

October 31, 2021

Dear Non-Medicare Plan Participant,

The non-Medicare Retiree self-pay rates will increase for the upcoming calendar year. The rates you pay for the non-Medicare Retiree plan represent only a portion of the actual cost of the benefit. The cost per adult for the non-Medicare retiree plans are subsidized by **approximately 24%** through active workers' hourly contributions paid into the Benefit Trust.

If you or your spouse are covered by Medicare, you are not eligible for these Plans.

The new monthly self-pay rates for Non-Medicare Retiree Plan A and Plan B effective **January 1, 2022** are as follows:

Non-Medicare Retiree Plan A: \$835 per person per month. The actual cost for this plan is **\$1,091.78** per month.

Non-Medicare Retiree Plan B: \$716 per person per month. The actual cost for this plan is **\$945.98** per month. Plan B has higher medical and prescription deductibles and coinsurances that are payable by the participant.

Dependent and/or Adult Children of an eligible retiree will be covered under the same plan as the retiree for **\$196 per dependent/adult child** per month.

Two plan choices continue to be available for you for the monthly self-payment rates shown above. All members of your family will be required to be in the same plan unless a family member is on the Humana Medicare Advantage plan. Enclosed please find the ***Summary of Benefits and Coverage*** for Plan A and Plan B for the upcoming plan year.

All non-Medicare-eligible retirees currently covered under Plan A will have the option to select coverage under Plan B effective January 1, 2022. Once a participant has selected Plan B, they will **NOT** be allowed to switch back to Plan A in the future. If you choose to enroll in Plan B, or cancel your retiree health insurance benefits on January 1, 2022, complete the page **on the reverse side of this form and return it to the Trust Office by November 16, 2021.** *If you do not return the form, you will continue to be enrolled in the Plan you are currently in.*

If you cancel your coverage, except to be covered under another *group* policy, you may not purchase coverage from the Benefit Trust in the future.

MEDICARE ELIGIBILITY: Once you or your dependent(s) are eligible for Medicare, coverage under this Plan must end and you may be eligible for coverage under the Plan's insured program through Humana. Due to government guidelines, you must be covered under the Humana program as of your Medicare effective date; Humana cannot retro-activate your coverage. To ensure that you have continuous coverage, **you must notify the Trust Office at least 60 days before your Medicare coverage begins** to request a Retiree Health Insurance Enrollment Form to complete and return with a copy of your Medicare card to the Trust Office at least 60 days before your Medicare effective date. It is **your** responsibility to notify the Trust Office and enroll 60 days prior to the date Medicare coverage begins.

Please contact the Trust Office should you have any questions.

**IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST
RETIREE ENROLLMENT FORM**



***Only complete this form if you wish to
CHANGE or CANCEL
your Medical Plan Effective 1/1/2022***

PARTICIPANT INFORMATION – Please provide all requested information.

Name (Last, First, MI)	Social Security No.
Street Address	Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State Zip Code	Home Telephone No. ()

DEPENDENT INFORMATION – Please provide all requested information for each eligible dependent (spouse and child) to be covered under the Plan.

Name (Last, First, MI)	Relationship	Social Security No.	Birth Date	Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL PROGRAM ELECTION – Check the appropriate box below, **sign and return this form to the Trust Office by November 16, 2021.** *If you do not return the form, you will continue to be enrolled in the Plan you are currently in.* Remember that you and any non-Medicare eligible dependents will be covered under the same plan.

Plan B (\$716 per adult/\$196 per child per month)

Cancel Retiree Health Insurance Coverage for the participant and dependent(s) listed above effective at midnight on December 31, 2021.

AUTHORIZATION – Please read the paragraph below, sign and date.

I agree that my dependents and I will abide by the Plan provisions and understand that the Plan provisions may change. I have read the materials describing the Plan. I certify that the information on this form is correct. I understand that once I elect Plan B, I cannot enroll in Plan A in the future. I understand that if I cancel my coverage, I may not be able to purchase coverage from the Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust in the future.

Participant Signature	Date

Return completed forms to:

Iron Workers Trust Funds
1470 Worldwide Place
Vandalia, OH 45377