



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds*

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2022 ANNUAL ELECTION PERIOD **FOR CURRENT HIGHMARK PPO BLUE PLAN MEMBERS**

During the Election period from October 1, 2022 through November 30, 2022 you have the option to change your Highmark Plan for you and your dependent(s). This election will become effective January 1, 2023 and will be locked in for the entire year, unless you have a Qualified Life Event. The benefits are the same in both the Highmark PPO Blue and Highmark Performance Blue PPO plans. If no election is made during the annual election period you and your dependent(s) will remain in your current Highmark PPO Blue Plan for all of 2023.

HIGHMARK PPO BLUE PLAN

The Highmark PPO Blue Plan includes providers in the Highmark network, including UPMC, as **in-network providers**. This means you will receive **in-network** benefits from providers in the Highmark network including UPMC. Please note that when you use an in-network provider under this plan you will be responsible for a **\$2,000 individual deductible and a \$4,000 family deductible**. The in-network individual deductible will be reduced to \$1,200 and the family deductible will be reduced to \$2,400 if you and your spouse voluntarily complete the wellness requirements.

Whether you have completed the wellness requirements or not, if you use an out-of-network provider under this plan you will be responsible for an individual deductible of \$2,400 and a family deductible of \$4,800, as well as 20% coinsurance for those services.

HIGHMARK PERFORMANCE BLUE PPO PLAN

In the Highmark Performance Blue PPO Plan only Highmark Performance Blue providers are considered **in-network providers**. Please note that when you use an in-network provider in this plan you will have an in-network individual deductible of **\$800 and a \$1,600 family deductible**. These in-network deductibles are waived if you and your spouse voluntarily complete the wellness requirements. Under this plan UPMC providers are considered out-of-network providers.

Whether you have completed the wellness requirements or not, if you use an out-of-network provider you will be responsible for a \$1,600 individual deductible and a \$3,200 family deductible, as well as 20% coinsurance for those services.

NO ACTION IS REQUIRED IF YOU WANT TO REMAIN
IN YOUR CURRENT HIGHMARK PPO BLUE PLAN.

OVER

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538

FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

EMAIL: Welfare Dept - benefits@lcfowpa.com • Pension Dept - pension@lcfowpa.com • Reports Dept – reports@lcfowpa.com

The benefits are the same in both the Highmark PPO Blue and Highmark Performance Blue PPO plans. Please note that in both plans there will be a mandatory generic drug benefit for any **newly** prescribed prescriptions effective January 1, 2023. This means that if either you or your provider choose to use a brand prescription, when a generic is available, you will pay the cost difference between the brand prescriptions and the generic prescription, plus any brand co-payment.

PLAN COMPARISONS

HIGHMARK PPO BLUE	HIGHMARK PERFORMANCE BLUE PPO
Includes all providers in the Highmark Network including UPMC as in-network providers	Only Highmark Performance Blue providers are considered as in-network providers.
<i>Co- Insurance</i> In-Network NONE Out-of-Network 20% of charges	<i>Co- Insurance</i> In-Network NONE Out-of-Network 20% of charges
<i>DEDUCTIBLE</i> In-Network deductible Individual \$2,000 Family \$4,000 (If you and your spouse voluntarily complete the wellness requirements the in-network individual deductible will be reduced to \$1,200 and the family deductible will be reduced to \$2,400) Out-of-Network deductible Individual \$2,400 Family \$4,800	<i>DEDUCTIBLE</i> In-Network deductible Individual \$800 Family \$1,600 (If you and your spouse voluntarily complete the wellness requirements the in-network deductible are waived) Out-of-Network deductible Individual \$1,600 Family \$3,200
<i>Out-of-Pocket Limit</i> In-Network Individual N/A Family N/A Out-of-Network Individual \$4,800 Family \$9,600	<i>Out-of-Pocket Limit</i> In-Network Individual N/A Family N/A Out-of- Network Individual \$4,800 Family \$9,600
<i>Total Maximum Out of Pocket Maximum</i> In-Network Individual \$8,150 Family \$16,300 Out-of-Network Individual No maximum - 20% of charges Family No maximum - 20% of charges	<i>Total Maximum Out of Pocket Maximum</i> In-Network Individual \$8,150 Family \$16,300 Out-of-Network Individual No maximum - 20% of charges Family NO maximum - 20% of charges

REQUEST TO TERMINATE HIGHMARK PPO BLUE COVERAGE

COMPLETE THIS FORM ONLY IF YOU WANT TO CHANGE YOUR HIGHMARK PPO BLUE PLAN TO THE HIGHMARK PERFORMANCE BLUE PPO PLAN EFFECTIVE JANUARY 1, 2023

NO ACTION IS REQUIRED IF YOU WANT TO REMAIN IN YOUR CURRENT HIGHMARK PPO BLUE PLAN

THE ENCLOSED FORM MUST BE RETURNED TO THE FUND OFFICE BY NOVEMBER 30, 2022 FOR YOUR PLAN CHANGE TO BECOME EFFECTIVE JANUARY 1, 2023.

- I want to TERMINATE my previously requested enrollment in the Highmark PPO Blue Plan for myself and my dependent(s) effective January 1, 2023. I am aware that I will automatically be enrolled in the Highmark Performance Blue PPO Plan and I understand that this election will remain in effect for a Minimum of one year unless I have a qualified life event. I will have the opportunity to change my plan election each year from October 1st through November 30th for the following year.

Name (Please Print) _____ SS# _____ - _____ - _____

Address _____

Signature _____ Date ____/____/____

Phone Number (____) _____ - _____ Email, if any _____

After the form has been fully completed, please return it to the Fund Office in the return envelope enclosed.

THIS FORM MUST BE RECEIVED BY THE FUND OFFICE BY NOVEMBER 30, 2022 FOR YOUR ELECTION TO BE IN EFFECT FOR THE FOLLOWING YEAR. ANY TERMINATION FORM RECEIVED AFTER THE ENROLLMENT DEADLINE WILL NOT BE ACCEPTED AND YOU WILL REMAIN IN YOUR ELECTED PLAN THROUGHOUT 2023 UNTIL YOU SUBMIT A REQUEST TO CHANGE YOUR PLAN DURING AN ANNUAL ELECTION PERIOD.

YOU WILL RECEIVE A LETTER CONFIRMING THE RECEIPT OF YOUR TERMINATION REQUEST. YOU AND YOUR DEPENDENT(S) WILL BE ISSUED NEW INSURANCE CARD(S) WITH A NEW GROUP NUMBER.