



# **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](http://www.lcfowpa.com)

## **2021 ANNUAL ELECTION PERIOD**

During the Election period from October 1, 2021 through November 30, 2021 you have the option to change your Highmark Plan for you and your dependent(s). This election will become effective January 1, 2022 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 2022.

### **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.**

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**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](mailto:benefits@lcfowpa.com) • Pension Dept - [pension@lcfowpa.com](mailto:pension@lcfowpa.com) • Reports Dept – [reports@lcfowpa.com](mailto:reports@lcfowpa.com)

**PLAN COMPARISONS**

<b>HIGHMARK PPO BLUE</b>	<b>HIGHMARK COMMUNITY BLUE PPO</b>
<b>Includes all providers in the Highmark Network including UPMC as in-network providers</b>	<b>Only Highmark Community Blue providers are considered as in-network providers.</b>
<b><i>Co- Insurance</i></b> In-Network                      NONE Out-of-Network                20% of charges	NONE 20% of charges
<b><i>In Network deductible</i></b> Individual <b>\$2,000</b> Family <b>\$4,000</b> (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)	<b>\$ 800</b> <b>\$1,600</b> (If you and your spouse voluntarily complete the wellness requirements the in-network deductible is waived)
<b><i>Out-of-Network deductible</i></b> Individual <b>\$2,400</b> Family <b>\$4,800</b>	<b>\$1,600</b> <b>\$3,200</b>
<b><i>Out-of-Pocket Limit</i></b> <b>In-Network</b> Individual                      N/A Family                            N/A <b>Out-of-Network</b> Individual                      \$4,800 Family                            \$9,600	N/A N/A \$4,800 \$9,600



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## 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, 2022

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, 2021  
FOR YOUR PLAN CHANGE TO BECOME EFFECTIVE JANUARY 1, 2022.

I want to TERMINATE my previously requested enrollment in the Highmark PPO Blue Plan for myself and my dependent(s) effective January 1, 2022. I am aware that I will automatically be enrolled in the Highmark Community 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 1<sup>st</sup> through November 30<sup>th</sup> 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, 2021 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 2022 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.**

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