

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 2021 changes, available benefits, and how to find answers to your Trust benefit questions.

Participant Costs For 2021

The Trustees are pleased to report that ALL existing out-of-pocket costs are remaining the same for 2021. 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:

Open 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.

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.



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

Has Healthcare Reform Affected My Coverage?

The Trust is a “Retiree-Only” plan, therefore, is not subject to 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

Designating a Friend or Family Member

If you would like to designate 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.

Trust Coverage Options

Non-Medicare Eligible Participants:

2021 Plan Year	PPO Plus (BCBS)	PPO (BCBS)	Indemnity Plan
Premium Payment	\$72.00 per month (lower prescription deductible)	\$45.00 per month	Spouse: \$35.00 per month Retiree: 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
Prescription Drug Program	Separate Deductible: \$325	Separate Deductible: \$650	
	If you participate in the mail order program: 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:

2021 Plan Year	Medicare Indemnity Plan
Premium Payment	Spouse: \$35.00 per month Retiree: no monthly premium
Annual Deductible	\$1,350
*After Deductible is Met	This Plan coordinates with Medicare to pay: Out-Patient: Up to 90% on certain Medicare approved medical expenses. In-Patient: 80% of remaining balance on Medicare approved and paid covered expenses.
**Annual out-of-pocket maximum	\$4,050
Lifetime maximum	\$400,000
Prescription Drug Program	Separate Deductible: \$650 If you participate in the mail order 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

Summary of Material Modifications

TO: All Covered Plan Participants FROM: G.M.P - Employers Retiree Trust March 31, 2020

This document is a Summary of Material Modifications (SMM), intended to notify you of changes to your benefits under the G.M.P - Employers Retiree Trust. These changes include: Benefit coverage modification to waive cost-sharing for Coronavirus/COVID-19 screening, testing, and treatment.

PLAN BENEFIT CHANGES

The G.M.P - Employers Retiree Trust (“the Trust”) is implementing changes to the Trust benefits indicated herein, beginning March 31, 2020.

COVERAGE FOR CORONAVIRUS/COVID-19 TEST AND TREATMENT COSTS

In an effort to protect participants and dependents, the Plan is waiving all cost-sharing (deductible and co-insurance) on medically necessary screening, diagnostic testing, and treatment of the 2019 novel Coronavirus/COVID-19, including hospital, emergency department, urgent care and provider office visits where the primary purpose of the visit is to be screened, tested and/or treated for COVID-19.

Please note that all other Plan rules remain in effect including, for example, the exclusion for

services that are not medically necessary and for charges above the Lifetime Maximum limit (meaning that you will be responsible for any charges above the Lifetime Maximum). Coordination of Benefits will be considered prior to payment of these services. The Trust receives claims submitted to Medicare via the Medicare crossover, if you need assistance with claims submission instructions for claims not submitted through Medicare, you can contact the Trust office at: (239) 936-6242 or alternatively you can email your question to: info@gmptrust.com.

This summary is a Summary of Material Modifications to the Trust’s Plan of Benefits (the “Plan”). It constitutes an addendum to the Plan’s Summary Plan Description (“SPD”), which is available online at gmptrust.com or on request by calling the Administrative Offices. Coverage under the Plan is determined under the terms of the Plan as reflected in the SPDs, this summary, and any other notice regarding coverage changes issued since the effective date of the SPD. Nothing in this summary creates a right to be covered under the Plan. The terms “you” and “your” as used in this summary refer to an individual who meets all the eligibility and participation requirements under the Plan. Receipt of this summary does not guarantee that the recipient is a participant under the Plan and/or otherwise eligible for benefits under the Plan. The Board reserves the right to make changes or to terminate any benefit plan or plans for any reason at any time, without prior notice to or consent from any employee, former employee, participant or former participant (or their beneficiaries). If there is any inconsistency between this document and the official plan documents and contracts, the official plan documents and contracts will control to the extent not amended by this summary. If you have any questions regarding this change to the Plan, please contact the Administrative Office during normal business hours at: (239) 936-6242 or email your questions to: info@gmptrust.com.

GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Trust’s health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Monthly Premium Payment Options

To keep administrative costs 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 time—it helps maintain good credit, and assures you uninterrupted health care coverage.
- It’s easy to sign up for, easy to cancel.

Updating Your Info and Beneficiary

Throughout the year, the 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 beneficiaries dies before you, his or her share will be payable in equal shares to any other named primary beneficiaries who survive you.
 - If you have named a contingent beneficiary, your contingent beneficiary will only be paid if all primary beneficiaries die before you.
- If you have not named 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 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.