



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



2024 ANNUAL ELECTION PERIOD FOR CURRENT HIGHMARK PERFORMANCE BLUE PPO MEMBERS

During the Election period from October 1, 2024 through November 30, 2024
you have the option to change your Highmark Plan for you and your dependent(s).

This election will become **effective January 1, 2025** and will be locked in for the entire year,
unless you have a Qualified Life Event.

If you **do NOT elect to change** to the Highmark PPO Blue Plan during the annual election period
you and your dependent(s) will be in the Highmark Performance Blue PPO Plan for all of 2025.

HIGHMARK PERFORMANCE BLUE 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, Geisinger* and St. Luke providers are considered **out-of-network providers**. (*Geisinger Jersey Shore & Geisinger Lewistown Hospital remain in-network under this Plan. All other Geisinger locations are **NOT** considered in-network providers).

*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 a \$1,600 individual deductible and a \$3,200 family deductible, as well as 20% coinsurance for those services.*

HIGHMARK PPO BLUE PLAN

All benefits are the same in the Performance Blue PPO Blue Plan and The Highmark PPO Blue Plan. The Highmark PPO Blue Plan includes providers in the Highmark network, including UPMC, Geisinger and St. Luke facilities as **in-network providers**. This means you will receive **in-network** benefits from providers in the Highmark network including UPMC, Geisinger and St. Luke. 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.*

NO ACTION IS REQUIRED IF YOU WANT YOUR CURRENT COVERAGE TO REMAIN IN EFFECT

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



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



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REQUEST TO TERMINATE YOUR CURRENT PLAN COVERAGE

COMPLETE THIS FORM ONLY IF YOU WANT TO CHANGE YOUR CURRENT PLAN TO THE HIGHMARK PPO BLUE PLAN EFFECTIVE JANUARY 1, 2025.

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

THE ENCLOSED FORM MUST BE RETURNED TO THE FUND OFFICE **BY NOVEMBER 30, 2024**
FOR YOUR PLAN CHANGE TO BECOME EFFECTIVE JANUARY 1, 2025.

*Any termination form received after the enrollment deadline will **NOT BE ACCEPTED**
and you will remain in your elected plan throughout 2025.*

- I want to TERMINATE my enrollment in The Highmark Performance Blue PPO Plan for myself and my dependent(s) effective January 1, 2025. I am aware that I will automatically be enrolled in the Highmark PPO Blue 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.

If you complete this form to terminate your current plan to change to the Highmark PPO Blue Plan, 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.

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