



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

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

12 EIGHTH STREET • SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222
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YOU HAVE A TWO OPTIONS FOR YOUR HIGHMARK COVERAGE

During the annual election period every year in October and November you will have the option to elect coverage in either the Highmark Community Blue Plan or the Highmark PPO Blue Plan. This election will become effective January 1st of the following year and will be locked in for that entire year, unless you have a Qualified Life Event. Each year you will be able to change your election during the annual election period for the following year. **You and your dependents will automatically remain in your current plan UNLESS you complete and submit an enrollment form by November 30th.**

The medical benefits in both plans are the same. However, the PPO Blue Plan includes in-network benefits available from all providers in the Highmark network, including UPMC, **but you will have larger deductibles in the PPO Blue Plan, as described below:**

HIGHMARK PPO BLUE PLAN

The Highmark PPO Blue Plan includes providers in the Highmark network, including UPMC, as **in-network providers**. 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 COMMUNITY BLUE PLAN

In the Community Blue Plan only Highmark Community Blue providers are considered **in-network providers**. Please note that when you use an **in-network** provider under this plan you will be responsible for an **\$800 individual deductible 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 PLAN

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538
FAX NUMBERS: Benefits Dept. – 412-263-2813 • Reports Dept. – 412-263-2825 • Administrative Dept. – 412-263-2084

PLAN COMPARISONS

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