G.M.P. - Employers Retiree Trust 5245 Big Pine Way, S.E. Fort Myers, FL 33907-5998





G.M.P. EMPLOYERS RETIREE TRUST • MORE THAN YOU EXPECT!

If you are receiving this publication, you have been identified as a participant of the G.M.P. – Employers Retiree Trust. If you do not have a copy of your ID card, please contact the Trust office so you may receive a copy.

# **To Our Participants:**

This newsletter contains important information about your plan of benefits. Please read it carefully to understand 2020 changes, available benefits, and how to find answers to your Trust benefit questions.

## **Participant Costs For 2020**

he Trustees are pleased to report that ALL existing out-of-pocket **L** costs are remaining the same for 2020. Please see the chart on the following page to see your available options and plan costs.

### **Open-Enrollment for eligible spouses and** non-Medicare retirees:

pen enrollment runs from mid-October through November 30th each year. During open enrollment, eligible spouses and non-Medicare retirees may enroll in any of the options of coverage available to them through the Trust. Following are important guidelines regarding open-enrollment and coverage eligibility:

- PPO Options of coverage are available to **non-Medicare Participants only**
- Once you elect to enroll in a PPO option of coverage, you must remain in that option until the next open enrollment period. Changing options of coverage is only allowed during open enrollment, unless it is your initial enrollment.
- If your coverage terminates due to non-payment or by request, you must wait one year from January 1 following the year in which the coverage terminated, before becoming eligible to re-enroll in the following open enrollment period. However, if you had other coverage, canceled it, and provide the Trust proof of termination, the waiting period does not apply. Written notice of cancellation of other coverage must be received at the Trust within 30 days of cancellation.
- To remain eligible for coverage, the premiums for the coverage option of choice must be paid when due.

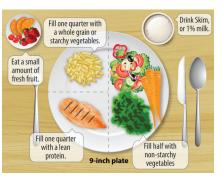


**T**or many of our participants **L** 'managing their diabetes is a constant concern. That is why the Trust has partnered with Express Scripts to help support them by providing them with better tools, more cost-effective solutions and dedicated support. If you have been diagnosed with diabetes, please be on the look out for communications from Express Scripts regarding the diabetes program and how to get the most from this benefit.

# Help for those with Diabetes

**T A 7** hen you have diabetes, **V** deciding what, when, and how much to eat may seem challenging. So, what can you eat, and how can you fit the foods you love into your meal plan? The first step is to work with your doctor or dietitian to make a meal plan just for you. As soon as you find out you have diabetes, ask for a meeting with your doctor or dietitian to discuss how to make and follow a meal plan. During this meeting, you will learn how to choose healthier foods a variety of vegetables and fruits, whole grains, fat-free or low-fat dairy foods, lean meats,

and other proteins.



For more information on the "plate method" visit: https:// www.cdc.gov/diabetes/managing/ eat-well.html or the American Diabetes Association for more information on how you can still live your best life! https://www. diabetes.org/nutrition/healthyfood-choices-made-easy

### **NOTE:**

These benefits listed in this newsletter apply to participants whose former employer contributes to the Trust at the highest rate per hour. To verify if your employer contributes to the Trust at the highest rate per hour, select "Benefits" on the website www.gmptrust.com.

#### **Important Reminder:**

If you purchased other health insurance coverage, it is very important that you report this to the Trust immediately to avoid any coverage conflicts.

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If you have questions, or you believe you have received this notification by mistake:

Call the Trust office at (239) 936-6242

E-mail us directly at info@gmptrust.com

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### Has Healthcare Reform Affected My Coverage?

The Trust is a "Retiree-Only" plan, therefore, is not subject to L certain rules set forth in the Patient Protection and Affordable Care Act. For example, "Retiree-Only" plans are not required to:

- Offer free preventive health benefits
- Cover dependent children
- Remove annual and lifetime limits on how much they will spend on medical care

# **Trust Coverage Options**

### **Non-Medicare Eligible Participants:**

2020 Plan Year	PPO Plus (BCBS)	PPO (BCBS)	Indemnity Plan
Premium Payment	\$72.00 per month (lower prescription deductible)	\$45.00 per month	<b>Spouse:</b> \$35.00 per month <b>Retiree:</b> no monthly premium
Annual Deductible	\$745 In-Network \$2,235 Out-of-Network	\$745 In-Network \$2,235 Out-of-Network	\$2400
*Coinsurance (amount you pay)	10% In-Network 30% Out-of-Network	10% in network 30% Out-of-Network	20%
**Annual out-of-pocket maximum	\$2,235 In-Network \$6,705 Out-of-Network limit	\$2,235 In-Network \$6,705 Out-of-Network limit	\$7,200
Lifetime maximum	\$400,000	\$400,000	\$200,000
	Separate Deductible: \$325	Separate Deductible: \$650	
Prescription Drug Program	<b>If you participate in the mail order program:</b> Generic drugs are covered at 90% "Plan-preferred" brand-name drugs are covered at 75% "Non-plan-preferred" drugs are covered at 60%		

### **Medicare Eligible Participants:**

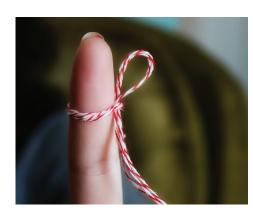
2020 Plan Year	Medicare Indemnity Plan		
Premium Payment	Spouse: \$35.00 per month		
Flemum Fayment	Retiree: no monthly premium		
Annual Deductible	\$1,350		
	This Plan coordinates with Medicare to pay:		
*After Deductible is Met	Out-Patient: Up to 90% on certain Medicare approved medical expenses.		
	In-Patient: 80% of remaining balance on Medicare approved and paid covered expense		
**Annual out-of-pocket maximum	\$4,050		
Lifetime maximum	\$400,000		
	Separate Deductible: \$650		
	If you participate in the mail order program:		
Prescription Drug Program	Generic drugs are covered at 90%		
	"Plan-preferred" brand-name drugs are covered at 75%		
	"Non-plan-preferred" drugs are covered at 60%		
See the Plan of Benefits booklet for detail of covered expenses **Annual deductible applies to out of pocket expense			



### **Designating a Friend** or Family Member

**T**f you would like to designate **L** a friend or family member who can contact us on your behalf, please obtain a Personal Representative Authorization form online at www.gmptrust.com, complete it and then mail it to the Trust office.

# **Reminders...**



## **Updating Your Info** and Beneficiary

hroughout the year, the **I** Trust sends important information to its participants. To ensure you receive this information, please alert the Trust if you move or change your phone number. You can do so by calling the Trust office, or E-mailing info@gmptrust.com, or through the "Contact" option at www.gmptrust.com. If you are a retiree, it is also important to update the beneficiary for your life insurance benefit and any claim reimbursement, if necessary. There are forms on the website you can print and send to the Trust office to update your beneficiary (or beneficiaries). The following is the Trust's policy regarding the order of payment to your beneficiary:

- The beneficiary you have provided to the Trust.
- If your beneficiary dies before you:
- If one of your named primary

- before you.
- If you have not named survive you:
- Your spouse, if any. • If there is no spouse, in equal shares to your children.
- If there is no spouse or
- children, to your parents. • If there is no spouse, children or parents, in equal shares to your brothers and sisters.
- If none of the above survives, to your executors or administrators.



beneficiaries dies before you, his or her share will be payable in equal shares to any othernamed primary beneficiaries who survive you. If you have named a contingent beneficiary, your contingent beneficiary will only be paid if all primary beneficiaries die

a primary or contingent beneficiary, or if the person(s) you have named dies before you, payment will be made as follows to those who

### **Monthly Premium Payment Options**

**T**o keep administrative costs L low, the Trust participants are billed quarterly. However, if you are a spouse or a retiree enrolled in premium required coverage, you may choose to enroll in the Direct Payment Plan, which is an automatic monthly withdrawal from your bank. The Direct Payment Plan will help you in several ways:

- It saves time fewer checks to write, plus it saves postage.
- Helps meet your commitment in a convenient and timely manner, even if you're out of town.
- No lost or misplaced statements, your payment is always on timeit helps maintain good credit, and assures you uninterrupted health care coverage.
- It's easy to sign up for, easy to cancel.

**RETIREE TRUST**