

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

FALL 2025

If you are receiving this publication, you have been identified as a participant of the G.M.P. – Employers Retiree Trust whose former employer contributes to the Trust at the highest rate per hour.

# **To Our Participants:**

This newsletter contains important information about your plan of benefits. Please read it carefully to understand 2026 changes, available benefits, and how to find answers to your Trust benefit questions.

#### **Participant Costs For 2026**

The Trustees are pleased to report that ALL existing out-of-pocket costs are remaining the same for 2026. 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.

#### **NEWS:**

New cards and member IDs will be be coming soon.
Please watch your mail and check our website for updates.

### **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.

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

#### **Notes About Your 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:**

2026 Plan Year	PPO Plus (BCBS)	PPO (BCBS)	Indemnity Plan
Premium Payment	\$72.00 per person/per month (lower prescription deductible)	\$45.00 per person/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
	Separate Deductible: \$325	Separate Deductible: \$650	
Prescription Drug Program	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%		ered at 75%
***Lifetime maximum	\$400,000	\$400,000	\$200,000

#### **Medicare Eligible Participants:**

2026 Plan Year	Medicare Indemnity Plan		
Premium Payment	Spouse: \$35.00 per month		
Fremnum 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 expenses		
**Annual out-of-pocket maximum	\$4,050		
	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%		
***Lifetime maximum	\$400,000		

<sup>\*</sup>See the Plan of Benefits booklet for detail of covered expenses \*\*Annual deductible applies to out of pocket expense \*\*\*This is the maximum amount the Trust will pay on the member's behalf in their lifetime.





# SAVE MONEY ON YOUR PRESCRIPTION DRUGS

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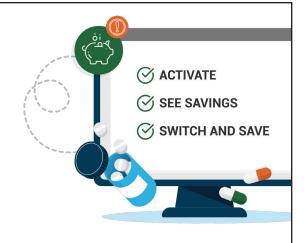
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Questions or to get started call 1-800-268-4476 (TTY 800-877-8973). Para español, llame al 1-800-917-5572.



# **Hearing Aids**

The Plan pays a benefit when hearing aids are recommended by a physician certified as an otolaryngologist (ear, nose, throat doctor). The plan will pay 80 percent of the covered hearing aid expenses for the cost of one or more hearing aids up to the maximum amount as shown in the Plan Summary of Coverage:

Hearing aid maximum \$400, once every 36 months.

## **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.

## **Medicare 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.

If you suspect any of these activities, report them immediately to the Trust and 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.

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

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# **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.