



2023 Open Enrollment for OPCMIA 526 Welfare Fund

!!!IMPORTANT CHANGES!!!

As of October 1, 2023, the group health plans will be changing. We will no longer offer the deductible options. Members will have all of their cost sharing paid in full by a program called **Nonstop Health** with the following exceptions: out-of-network services, \$100 ER copays, and benefits and services not covered by Highmark's medical insurance policy. Anyone who is currently covered will be moved to the \$9,100 Deductible Plan with their current network (PPO Blue or Performance Blue).

While a \$9,100 deductible seems very high, we want to assure you that this program offers better coverage than the deductible options that are currently offered. By using the Nonstop Health VISA card, all of your cost sharing (deductible, copays, and prescriptions) will be FULLY covered with few exceptions. Going to the doctor without worrying about costs is designed to prevent higher cost claims down the road and better health outcomes for you and your family.

The new program will go into effect on October 1, 2023, and you will receive new insurance cards. You will also be receiving a Nonstop Health VISA card, which you will use to pay any bills. The maximum amount on these cards will be \$9,100 for single coverage and \$18,200 for family coverage.

You will be receiving a **Welcome Packet** in the mail from Nonstop Health that includes the VISA card and instructions on creating an online account to view your transactions. Please review the correspondence from Nonstop Health explaining how to use your card. There may be times in which you will be required to provide additional documentation to substantiate the medical treatment that you received by providing Nonstop Health with a copy of your Explanation of Benefits, the bill from the medical provider, or receipt from the pharmacy. The VISA card will only pay for medical and prescription drugs. Dental and vision bills will not be accepted by this program. Not responding to a Nonstop Health request for substantiation of a claim will result in your card being suspended.

The Highmark network plan options will remain PPO Blue or Performance Blue.

Please refer to the attached benefit grids that illustrate the lineup of options as of October 1, 2023. Please keep in mind that the grids represent the underlying plan design administered by Highmark (the insurance). **By using your Nonstop Health VISA card when you pay a medical or prescription drug bill, ALL of your out-of-pocket costs for medical and prescription drugs will be COVERED IN FULL, with limited exceptions.** The exceptions that are NOT covered by Nonstop Health are:

- Out-of-network services
- Non-covered benefits and services per the Highmark policy (e.g., experimental and investigational treatment)

- \$100 emergency room copay that will be assessed by Nonstop Health
- Dental and vision expenses

If you would like to elect coverage or make changes to your insurance coverage starting October 1, 2023, forms must be completed and returned by September 24, 2023. If this is your first time signing up for insurance, you must complete and return the Highmark and Guardian forms. If you do not make any changes to your current coverage, you will be defaulted into the plan with the same network as you previously elected, with the above referenced changes.

If you DO NOT WANT COVERAGE, please review your hours on the welfare fund statement, check the box that says, "I do not want coverage," sign, date, and return the top of the welfare statement in the envelope provided.

This cover letter explains the information enclosed, please carefully review the options available for Open Enrollment. Please note, if you choose not to participate with Highmark Insurance, then Guardian and Colonial Life will not be available to you. In addition, if this is the 2nd consecutive time you do not choose insurance coverage you may be forfeiting money in your welfare account. If no coverage is chosen at this time, your next opportunity (if you are eligible) will be in March 2024 for coverage starting April 2024. Please note that the April enrollment is not an Open Enrollment unless you are a New Employee. Since this is a yearly contract, the coverage you elect for October 2024 will continue through September 30, 2024 as long as requirements are maintained (i.e., payments, Active Union member status).

- **WELFARE STATEMENT** – This statement shows your work history from February through July of this year. If there are hours missing from your statement, please contact the Combined Funds Office and/or send pay stubs no later than September 24, 2023. The statement also provides the amount of contributions you have accrued to use towards the cost of coverage. Please note that this is a 6-month statement. When you are determining your selections and potential payments for this period, it will be based on coverage from October 1, 2023 through March 31, 2024. If you owe more than \$100.00, it will be broken down into 6 monthly payments.
- **HIGHMARK HEALTH PLAN – Medical and Prescription Drug Coverage, Dental and Vision**
Note: The summary of benefits and coverage (SBC) will be available online on our website at www.opcmia526funds.org or by logging into Highmark's website. If you would like a paper copy, please call us to request one be mailed to you.

Highmark Performance Blue network – includes all the AHN participating providers

Highmark PPO Network – includes all of the AHN participating providers AND all of the UPMC participating providers. You will receive in-network benefits with both carriers. (As you will see on the enclosed benefit grid, there is a higher cost for this option.)

\$9,100 Deductible PPO Blue with Nonstop Health Medical Expense Reimbursement Plan

\$9,100 Deductible Performance Blue with Nonstop Health Medical Expense Reimbursement Plan

Blue Edge Dental and Blue Edge Vision – Please complete the following.

1. Check one level of coverage option at the top of the Highmark enrollment form, then check the dependent options in box 13 under Medical.
2. Select the dental and vision plans and dependent options that you choose on your Highmark enrollment form in box 13, if interested.
3. Complete your personal information for you and any dependents to be enrolled.
4. Sign and date “Employee Signature” on line 21.

GUARDIAN INSURANCE

Voluntary Term Life Insurance

Note: You must participate in Highmark Health Insurance to enroll

- **If you are not on coverage and are electing coverage as of October 1, 2023, you MUST COMPLETE the Basic Life and AD&D section of the Guardian form and return it to us whether you elect any of the Guardian coverages or not.**

GUARDIAN APPLICATION FORM

- Member and Dependent information- must be completed;
- Automatic Member Death Benefit- \$10,000 if enrolled with Highmark.
✓ *Beneficiaries are required for this benefit*
- Voluntary Term Life Insurance – choose coverage or decline;
- See Guardian Grid for coverage and costs of Life Insurance
✓ *Signature and Date required for coverage*

Members that were previously on coverage that are now electing Voluntary Term Life Insurance:

If this is not your first enrollment and you are electing a Voluntary Term Life plan, please complete the Evidence of Insurability online at www.guardiananytime.com/eoi or request a paper form if needed.

COLONIAL LIFE INSURANCE

Accident, Disability, Hospital Confinement, Cancer and Critical Illness Coverages

Please see the attached letter with information on the coverage options and prices offered by Colonial Life.

- To elect Colonial Life Coverage, please call Colonial Life Representative Tammy Morgart at 412-605-9451 before 9/24/2023 to enroll by phone.

Sincerely,

Operative Plasterers’ and Cement Masons’ International Association Local 526
Combined Funds Office