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

PHONE: 412-263-0900 • WEBSITE: www.lcfowpa.com

2020 ANNUAL ELECTION PERIOD

During the Election period from October 1, 2020 through November 30, 2020 you have the option to change your Highmark Plan for you and your dependent(s). This election will become effective January 1, 2021 and will be locked in for the entire year, unless you have a Qualified Life Event. 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 2021.

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 COMMUNITY BLUE PPO PLAN

In the Highmark Community Blue PPO Plan only Highmark Community 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

\

PLAN COMPARISIONS

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.**
Co- Insurance	
In-Network NONE	NONE
Out-of-Network 20% of charges	20% of charges
In Network deductible	
Individual **$2,000**	**$800**
Family **$4,000**	**$1,600**
(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)	(If you and your spouse voluntarily complete the wellness requirements the in-network deductible is waived)
Out-of-Network deductible	
Individual **$2,400**	**$1,600**
Family **$4,800**	**$3,200**
Out-of-Pocket Limit	
In-Network	
Individual N/A	N/A
Family N/A	N/A
Out-of-Network	
Individual $4,800	$4,800
Family $9,600	$9,600

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
PHONE: 412-263-0900 • WEBSITE: www.lcfowpa.com

REQUEST TO TERMINATE HIGHMARK PPO BLUE COVERAGE

COMPLETE THIS FORM ONLY IF YOU WANT TO *CHANGE* YOUR HIGHMARK PPO BLUE PLAN TO THE HIGHMARK COMMUNITY BLUE PPO PLAN EFFECTIVE JANUARY 1, 2021

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, 2020 FOR YOUR PLAN CHANGE TO BECOME EFFECTIVE JANUARY 1, 2021.

☐ **I want to TERMINATE my previously requested enrollment in the Highmark PPO Blue Plan for myself and my dependent(s) effective January 1, 2021. I am aware that I will automatically be enrolled in the Highmark Community 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, 2020 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 2021 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.