Contribution	\$0 Single \$0 Member +1	\$0 Single \$0 Member +1	\$14.06 Single \$28.12 Member +1	\$0 Single \$0 Member +1	\$0 Single \$0 Member +1
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$500/ Per Person	\$500/ Per Person	\$500/ Per Person	\$500/ Per Person	\$500/ Per Person
Percent Copayments (Amount you pay after your deductible is met)	20% for select services	20% for select services	20% for select services	10% for select services	10% for select services
Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs)	\$2,500	\$2,500	\$2,500	\$3,200	\$3,200
Primary Care Physician (PCP) Office Visit	\$25	\$25	\$25	\$20	\$20
Prescription Drug Deductible	\$0	\$0	\$0	\$0 Generic, \$100 Brand	\$0 Tier 1 & 2 Generic, \$100 for brand and specialty
Prescription Drug Preferred Generic	PPN: \$10 copay SP: \$20 copay	\$10 copay	PPN: \$10 copay SP: \$20 copay	\$3 copay	\$3 copay
Prescription Drug Non-Preferred Generic	PPN: \$10 copay SP: \$20 copay	\$10 copay	PPN: \$10 copay SP: \$20 copay	\$15 copay	\$15 copay
Prescription Drug Preferred Brand Name	PPN: \$45 copay SP: \$60 copay	\$45 copay	PPN: \$45 copay SP: \$60 copay	\$45 copay	\$45 copay
Prescription Drug Non-Preferred Name Brand	50% coinsurance with \$60 min. copay and \$120 max copay	50% coinsurance with \$60 min. copay and \$120 max copay	50% coinsurance with \$80 min. copay and \$100 max copay	30% coinsurance	30% coinsurance after deductible
Prescription Drug Mail Order	Two times the applicable generic and brand copay for 90 day supply	Two times the applicable generic and brand copay for 90 day supply	Two times the applicable generic and brand copay for 90 day supply	Two times the applicable generic and brand copay for 90 day supply	Two times the applicable generic and brand copay for 90 day supply

Dental Plan Options
City of Detroit General Retiree Health Care Trust
Members/Spouses

2025

		Blue Cross Dental Plan	Delta Dental High Plan	Delta Dental Low Plan	DENCAP
Monthly Contribution		\$30.05 - Single \$60.10 - Two Person \$105.17 - Family	\$32.42 - Single \$63.19 - Two Person \$112.39 - Family	\$26.82 - Single \$51.88 - Two Person \$90.67 - Family	\$23.65 - Single \$40.40 - Two Person \$60.35 - Family
Maximum Annual Amount (Amount of coverage available annually)		\$1,500/ Per Person	\$1,000/ Per Person	\$800/ Per Person	\$2,500 Annual Max \$800 Specialty Max \$3,300 Per Person
Oral Examinations (Twice per year)		100% In-Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100% *
X-Rays (Limitations depending on type of X-Ray)		100% In-Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100% *
Prophylaxis - Teeth Cleaning (Twice per year)		100% In-Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100% *
Fillings: amalgam, composite		80% In-Network 50% Out-of-Network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*
Crowns: porcelains or metal		50% In-Network 50% Out-of-Network	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	80%*
Root Canal Therapy		80% In-Network 50% Out-of-Network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*

*PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

Vision Plan Options
City of Detroit General Retiree Health Care Trust
Members/Spouses

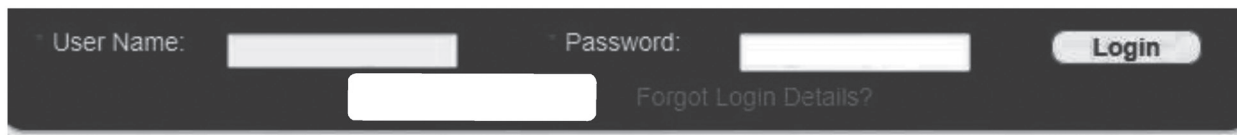
2025

	Heritage Local Vision Plan	Heritage National Vision Plan	Vision Service Plan (VSP)
Monthly Contribution	\$6.46 - Single \$6.46 - Two Person \$6.46 - Family	\$6.61 - Single \$13.18 - Two Person \$13.18 - Family	\$5.98 - Single \$11.94 - Two Person \$19.24 - Family
Frequency of Benefit (Amount of coverage available)	Once every 24 months from date of last service	Once every 12 months from date of last service	Once every plan year
Eyeglasses Eye Examinations (comprehensive exam for eyeglasses, does not apply to contact lens exam)	100% In-Network Out-of-Network: reimbursed up to \$25.00	In-Network: \$5.00 copay Out-of-Network: reimbursed up to \$45.00	\$5.00 Copay
Frames	In-Network: \$100.00 retail allowance Out-of-Network: reimbursed up to \$30.00	In-Network: \$130.00 retail allowance Out-of-Network: reimbursed up to \$70.00	In-Network: \$130.00 retail allowance Out-of-Network: reimbursed up to \$70.00
Single Vision Lenses	In-Network: 100% Out of Network: Reimbursed up to \$30.00	In-Network: \$10.00 copay Out of Network: Reimbursed up to \$30.00	100%
Lined Bifocal Lenses	In-Network: 100% Out of Network: Reimbursed up to \$35.00	In-Network: \$10.00 copay Out of Network: Reimbursed up to \$50.00	100%
Lined Trifocal Lenses	In-Network: 100% Out of Network: Reimbursed up to \$40.00	In-Network: \$10.00 copay Out of Network: Reimbursed up to \$65.00	100%
Contact Lens Eye Examinations (comprehensive exam for contact lenses, applies to contact lens exam and fitting)	In-Network: 100%, \$40.00 copay Out-of-Network: N/A	In-Network: 100%, \$40.00 copay Out-of-Network: N/A	100%, up to \$60.00 Copay
Contact Lenses Medically Necessary	In-Network: \$45.00 retail allowance Out-of-Network: Reimbursed up to \$40.00	In-Network: \$10.00 copay Out-of-Network: Reimbursed up to \$210.00	In-Network: \$10.00 copay Out-of-Network: Reimbursed up to \$210.00
Hearing Aid Discount Program	Amplifon Hearing - Average of 62% off retail cost, wide choice of products, risk-free trial, follow-up care	Amplifon Hearing - Average of 62% off retail cost, wide choice of products, risk-free trial, follow-up care	TruHearing - Average 60% discount, 45-day free trial, free batteries, network of 6,000 providers

How to Register on the Website

When registering for the first time, please follow these instructions:

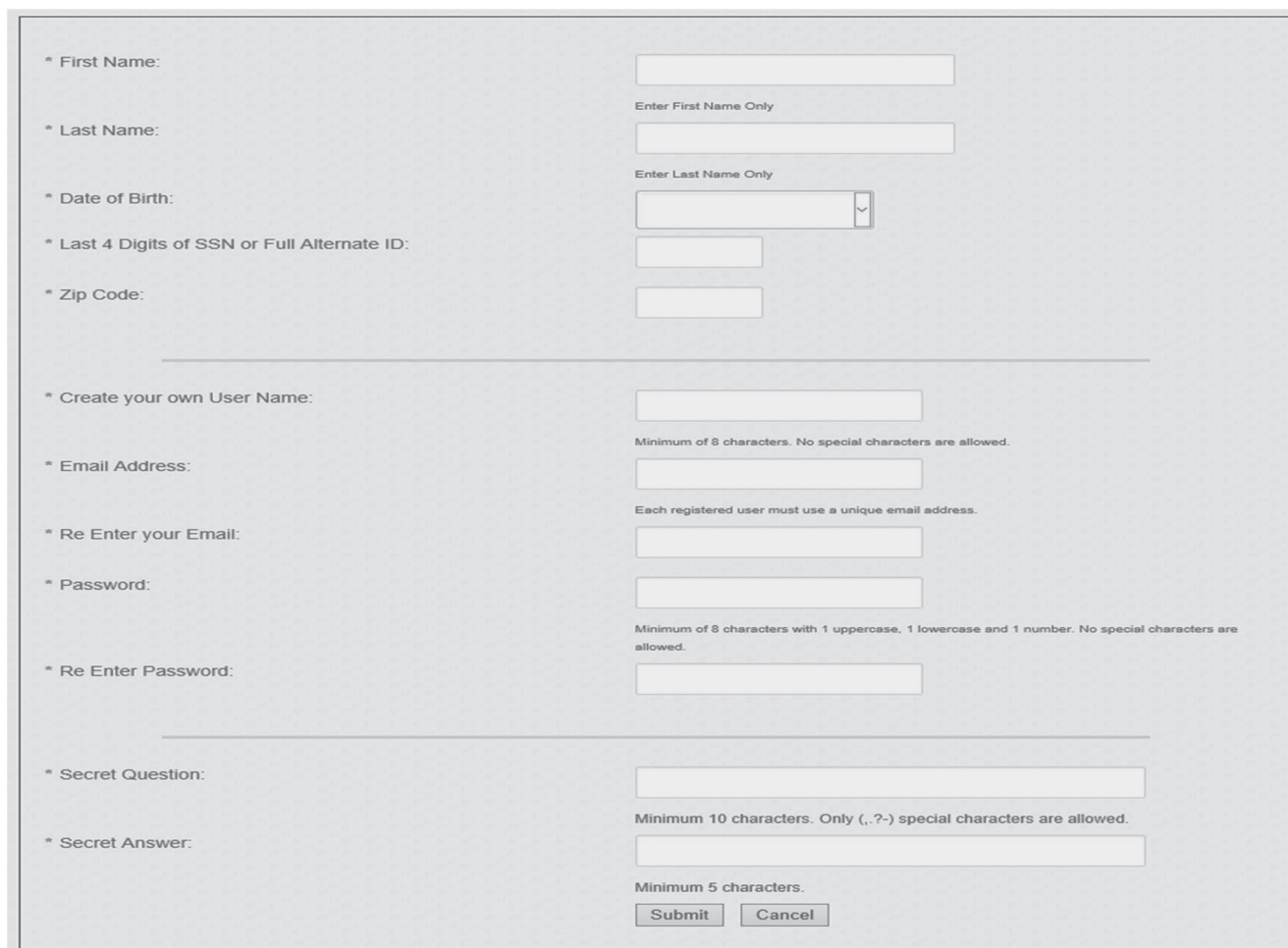
1. From your computer, www.ourbenefitoffice.com/mydetroitretireebenefits to connect to the website.
2. Locate the Login box in the upper right hand corner of the screen.
3. Click on Create an *Account* to get started.



User Name: Password: [Forgot Login Details?](#)

4. The Registration Screen will display next. If you created an account during last year's Open Enrollment, please login using your User Name and Password.
5. Your email address will be used to send you notification in the event you forget your user name and password. Once all information has been entered, please click "Submit" on the bottom of the screen.

All fields listed on the Registration Screen are required and must be completed in order to complete website registration.



* First Name:
Enter First Name Only

* Last Name:
Enter Last Name Only

* Date of Birth:

* Last 4 Digits of SSN or Full Alternate ID:

* Zip Code:

* Create your own User Name:
Minimum of 8 characters. No special characters are allowed.

* Email Address:
Each registered user must use a unique email address.

* Re Enter your Email:

* Password:
Minimum of 8 characters with 1 uppercase, 1 lowercase and 1 number. No special characters are allowed.

* Re Enter Password:

* Secret Question:
Minimum 10 characters. Only (.,?-) special characters are allowed.

* Secret Answer:
Minimum 5 characters.



City of Detroit General Retiree Healthcare Trust

SUMMARY ANNUAL **REPORT**

For the Fiscal Year Ending
December 31, 2023

CITY OF DETROIT GENERAL RETIREE HEALTH CARE TRUST

700 Tower Drive, Suite 300

Troy, MI 48098-2808

www.ourbenefitoffice.com/Mydetroitretireebenefits/Benefits/

BOARD OF TRUSTEES

Trustee	Term Expires
Tom Sheehan, Chair	12/31/2026
Barbara Wise-Johnson, Vice Chair	12/31/2026
Roger Cheek, Secretary	12/31/2026
Floyd Allen	12/31/2026
Charles Gayney	12/31/2026
Shirley Lightsey	12/31/2026
Dion Stevens	12/31/2026

ACTUARY

Gabriel, Roeder, Smith & Company

AUDITOR

Plante & Moran, PLLC

BENEFITS CONSULTANT

Manquen Vance

CUSTODIAL BANKS

Fifth Third Bank, N.A.

Principal Financial Group, N.A.

GENERAL COUNSEL

VanOverbeke, Michaud & Timmony, P.C.

INVESTMENT CONSULTANT

NEPC, LLC

THIRD PARTY ADMINISTRATOR

BeneSys, Inc.

INVESTMENT MANAGERS

Acadian Asset Management

Arena Capital Advisors

BlackRock

CenterSquare Investment Management

Dreyfus

Garcia Hamilton & Associates

State Street Global Advisors

SUMMARY FACT SHEET

<u>Member Data</u>	December 31, 2021	December 31, 2022	December 31, 2023
<u>Benefit</u>			
BCBS Medicare Plus Group PPO	3,705	3,611	3,343
BCN Advantage HMO-POS	428	414	356
HAP Senior Plus	1,174	1,138	995
Humana PPO	10	12	13
Priority Health HMA	118	123	120
Medicare Opt-Out HRA	1,299	1,276	1,344
Non-Medicare HRA	527	437	335
No Benefit Election	1,140	1,330	1,363
<u>Totals</u>	8,401	8,341	7,869

<u>Expenditures</u>	2021	2022	2023
Net Benefits Paid	\$5,881,623	\$5,498,642	\$5,110,697
Administrative Expenses	\$661,426	\$718,926	\$676,055
Investment Expenses	\$459,416	\$585,363	\$529,801
Education/Travel Expenses	\$0	\$0	\$0
<u>Totals</u>	\$7,002,465	\$6,802,931	\$6,316,553

<u>Key Figures</u>	Estimated Market Value of Assets	Projected Cost of Future Benefits	Asset Surplus/(Deficit)	Funded Ratio
Year Ended 12/31/2021	\$220,478,533 ¹	\$158,873,120	\$62,050,937	139.1%
Year Ended 12/31/2022	\$192,577,336 ²	\$152,988,170	\$40,007,894	126.2%
Year Ended 12/31/2023	\$206,643,416 ³	\$146,281,635	\$60,752,642	141.5%

¹ Based upon reported market conditions as of 12/31/2021.

² Based upon reported market conditions as of 12/31/2022.

³ Based upon reported market conditions as of 12/31/2023.

CITY OF DETROIT GENERAL RETIREE HEALTH CARE TRUST

FREQUENTLY ASKED QUESTIONS (FAQs)

Q: There have been numerous media accounts on drugs to treat diabetes and/or weight loss. How will these drugs be covered under the VEBA's health plans?

A: The referenced drugs are formally known as GLP-1s (Semaglutide). They are being prescribed for Type 2 diabetes, weight loss or both which has created some confusion. Below is a summary of the VEBA's health plans' coverage for these medications for the two separate medical conditions.

GLP-1's for Type 2 Diabetes

All the health insurance plans cover GLP-1 medications for Type 2 diabetes with prior authorization. When first diagnosed with Type 2 diabetes the health insurance plan may require a member to try another diabetic medication prior to a GLP-1 approval.

GLP-1's for Weight Loss only

- **BCBSM, BCN and Humana** do not cover these medications for weight loss. Members and their providers can request an exception but will be denied if it is exclusively for weight loss. However, an exception may be approved if part of a cardiovascular treatment plan.
- **HAP** covers for weight loss with prior authorization. Members must participate in a comprehensive weight management program that includes behavior modification (coaching), nutritional counseling, and increased physical activity. Members must use lifestyle programs for at least 6 months prior to starting GLP-1 medication therapy.
- **Priority Health** covers for weight loss with prior authorization.

It is important to discuss GLP-1's with your provider and health insurance plan to understand how they cover these medications for your specific medical condition.

Q: What is the impact of the Inflation Reduction Act on Plan Benefits?

A: There are many components of the Act but it is helpful to highlight two:

- In 2025, member out-of-pocket costs for prescription drugs will be capped at \$2,000 annually, a significant reduction from the current, effective cap of \$3,800. This will bring some financial relief to any members who have been exposed to these higher drug costs.
- In 2026 Medicare will negotiate price discounts for 10 additional, high-cost brand drugs. This will increase to 60 drugs by the end of 2029. These future negotiations should reduce members' out-of-pocket drug costs.

Q: What will the VEBA's benefit levels and coverage options be in 2026 and beyond?

A: The Trustees' decisions on these matters are made in the context of projections on our long-term investment returns, rising health care costs and participant levels. As noted in previous Reports, our Actuarial Consultants have listed over 6,000 potential participants in the VEBA who have not enrolled and are currently not drawing benefits. In general, these potential participants now have other coverage under the Affordable Care Act (until age 65), through other employer coverage or through a spouse's health-care coverage. It is impossible to know how many of these potential participants will eventually enroll in the VEBA. However, the Board must be mindful of the additional cost burdens they may present when setting benefit levels and maintaining a solid financial base over the decades.

Important Phone Numbers

If You Have a Question About	You Should Contact
<p>Eligibility for coverage for you or your dependents, the amount being deducted from your pension check for medical, dental, or vision coverage, the HRA program, Open Enrollment, or Online Enrollment call BeneSys.</p> <p>(Do NOT call the City of Detroit Benefits Administration Office)</p>	<p>BeneSys (Third Party Administrator) at: (844) 563-8911</p> <p>Hours: 7:30 a.m. – 4:30 p.m. Eastern Time, Monday – Friday</p> <p>Troy Location: 700 Tower Drive, Suite 300, Troy, MI 48098</p> <p>You can also leave a message and your call will be returned, during regular business hours, in the order in which it was received.</p> <p>Detroit Location: TMR & Associates (313) 963-1135 601 Abbott Street Detroit, MI 48226</p> <p>Hours: 8:30 a.m. – 5:00 p.m. Eastern Time, Monday – Friday</p>
Blue Cross Blue Shield of MI	(866) 684-8216 TTY (800) 579-0235
Locating a Provider that Participates in the Blue Cross Blue Shield PPO Network	(800) 810-2583
Blue Care Network	(866) 966-2583
HAP	(800) 801-1770
Humana PPO	(800) 733-9064
Priority Health	(888) 389-6648
Delta Dental PPO	(800) 524-0149
DENCAP Dental DMO	(888) 988-3384
Blue Cross Blue Shield of MI Dental PPO	(888) 826-8152
Heritage Vision	(800) 252-2053
Vision Service Plan (VSP)	(800) 877-7195
IRS – Tax Return Transcript Assistance	(800) 908-9946

NOTES

2025

**City of Detroit
General Retiree
Healthcare Trust Open
Enrollment Information**

