

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, or if you have an old card with your social security number on it, 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 2025 changes, available benefits, and how to find answers to your Trust benefit questions.

Participant Costs For 2025

The Trustees are pleased to report that ALL existing out-of-pocket costs are remaining the same for 2025. 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 Option of coverage is available to **non-Medicare Participants only**
- Once you elect to enroll in the 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 contributed to the Trust at a rate below the highest rate per hour. To verify if your employer contributed to the Trust at a rate below the highest rate per hour, select “Benefits” on the website - www.gmptrust.com.

Important Reminder:

If you purchased or canceled 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

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:

2025 Plan Year	PPO (BCBS)	Indemnity Plan
Premium Payment	\$45.00 per month	Spouse: \$35.00 per month Retiree: no monthly premium
Annual Deductible	\$1,690 In-Network \$5,070 Out-of-Network	\$4500
*Coinsurance (amount you pay)	10% In-Network 30% Out-of-Network	20%
**Annual out-of-pocket maximum	\$5,070 In-Network \$15,210 Out-of-Network Limit	\$13,500
Lifetime maximum	\$130,000	\$130,000
Prescription Drug Program	The prescription drug benefit covers 80% of eligible prescription drug charges after you satisfy the annual deductible.	

Medicare Eligible Participants:

2025 Plan Year	Medicare Indemnity Plan
Premium Payment	Spouse: \$35.00 per month Retiree: no monthly premium
Annual Deductible	\$1,740
*After Deductible 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	\$5,220
Lifetime maximum	\$130,000
Prescription Drug Program	The prescription drug benefit covers 80% of eligible prescription drug charges after you satisfy the annual deductible.

*See the Plan of Benefits booklet for detail of covered expenses

**Annual deductible applies to out of pocket expense

Monthly Premium Reminder

A spouse who is enrolled in the Trust benefits must pay a monthly premium of \$35. If the spouse premium is not received

by the due date, coverage may be terminated. If you and/or your spouse have chosen the PPO option, the \$45 per participant

premium must also arrive by the due date to avoid coverage disruption.

Protecting Your Medicare: How to Avoid Fraud

Medicare is a vital lifeline providing essential healthcare coverage to seniors and certain individuals with disabilities. However, there are those who seek to exploit it for their gain through fraudulent schemes. Here are some ways to protect yourself from Medicare fraud.

1. Hang Up on Suspicious Calls:

A common tactic used by Medicare scammers is unsolicited phone calls. If someone calls and requests your Medicare, Social Security, bank, or credit card information, hang up immediately. Legitimate Medicare employees have your information on file and will not ask for it over the phone.

2. Avoid Rushed Decisions:

During the open enrollment period in the fall, Medicare scammers often use high-pressure tactics to convince you to enroll in supposed “better” health

plans. Remember, you have until December 7 to enroll, and Medicare does not offer extra benefits for signing up early.

3. Medicare Doesn’t Sell or Visit Homes: Medicare will never call you to sell you anything or visit you at your home. Always verify the identity of anyone claiming to be a Medicare representative, and when in doubt, contact Medicare directly to confirm their authenticity.

Common Signs of Medicare Fraud

To protect yourself from Medicare fraud, it’s essential to be aware of common signs that may indicate fraudulent activities:

a. Billing for Services Not Provided: Scammers may submit claims for healthcare services or supplies that were never delivered or were unnecessary. Always review your Medicare statements and

report any discrepancies to Medicare.

- b. Unsolicited Supplies:** If you receive medical supplies or equipment in the mail that you didn’t order, be cautious. Some fraudsters send unsolicited items and then bill Medicare in your name. Contact Medicare to report any such incidents.
- c. Phony Health Plans:** Be wary of individuals offering “exclusive” or “secret” Medicare plans that promise unbelievable benefits. Verify any plan’s legitimacy through official Medicare channels.

If you suspect any of these activities, report them immediately to the Medicare Fraud Hotline at 1-800-MEDICARE (1-800-633-4227) or the Office of Inspector General (OIG). Reporting fraud is crucial in helping protect yourself and others from falling victim to these scams.

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.