1470 Worldwide Place • Vandalia, OH 45377-1156
Phone (937) 454-1744 • Fax (937) 454-5457 • Toll free (800) 331-4277

October, 2019

Dear Humana Medicare Participant:

The Board of Trustees made the decision to continue the contract with Humana for your Medicare Advantage Plan for the calendar year 2020.

Your monthly self-payment amount for calendar year 2020 will remain $295.00. Your office visit copays, coinsurance, and prescription drug copays will also remain the same for 2020. You still have the freedom to visit any provider that accepts Medicare and agrees to bill Humana.

You may continue to have the monthly self-payment withheld from your monthly pension. If you are paying by check, you will receive payment coupons for the 2020 calendar year mid-December to include with your monthly self-payments.

NO ACTION IS REQUIRED IF YOU CHOOSE TO REMAIN ENROLLED!

If you wish to CANCEL your Humana Medicare Advantage Plan for any reason, complete the reverse side of this form and return it to our office **no later than November 15, 2019**. Please remember, once you cancel your retiree insurance coverage from the Iron Workers District Council Benefit Trust, you **cannot** re-enroll in the future. If you decide to cancel your coverage, you may be eligible to enroll in another Medicare Advantage Plan in your service area outside of the Ironworkers District Council Benefit Trust, or you may choose to go back to original Medicare. You can obtain information about Medicare and Medicare health plans by visiting www.medicare.gov or by calling 1-800-MEDICARE.

Please call the Benefit Trust Office with any questions.

Sincerely,

Board of Trustees

RETIREE MEDICAL PLAN OPT OUT FORM

Only complete this form if you wish to CANCEL your Ironworkers of Southern Ohio & Vicinity Benefit Trust Medical Plan.

By my signature below, I acknowledge that I **DO NOT** wish to participate in the Humana Medicare Advantage Plan offering and hereby elect to cease participation in the Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust plan effective **December 31, 2019.**

I also acknowledge that:

- Once I **cancel my coverage** I cannot re-enroll in Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust Retiree Medical Plan at a later date.

Medicare Participant Name: ____________________________________ Medicare Number: _________________

Medicare Covered Spouse (if applicable): ______________________ Medicare Number: _________________

____ ____

Medicare Participant Signature Date

____ ____

Medicare Covered Spouse Signature Date

Please provide your daytime telephone number: ___________________________________

IF YOU WISH TO CANCEL YOUR COVERAGE, RETURN THIS COMPLETED FORM NO LATER THAN NOVEMBER 15, 2019 TO:

Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust
1470 Worldwide Place
Vandalia OH 45377-1156

Fax: 937-454-5457