



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



2025 ANNUAL ELECTION PERIOD FOR CURRENT HIGHMARK PPO BLUE PLAN MEMBERS

During the Election period from October 1, 2025 through November 30, 2025
you have the option to change your Highmark Plan for you and your dependent(s).

This election will become **effective January 1, 2026** 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 2026.**

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.*

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 under 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.*

**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**





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REQUEST TO TERMINATE YOUR CURRENT PLAN 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, 2026

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, 2025
FOR YOUR PLAN CHANGE TO BECOME EFFECTIVE JANUARY 1, 2026.

*Any termination form received after the enrollment deadline will **NOT BE ACCEPTED**
and you will remain in your elected plan throughout 2026.*

- I want to TERMINATE my previously requested enrollment in the Highmark PPO Blue Plan for myself and my dependent(s) effective January 1, 2026. 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.

If you complete this form to terminate your current plan to change to the Highmark Performance Blue PPO 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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