



# Iron Workers' Local No. 25 Fringe Benefit Funds

P.O. Box 99219

Troy, MI 48099-9219

Phone: (248) 347-3100 • Toll Free: (800) 572-8553 • Fax: (248) 813-9898

Website: [www.iw25fringe.org](http://www.iw25fringe.org)

November 1, 2023

## **IMPORTANT NOTICE**

### **2024 COVERAGE FOR MEDICARE ELIGIBLE PARTICIPANTS**

Open Enrollment has begun for the 2024 benefit period. As you have been notified, Medicare-eligible participants in the Iron Workers' Health Care Fund of Eastern Michigan (25 Fund) have a choice: medical coverage through the current BCBSM Medicare Advantage Plan (PPO) or a lower cost option through the Blue Care Network Advantage (HMO). Both plans offer coverage for medical, vision and prescriptions and you can elect dental coverage with either option.

***If you are happy with your current coverage election, you do not need to do anything.*** You and your eligible dependents will continue to have the same coverage in 2024 that is in effect today. If you would like to make changes, however, you may do so at this time. Please read this notice carefully.

### **2024 ENROLLMENT OPTIONS IF YOU CURRENTLY HAVE 25 FUND COVERAGE:**

- (1) **Automatic Enrollment:** If you are currently enrolled in the BCBSM Medicare Advantage PPO Plan and you do nothing you will automatically be enrolled in the BCBSM Medicare Advantage PPO Plan for 2024. Your coverage will be as follows:
  - You and your dependents who are Medicare eligible will automatically be re-enrolled in the BCBSM Medicare Advantage PPO Program. This program includes medical, prescription drugs, and vision.
  - You or your dependents who are NOT Medicare eligible will continue the same coverage provided in 2023.
  - If you had dental in 2023, you will automatically be enrolled in dental for 2024. If you did not have dental in 2023, you will not be enrolled in dental for 2024.
- (2) **Change Your Elections:** If you are currently enrolled in the BCBSM Medicare Advantage PPO Plan and you want to switch to the BCN HMO Plan (or vice versa) or change your dental election you must complete the enclosed green Health Fund Open Enrollment Form indicating your changes and return the completed form to the Fund Office by Friday, December 8, 2023. Please use the enclosed prepaid envelope for mailing.
- (3) **Opting Out of Coverage:** If you wish to "Opt Out" of coverage, you must complete the enclosed green Health Fund Open Enrollment Form indicating your changes and return the completed form to the Fund Office before Friday, December 8, 2023. (Please use the enclosed prepaid envelope for mailing). If you cancel your coverage, you will have no other coverage in the 25 Fund and will not be able to re-enroll in the 25 Fund in the future. Only retirees who terminate coverage because they have coverage through a Spouse or employer are permitted to opt out and re-enroll on a one-time basis.

In the near future, you will receive additional information from BCBSM and BCN regarding their Medicare Advantage Plans. You will be required to complete enrollment forms for BCBSM or BCN which will need to be returned as soon as possible so that your coverage will be effective January 1, 2024.

BCBSM and BCN are required by law to provide you the option not to elect Medicare Advantage Plan coverage.

## **EXPLANATION OF COVERAGE OPTIONS:**

The BCBSM Medicare Advantage PPO Plan and BCN HMO Plan both offer extensive benefits coverage. Both plans provide all of the benefits of Original Medicare Parts A and B, as well as Medicare Part D prescription drug coverage and vision benefits. **You must be enrolled in Medicare Parts A and B and continue to pay your Medicare Part B premium in order to be eligible for coverage under either the Blue Cross Blue Shield Medicare Advantage PPO Plan or the BCN HMO Plan.**

- **Out-of-pocket expenses are minimal.** Below you will find a summary of your out-of-pocket expenses under both the BCBSM Medicare Advantage PPO Plan and the BCN HMO Plan. More details regarding coverage such as out of pocket costs, chiropractic visits, urgent and emergency care and wellness programs will be detailed in the packets you will be receiving from BCBSM and BCN. Please review the information in these packets carefully before you choose a plan that is best for you.
- **BCBSM Medicare Advantage PPO Plan** - There is no requirement that you use an in-network BCBSM provider, but you must use a provider who accepts Medicare. However, using an in-network BCBSM provider will maximize your benefits with the Blue Cross Blue Shield Medicare Advantage Plan.
- **BCN HMO Plan** - In the State of Michigan, you must elect a contracted BCN Advantage Primary Care Physician (PCP) and otherwise obtain services from BCN Advantage contracted physicians. Your annual exam, preventive services and elective surgeries must be done in the State of Michigan with contracted providers. Outside the State of Michigan, you may use any provider who accepts BCBSM. You can locate these out of state providers by calling BCBSM. Your PCP will provide referrals when needed for in network and out of network providers.

<b>Features</b>	<b>BCBSM Medicare Advantage PPO Plan Your Responsibility</b>	<b>BCN HMO Plan Your Responsibility</b>
Plan Deductible	\$0	\$0
Plan OOP Maximum	\$6,350	\$2,000
Annual Coverage Maximum	Unlimited	Unlimited
Coinsurance	0%	0%
<b>Copay's</b>		
Office Visits	\$0	\$20
Specialists	\$0	\$40
Urgent Care Visits	\$0	\$40
Chiropractic	\$0	\$20
Emergency Room	\$0	\$75

<b>Prescription Drug Benefit</b>	<b>Your Copay</b>	
<b>Retail</b>		
Generic (Tier 1 and 2)	\$10	\$10
Formulary Brand	\$15	\$40
Non-formulary Brand	\$15	\$40
Specialty	\$40	\$40
<b>Mail-Order (90 day supply)</b>		
Generic (Tier 1 and 2)	\$20	\$20
Formulary Brand	\$30	\$80
Non-formulary Brand	\$30	\$80
Specialty	N/A (Retail only)	N/A (Retail only)

Your doctor may need to write a new prescription for you or get prior authorization from BCBSM or BCN for your future prescriptions to be filled. If you have any questions, please call the telephone numbers listed below or the telephone numbers listed on the back of your card.

**ADDITIONAL INFORMATION:**

- **Coverage for your non-Medicare-eligible dependents:** If elected, dependents will continue to receive their current coverage through the 25 Fund.
- **Dental Coverage:** Unless elected, your current dental coverage election will not change. If you would like to opt out of or change your dental coverage, please contact the Fund Office before December 8, 2023.
- **Self-Payments:** Please be advised that there are adjustments to your self-payment rates for 2024. The self-payment rates in effect for 2024 are detailed on the pages included in this packet.

If you have any questions regarding your coverage please contact **BCBSM** at **1-866-684-8216** or **BCN** at **1-800-450-3680**, or for questions regarding the content of this notice, contact the Fund Office at 248-347-3100 or 800-572-8553.

Respectfully submitted,

Board of Trustees  
Iron Workers Health Fund of Eastern Michigan





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### **2024 MONTHLY SELF-PAYMENT RATES MEDICARE ELIGIBLES**

**The BCBSM Medicare Advantage Plan and the Blue Care Network Advantage Plan both include Medical, Prescription Drug and Vision benefits.**

#### **PARTICIPANT AND ALL DEPENDENTS ON MEDICARE:**

	<u>BCBS MAPD PPO</u>	<u>BCN HMO</u>
Single Medical/Rx/Vision only:	\$551	\$342
2 Person Medical/Rx/Vision only:	\$1,065	\$648
Single Medical/Rx/Vision with Dental:	\$621	\$412
2 Person Medical/Rx/Vision with Dental:	\$1,169	\$789
Family Medical/Rx/Vision with Dental:	\$1,592	\$1,271
Disabled Retiree, Single Medical/Rx/Vision with Dental	\$621	\$412
Disabled Retiree, 2 Person Medical/Rx/Vision with Dental	\$1,169	\$789

**SPLIT CONTRACTS - The rates below apply where at least one Medicare eligible in a family is covered by the BCBSM Medicare Advantage Plan or the Blue Care Network Advantage Plan and at least one non-Medicare eligible in a family has the self-insured coverage provided by the Iron Workers Health Fund of Eastern Michigan:**

#### **SPLIT CONTRACTS - 1 MEDICARE / AT LEAST 1 NON-MEDICARE\*:**

2 Person Medical/Rx/Vision only:	\$1,979	\$1,730
Family Medical/Rx/Vision only:	\$2,264	\$2,013
2 Person Medical/Rx/Vision with Dental:	\$2,360	\$2,143
Family Medical/Rx/Vision with Dental:	\$2,881	\$2,631
Disabled Retiree, 2 Person Medical/Rx/Vision with Dental	\$2,392	\$2,143
Disabled Retiree, Family Medical/Rx/Vision with Dental	\$2,881	\$2,631

\*The Medicare individual receives prescription drug coverage while the Medical Only, Non-Medicare individual(s) do(es) not.

**Iron Workers' Health Fund of Eastern Michigan  
Open Enrollment Form**

**Return by December 8, 2023**

**To cancel your insurance, please see instructions on the reverse side.**

**Name of retiree:** \_\_\_\_\_ **Last 4 digits of Soc. Sec. #:** \_\_\_\_\_

The BCBSM Medicare Advantage Plan and the Blue Care Network Advantage Plan include medical, prescription drug, and vision benefits – no dental. You have to choose the BCBSM Medicare Advantage Plan or the Blue Care Network Advantage Plan with Dental for dental coverage.

If electing 25 Fund coverage for non-Medicare dependents, you have the option to elect such coverage with or without dental.

**ELECTION IF PARTICIPANT AND ALL DEPENDENTS ON MEDICARE:**

	<u>BCBS MAPD PPO</u>	<u>BCN HMO</u>
Single Medical/Rx/Vision only:	\$551 _____	\$342 _____
2 Person Medical/Rx/Vision only:	\$1,065 _____	\$648 _____
Single Medical/Rx/Vision with Dental:	\$621 _____	\$412 _____
2 Person Medical/Rx/Vision with Dental:	\$1,169 _____	\$789 _____
Family Medical/Rx/Vision with Dental:	\$1,592 _____	\$1,271 _____
Disabled Retiree, Single Medical/Rx/Vision with Dental	\$621 _____	\$412 _____
Disabled Retiree, 2 Person Medical/Rx/Vision with Dental	\$1,169 _____	\$789 _____

**ELECTION FOR SPLIT CONTRACTS  
(1 MEDICARE / AT LEAST 1 NON-MEDICARE):**

2 Person, Medical/Rx/Vision only:	\$1,979 _____	\$1,730 _____
Family, Medical/Rx/Vision only:	\$2,264 _____	\$2,013 _____
2 Person, Medical/Rx/Vision and Dental:	\$2,360 _____	\$2,143 _____
Family, Medical/Rx/Vision and Dental:	\$2,881 _____	\$2,631 _____
Disabled Retiree, 2 Person Medical/Rx/Vision with Dental:	\$2,392 _____	\$2,143 _____
Disabled Retiree, Family Medical/Rx/Vision with Dental:	\$2,881 _____	\$2,631 _____

By signing this form, I acknowledge that I have reviewed the enclosed information and understand that I must use providers (doctors, dentists, etc.) that participate in the plan I have chosen. I understand that I may be responsible for payment of any and all expenses, including deductibles and co-pays, which are not covered when I do not use a participating provider, or as otherwise required by the plan I choose. I also understand that my election **cannot be changed** until the next open enrollment period for the year 2025.

Please complete reverse side and sign

**Please update all dependent information:**

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Full Soc. Sec. #: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Full Soc. Sec. #: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Full Soc. Sec. #: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Full Soc. Sec. #: \_\_\_\_\_

Signature of Retiree: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

*All changes will take place effective January 1, 2024. If you currently have your health care deducted from your monthly pension check, the new charges will be deducted from your January benefit payment.*

☐ **Check this box and sign below, if you wish to cancel your Iron Workers health coverage effective January 1, 2024.**

**If you no longer wish to carry your health coverage with us, we need a signature and this acknowledgement before we can proceed.**

Signature of Retiree: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Last 4 digits of Soc. Sec. #: \_\_\_\_\_

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