



# **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)



## **2025 ANNUAL ELECTION PERIOD FOR CURRENT HIGHMARK PERFORMANCE BLUE PPO 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 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 2026.**

### **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

<b>HIGHMARK PPO BLUE</b>	<b>HIGHMARK PERFORMANCE BLUE PPO</b>																
<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>																
<p><b>Co- Insurance</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">In-Network</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>Out-of-Network</td> <td style="text-align: center;">20% of charges</td> </tr> </table>	In-Network	NONE	Out-of-Network	20% of charges	<p><b>Co- Insurance</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">In-Network</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>Out-of-Network</td> <td style="text-align: center;">20% of charges</td> </tr> </table>	In-Network	NONE	Out-of-Network	20% of charges								
In-Network	NONE																
Out-of-Network	20% of charges																
In-Network	NONE																
Out-of-Network	20% of charges																
<p><b>Deductible</b></p> <p><b>In-Network deductible</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;"><b>\$2,000</b></td> </tr> <tr> <td>Family</td> <td style="text-align: center;"><b>\$4,000</b></td> </tr> </table> <p style="text-align: center;"><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></p> <p><b>Out-of-Network deductible</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;"><b>\$2,400</b></td> </tr> <tr> <td>Family</td> <td style="text-align: center;"><b>\$4,800</b></td> </tr> </table>	Individual	<b>\$2,000</b>	Family	<b>\$4,000</b>	Individual	<b>\$2,400</b>	Family	<b>\$4,800</b>	<p><b>Deductible</b></p> <p><b>In-Network deductible</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$ 800</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$1,600</td> </tr> </table> <p style="text-align: center;"><i>(If you and your spouse voluntarily complete the wellness requirements the in-network deductible is WAIVED)</i></p> <p><b>Out-of-Network deductible</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$1,600</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$3,200</td> </tr> </table>	Individual	\$ 800	Family	\$1,600	Individual	\$1,600	Family	\$3,200
Individual	<b>\$2,000</b>																
Family	<b>\$4,000</b>																
Individual	<b>\$2,400</b>																
Family	<b>\$4,800</b>																
Individual	\$ 800																
Family	\$1,600																
Individual	\$1,600																
Family	\$3,200																
<p><b>Out-of-Pocket Limit</b></p> <p><b>In-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">N/A</td> </tr> </table> <p><b>Out-of-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$4,800</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$9,600</td> </tr> </table>	Individual	N/A	Family	N/A	Individual	\$4,800	Family	\$9,600	<p><b>Out-of-Pocket Limit</b></p> <p><b>In-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">N/A</td> </tr> </table> <p><b>Out-of- Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$4,800</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$9,600</td> </tr> </table>	Individual	N/A	Family	N/A	Individual	\$4,800	Family	\$9,600
Individual	N/A																
Family	N/A																
Individual	\$4,800																
Family	\$9,600																
Individual	N/A																
Family	N/A																
Individual	\$4,800																
Family	\$9,600																
<p><b>Total Maximum Out of Pocket Maximum</b></p> <p><b>In-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$8,150</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$16,300</td> </tr> </table> <p><b>Out-of-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td>No maximum - 20% of charges</td> </tr> <tr> <td>Family</td> <td>No maximum - 20% of charges</td> </tr> </table>	Individual	\$8,150	Family	\$16,300	Individual	No maximum - 20% of charges	Family	No maximum - 20% of charges	<p><b>Total Maximum Out of Pocket Maximum</b></p> <p><b>In-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td style="text-align: center;">\$8,150</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$16,300</td> </tr> </table> <p><b>Out-of-Network</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Individual</td> <td>No maximum - 20% of charges</td> </tr> <tr> <td>Family</td> <td>No maximum - 20% of charges</td> </tr> </table>	Individual	\$8,150	Family	\$16,300	Individual	No maximum - 20% of charges	Family	No maximum - 20% of charges
Individual	\$8,150																
Family	\$16,300																
Individual	No maximum - 20% of charges																
Family	No maximum - 20% of charges																
Individual	\$8,150																
Family	\$16,300																
Individual	No maximum - 20% of charges																
Family	No maximum - 20% of charges																



# 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 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, 2026.

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, 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 enrollment in The Highmark Performance Blue PPO Plan for myself and my dependent(s) effective January 1, 2026. 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 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.**

*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.*

**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**

