



Western Teamsters Welfare Trust

An Employer-Employee Jointly Administered Welfare Trust

225 South Lake Avenue, Suite 1200 • Pasadena, CA 91101-3000 • (800) 872-5439

November 2022

IMPORTANT NOTICE

MEMORANDUM

TO: WTWT Retirees and Family Members

FROM: Administrative Office

RE: Important Information About Your Retiree Plan

This provides important information about your Western Teamsters Welfare Trust (WTWT) Retiree Plan. Open enrollment for the various medical and prescription drug options available through WTWT is currently underway for Retiree Plan participants who currently reside in one of the Trust sponsored HMO service areas. Retirees residing in one or more of the HMO service areas will receive open enrollment information and anyone wishing to make a change must respond by no later than December 29, 2022. Changes will be effective January 1, 2023. Retirees residing outside of HMO service areas will not receive any additional open enrollment materials and will only be able to make benefit selections associated with the Trust Indemnity medical and prescription drug programs for non-Medicare Retirees.

If you had previously selected and enrolled in one of the High Deductible HMO options for non-Medicare retirees, you will not receive open enrollment options. Once you select a High Deductible plan option with the lower monthly self-payment rate your selection is irrevocable (unless you terminate coverage) or until you become Medicare eligible.

Note that effective January 1, 2023, all non-Kaiser Medicare Retirees are moving to the Anthem Medicare Preferred PPO with Senior Rx Plus plan through Labor First. Medicare Retirees in the Kaiser HMO service area can elect either the Kaiser HMO plan or the Labor First plan.

The Trustees want you to be aware of the following information, which is discussed in detail below.

- The self-payment rates for the January 1, 2023 – December 31, 2023 Plan Year;
- The HMO options available through the Trust;
- Rules Governing Enrollment in High Deductible HMO Options for Non-Medicare Retirees;
- The various Trust rules, which can govern your monthly self-payments;
- Payment Method;
- Your ability to postpone or suspend your WTWT retiree coverage if you are under 65 or have other health coverage or wish to irrevocably delay Trust coverage until you are Medicare eligible; and
- Medicare Part D requirements and how it can impact you.

Self-Payment Rates for January 1, 2023 – December 31, 2023

The Trustees are pleased to announce that the monthly self-payment rates for Medicare and non-Medicare retirees and spouses will not be increasing for the period of January 1, 2023 through December 31, 2023. Almost all of the Medicare self-payment rates are decreasing. This will be the twelfth consecutive calendar year in which the self-payment rates do not reflect an increase. The rates are on a per person per month basis as set forth on the following page.

MEDICARE RETIREES

<i>Medicare Labor First (Anthem) Plan</i>	Standard Plan and Surviving Spouse Plan Revised Monthly Rates Effective 01/01/23	Optional Plan (Withdrawn ER) Monthly Rates Effective 01/01/23
Labor First Medical and Rx (each)	\$ 133	\$ 133
<i>HMO Option for Medicare Retirees</i>		
Kaiser – Senior Advantage (CA, OR, CO, WA) (each)	\$ 260	\$ 260

NON-MEDICARE RETIREES

<i>Non-Medicare Indemnity Plan</i>	Standard Plan and Surviving Spouse Plan Revised Monthly Rates Effective 01/01/23	Optional Plan (Withdrawn ER) Monthly Rates Effective 01/01/23
Trust Indemnity Medical Plan Only Without HMO Access (each)	\$ 188	\$ 359
Trust Indemnity Rx Plan Only Without HMO Access (each)	\$ 25	\$ 70
Trust Indemnity Medical and Rx Without HMO Access (each)	\$ 208	\$ 421
Trust Indemnity High Deductible Option Without HMO Access (each)	\$ 145	\$ 273
<i>Standard HMO Options for Non-Medicare Retirees</i>		
Kaiser (each):		
No. California	\$ 262	\$ 410
So. California	\$ 196	\$ 307
Oregon	\$ 212	\$ 332
Colorado	\$ 262	\$ 410
Washington	\$ 277	\$ 434
United Healthcare (UHC) (each):		
Washington	\$ 410	\$ 641
Oregon	\$ 383	\$ 599
California	\$ 335	\$ 525
Colorado	\$ 467	\$ 731

<i>Standard HMO Options for Non-Medicare Retirees (continued)</i>	Standard Plan and Surviving Spouse Plan Revised Monthly Rates Effective 01/01/23	Optional Plan (Withdrawn ER) Monthly Rates Effective 01/01/23
Arizona	\$ 392	\$ 613
Nevada	\$ 355	\$ 555
Blue Cross/Blue Shield of New Mexico (each)	\$ 208	\$ 326
Presbyterian Health Plan (New Mexico) (each)	\$ 356	\$ 557

<i>High Deductible HMO Options for Non-Medicare Retirees</i>	High Deductible HMO Plan Rates	High Deductible HMO Plan Rates (Withdrawn Employer)
Kaiser (each):		
No. California	\$ 201	\$ 315
So. California	\$ 150	\$ 235
Oregon	\$ 156	\$ 245
Colorado	\$ 184	\$ 288
Washington	\$ 213	\$ 333
United Healthcare (UHC) (each):		
Washington	\$ 316	\$ 495
Oregon	\$ 337	\$ 528
Colorado	\$ 355	\$ 556
Arizona	\$ 263	\$ 411
Nevada	\$ 257	\$ 402
Blue Cross/Blue Shield of New Mexico (each)	\$ 168	\$ 263
Presbyterian Health Plan (New Mexico) (each)	\$ 268	\$ 420

Please Note: The Indemnity Plan options for Non-Medicare retirees are only available to participants who reside in an area where there is no access to one of the Trust's HMO options. If you reside in an HMO service area and want to participate in the WTWT Retiree Plan, you must participate in an HMO option.

HMO Options

As in previous years, non-Medicare retirees are not eligible to participate in the Indemnity medical or prescription drug plans if they reside in an area with HMO access. A non-Medicare retiree with HMO access must either elect an HMO plan or opt out of Trust coverage until becoming Medicare-eligible.

HMO service areas are determined by zip code. If you live in an area served by an HMO, you will receive Summary Benefit Comparisons (SBC's) for the plans offered in your area in early December 2022.

The absence of any HMO SBC indicates that Trust records reflect that you do not currently reside in one of the Trust-sponsored HMO service areas and your only options are the Indemnity medical and prescription drug plans for non-Medicare Retirees or the Labor First plan for Medicare Retirees. If you have moved or believe the Trust's information is in error, please contact your Administrative Office at (800) 872-5439.

The following options are available to retirees by state:

Indemnity Plan & HMO Options for Medicare and Non-Medicare Retirees

	Indemnity or Labor First Medical Plan	UHC Non- Medicare Only	Kaiser	BCBSNM HMO Health Plan Non- Medicare Only	Presbyterian Non- Medicare Only
Arizona	●	●			
California	●	●	●		
Colorado	●	●	●		
Idaho	●				
Montana	●				
Nevada	●	●			
New Mexico	●			●	●
Oklahoma	●				
Oregon	●	●	●		
Texas	●				
Utah	●				
Washington	●	●	●		
Wyoming	●				
All Other States	●				

Please note: HMO service areas are determined by specific zip codes within the state. HMO service areas in many cases do not extend to outlying or rural areas outside of major metropolitan locations.

Rules Governing Enrollment In High Deductible HMO Options for Non-Medicare Retirees

In addition to normal Plan rules governing your eligibility for WTWT retiree coverage, you should be aware of two plan requirements if you elect a High Deductible HMO non-Medicare option:

- If you elect a High Deductible HMO option for non-Medicare retirees you cannot subsequently change to a regular non-Medicare option that would provide a higher level of benefits. This is to address concerns that people might move between the options depending on their health needs. Once you select a High Deductible plan option with the lower monthly self-payment rate your selection is irrevocable (unless you terminate coverage) until you become Medicare eligible. Once Medicare eligible, you may select any plan option for which you are eligible.

- If a Non-Medicare Retiree elects a High Deductible HMO option, both the Retiree and spouse (if both are Non-Medicare) must participate in the same High Deductible HMO option with the same carrier. If a Retiree who is currently on a Medicare Managed Care HMO option but has a spouse who is Non-Medicare, the spouse can elect the High Deductible HMO option or the Standard HMO plan. Conversely, if a spouse is currently on a Medicare Managed Care HMO option but the Retiree is Non-Medicare, the Retiree can participate in either the High Deductible HMO plan option or the "Standard" HMO Plan. Carrier selection (i.e., Kaiser, United Healthcare, Blue Cross/Blue Shield of New Mexico etc.) must be the same for both family members.

Rules Governing Trust Self-Payment Rates

The basic rules affecting the Trust's self-payment rates charged to Trust retirees and spouses (if applicable) are set out below:

- Payments are on a per eligible person per month basis and payments are to be made in one month in advance of the coverage month. Example: January coverage should be paid by December 10th. This will ensure that your coverage is in place by the 1st (January) of the month.
- Non-Medicare Retirees whose last employer no longer participates in the Trust are charged the actual projected cost of the coverage they select. This is because there is no contribution being allocated from the monthly employer contribution payment made on each active employee, which can be used to assist in funding the Retirees Plan.
- The Trust does not offer the Indemnity Medical Plan to non-Medicare individuals who reside in an area served by an HMO. If individuals living in an HMO service area wish to continue to participate in the Trust, they must either select an HMO or make an irrevocable one-time election to defer Trust coverage until becoming Medicare-eligible.

Payment Method

For making your monthly self-payments to the Trust, it is recommended to utilize the Electronic Funds Transfer (EFT) method which provides for an automated monthly withdrawal from your checking account. The EFT withdrawal occurs on the 10th of the month for coverage in the following month. Retirees who **have not** initiated the EFT payment method receive monthly paper bills and you send in your monthly payment with the paper bill.

For any questions related to monthly self-payments or requests to implement the Electronic Funds Transfer (EFT) method for monthly payments, you can contact (800) 872-5439.

Please Note: Medicare Retirees who drop the WTWT Retiree plan to obtain other Medicare related coverage such as an individual Medicare plan must notify the Trust thirty (30) days in advance of the proposed termination date. For example, if you plan on dropping your WTWT Medicare coverage and enroll onto a new plan effective with January 1, 2023, coverage, you must notify the Trust office in writing by December 17, 2022. The Centers for Medicare and Medicaid Services (CMS) requires that coverage termination notification for Medicare plans must be provided by no less than twenty-one (21) days in advance of the termination date. Failure to advise the Trust Office in a timely manner will require that you remit a self-payment to be applied against the related coverage month.

Postponement of Coverage Until Medicare Eligible or Suspension of Coverage When Other Benefits Are Available

If you have satisfied the WTWT Retiree Plan eligibility rules, you can make a one-time election that defers/postpones Retiree Plan participation until you are Medicare eligible. In the event that you have been participating in the Retiree Plan but can no longer afford the cost, you can initiate the one-time election that defers/postpones Retiree Plan participation until you are Medicare eligible. Once this deferral election is made, **your choice is irrevocable**, and you cannot resume participation in the WTWT Retiree Plan until you are Medicare eligible.

In addition, you or your spouse can suspend or postpone your WTWT Retiree Plan coverage if you have other employment-related health coverage. No payments will be required while your coverage is suspended and no benefits will be provided by the WTWT Retiree Plan while you have suspended WTWT coverage due to other group health coverage. When you lose your other employment-related coverage you must contact your Administrative Office within 30 days to resume your WTWT Retiree Plan coverage. You must provide documentation that your other group coverage had been continuous from the time you requested a suspension of your WTWT coverage until the date you request the WTWT Retiree Plan coverage to resume. There can be no breaks in coverage.

Medicare Part D

Effective January 1, 2006, Medicare began offering prescription drug coverage through Medicare Part D. The Medicare Part D program, as adopted by the Center for Medicaid and Medicare Services (CMS), allowed Medicare-eligible individuals to obtain basic prescription drug coverage by making a monthly self-payment similar to the additional monthly premium Medicare individuals now pay for Part B coverage. A Credible Coverage Notice was recently sent to you advising that prescription drug coverage under the WTWT Retiree plans is considered credible coverage.

The following information outlines what retirees in the Western Teamsters Welfare Trust need to know about Medicare Part D. While Medicare Part D only applies to Medicare-eligible individuals, the Trust is providing all retirees with this information so you can plan in advance of reaching Medicare status.

- The prescription drug coverage available through the WTWT Indemnity Prescription Drug Plan (Express-Scripts/Medco) and the HMO options for Medicare-eligible individuals available through the Trust (Kaiser and Labor First) all provide benefits that are as good or better than the Medicare Part D Prescription Plan. As a result, the prescription drug coverage provided is considered creditable coverage.
- If you intend to stay in the WTWT indemnity prescription drug program or one of the HMO options you do not need to do anything. You will automatically be enrolled into the CMS approved Medicare Part D coverage through your current WTWT coverage option whether it is Express-Scripts/Medco for Indemnity Plan participants or the various HMO options the Trust offers to Medicare-eligible retirees (i.e., Kaiser Senior Advantage and Labor First). **YOU SHOULD NOT ENROLL IN MEDICARE PART D OR ANY OTHER ALTERNATIVE PRESCRIPTION DRUG PLAN IF YOU INTEND TO STAY IN THE WTWT INDEMNITY PRESCRIPTION PLAN OR ONE OF THE WTWT'S HMO OPTIONS. CMS RULES STIPULATE THAT YOU CAN ONLY PARTICIPATE IN ONE PRESCRIPTION DRUG PROGRAM AS A MEDICARE INDIVIDUAL. ENROLLING INTO ANOTHER "INDEPENDENT" MEDICARE PART D PROGRAM SUCH AS TEAMSTAR OR AN AARP PLAN WILL TERMINATE YOUR PRESCRIPTION DRUG COVERAGE UNDER WTWT AND YOU WILL BE LOCKED INTO THAT PLAN FOR A 12-MONTH PERIOD BEFORE YOU CAN DISENROLL AND RE-ENROLL BACK TO WTWT PLAN COVERAGE.**

- If for some reason you decide to drop your WTWT coverage and enroll in an alternative Medicare Part D Plan, please be advised that the prescription drug coverage available through WTWT or any of its HMO options is considered creditable coverage. This means that if you enroll in an alternative Medicare Part D Plan within 62 days of your Trust prescription drug coverage ending, you should be able to do so without incurring additional charge for late enrollment.

Legal Notices

Benefits Not Guaranteed: Please remember the benefits under the Retiree Plan are not guaranteed. Benefits are provided and subsidized to the extent there is available funding. The Board of Trustees reserve the right to modify the benefits available and the subsidies provided as the circumstances may require.

Retiree Only Plan: The WTWT's options for retirees are considered Retiree Only Plans for purposes of the Affordable Care Act (ACA). As a result, the WTWT Retiree programs are not subject to all of the market reform provisions under ACA which allows the Trustees greater flexibility in designing plans for the Retirees.

If you have questions, you should contact your Administrative Office at the number listed in your Plan booklet.

PS:sa

cc: Board of Trustees
Trust Counsel
Trust Consultant