



Managed for the Trustees by  
Wilson-McShane Corporation

**October 2025**

**TO: MEDICARE ELIGIBLE PARTICIPANTS OF THE CONSTRUCTION INDUSTRY  
LABORERS WELFARE FUND**

**RE: PLAN CHANGES – TERMINATION OF THE MEDICARE ADVANTAGE  
PRESCRIPTION DRUG PLAN WITH UNITED HEALTHCARE AND SAV-RX**

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Dear Participant:

The Board of Trustees may occasionally modify benefits based on the financial status of the Plan or to comply with changes in federal law. Due to changes in federal law that require changes to Medicare Advantage plans and increased costs for Medicare Advantage plans, the Trustees have determined that the current MAPD plan is not cost-effective for the benefits provided as compared to the Welfare Fund's retiree coverage.

**Medicare Retiree – United Healthcare with Sav-Rx Medicare Advantage Prescription Drug Plan (MAPD Plan)**

Effective January 1, 2026, the MAPD Plan will be terminated, and those Medicare Retirees and their Medicare eligible dependents will be covered under the self-funded CIL Medical Only Benefit.

*1. Are my current benefits changing prior to January 1, 2026?*

No your current medical and prescription benefits will remain in place through December 31, 2025. Continue to show your current ID cards when you are obtaining medical services from a provider or facility as well as any pharmacy when seeking to fill your prescriptions.

*2. What benefits are changing on or after January 1, 2026?*

a) Medical Benefits:

The medical benefits will change from the United Healthcare MAPD and will be offered through the self-funded Medical Only benefits under the Plan administered by Plan's third-party administrator, Wilson McShane Corporation.

The Schedule of Benefits under the Medical Only Plan is as follows:

Medicare Part A

Deductible per spell of illness .....	100%
Daily Co-Payment from 61 <sup>st</sup> –90 <sup>th</sup> day of Hospital confinement.....	100%
Daily Co-Payment from 21 <sup>st</sup> -100 <sup>th</sup> day of nursing home confinement for Rehabilitation purposes only .....	100%

Medicare Part B  
 Annual Deductible ..... 100%  
 Then 20% of remaining Covered Expenses

b) *Prescription Benefits:*

Prescription benefits will no longer be provided under the Plan. A Medicare Retiree and/or a Medicare eligible Dependent will be required to obtain their own individual Part D prescription plan.

Medicare Retirees and their Medicare eligible dependents can obtain a new Part D plan through various options, including private insurance companies or a standalone plan.

c) *Dental and Vision Benefits:*

There are no changes to the voluntary dental and vision benefits under the plan. However, you are only eligible for these benefits, if upon your initial retirement, you elected voluntary Dental and Vision Benefits under the Plan.

3. Can I stay on the current MAPD Plan?

No. All Medicare eligible retirees and/or Medicare eligible dependents must change over to the CIL Medical Only Plan and obtain their own individual Part D prescription plan. Your current plan will no longer be available, effective January 1, 2026.

4. Do I need to do anything to enroll in the CIL Medical Only Plan?

No. All Medicare eligible retirees and/or Medicare eligible dependents will automatically be enrolled into this Medical Only Plan.

5. Can I leave this CIL Plan and come back at a future date?

No. If you wish to no longer be covered under this CIL Plan you will need to contact the Fund Office on or before Monday, December 8, 2025.

6. How do I find my own Part D Plan for prescription coverage?

You can visit Medicare.gov to enroll directly through Medicare's website or the Fund has also partnered with Blue Cross Blue Shield of Kansas City's Medicare Advocacy services to assist Medicare eligible Retirees and/or Medicare eligible Dependents during this transition.

The monthly payment for your new Part D Plan can be billed to you by your new carrier, or you can have the premium deducted from your Social Security.

7. What is the deadline for me to enroll in my own Part D Plan for prescription coverage?

*Enrollment with Continuous Prescription Coverage:*

In order to have continuous prescription coverage on January 1, 2026, you must choose another Part D Plan by December 31, 2025.

*Enrollment with Delayed Prescription Coverage:*

If you have not chosen a new Part D Plan by December 31, 2025, you still have other opportunities to join a new Part D Plan.

Because your plan will no longer be available to you, you have a special enrollment opportunity to join a new Part D Plan any time until February 28, 2026.

If you join a new Medicare prescription drug plan **AFTER** December 31, 2025 but before February 28, 2026, your coverage in the new Part D Plan will not start until the month after you join.

Example 1: If you enroll in a new Part D Plan on January 5, 2026, your coverage under the new Part D plan will not be effective until February 1, 2026. This means you will not have coverage for any prescriptions from January 1, 2026 through January 31, 2026.

Example 2: If you do not enroll in a new Part D Plan before February 28, 2026, you will not have any prescription coverage for the entire 2026 calendar year and you may have to pay a lifetime Part D late-enrollment penalty if you have a break in coverage for 63 days or more, even if you join a prescription drug plan later.

**IT IS VERY IMPORTANT TO ENROLL IN A NEW PART D PLAN IN ORDER TO HAVE PRESCRIPTION DRUG COVERAGE.**

8. How do I contact Blue Cross Blue Shield of Kansas City's Medicare Advocacy services?

Please reach out to Sheri Blankenship. She is the dedicated representative that can assist you in this process.

Phone: 816-395-2916

Email: [Sheri.Blankenship@BlueKC.com](mailto:Sheri.Blankenship@BlueKC.com)

Hours: Monday – Friday 8am – 4:30pm CST

9. Will I receive new ID cards?

a) *Medical ID Card:*

*Yes, Blue Cross and Blue Shield of Kansas City will mail you new ID cards closer to January 1, 2026.*

b) *Prescription ID Card:*

Yes, when you enroll in your new prescription Part D Plan, upon enrollment, the insurance carrier you choose will provide you with new ID cards.

10. Do I need to use my Medicare Card under the Medicare Only Plan?

Yes. When receiving services, show your provider your Medicare Card and your CIL Medical ID Card. This will allow the provider to appropriately submit medical claims to both carriers.

11. Will I be able to keep the same medical providers?

Yes, as long as your provider accepts Medicare and the services are covered by Medicare, the Medical Only plan will process your medical claims as the secondary carrier.

12. Can I use the VA for my medical benefits?

Yes, you may use the VA for your medical benefits.

13. Can I use the VA for my prescription benefits?

Yes, you can use either the VA or the new Part D Plan carrier for your prescriptions, however, if you use the VA for your prescriptions, the new Part D plan will not bill the VA and you may incur out of pocket expenses.

14. How do I file a medical claim under the Medical Only Plan?

If your service provider has verified you are eligible for medical coverage under both Medicare and the CIL Medical Only Plan, the provider will usually submit the medical claim on your behalf to their local Blue Cross and Blue Shield. Reimbursement claims and supporting documents may be filed directly to the Fund office.

Additional claims filing details may be found in "Article XI - Claims Filing Procedure" in your Plan Document. This Summary Plan Document can be found at [cilfunds.com](http://cilfunds.com) or you can request a copy from the Fund Office.

15. Are there precertification requirements for medical services under the Medical Only Plan?

No, precertification for medical service is not required under the Medical Only Plan secondary to Medicare.

16. Will my current prescriptions and pharmacies continue to be covered by my new Part D Plan?

Depends. Each carrier will have their own formulary and preferred pharmacy. When you are looking for your new Part D Plan it will be important for you to have a list of your medications, including the name of the medication, the strength of the medication, and the dosage of the medication to determine if the Part D Plan you are considering will cover those medications.

The Fund has partnered with Blue Cross Blue Shield of Kansas City Medicare Advocacy Services to assist Medicare eligible Retirees and/or Medicare eligible Dependents during this transition and can assist with comparing Part D plans with you.

17. Will my current prescriptions transfer to the new Part D Plan I elect?

No, your prescriptions will not automatically transfer over to your new Part D Plan. You will need to contact the Pharmacy and provide your new Part D insurance information. If the current pharmacy you use is not in your new Part D Plan network, you will need to contact your current pharmacy and transfer your prescriptions to a new in-network pharmacy under your new Part D Plan.

18. Will my self-payments change under the CIL Medical Only Plan?

Yes, your self-payments will reduce for the CIL Medical Only Plan. As a reminder, self-pay rates are reviewed annually and subject to change April 1st of each year. The current monthly rates per person are:

Medical Premium	\$82
Vision Premium	\$7 (for those who elected vision benefits at retirement)
Dental Premium	\$19 (for those who elected dental benefits at retirement)

If upon your initial retirement, you have elected voluntary Dental and Vision Benefits under the Plan those self-payment rates will not change at this time but will be added to the premium you will pay under the CIL Medical Only Plan.

19. What if I want to enroll in an individual Medicare Supplement Plan or another individual MAPD Plan?

If you disenroll from the CIL Retiree plan all together and enroll in a fully-insured Medicare Supplement Plan or another individual MAPD Plan you or your dependents will no longer be covered under this CIL Medical Only Plan and you will not be allowed to elect this coverage at a future date.

20. Will there be any special educational meetings I can attend to get more information about this change?

Yes, there will be an informational meeting held on the following dates, you may attend as many as you prefer:

October 8, 2025 at 11 am at Laborers' Union Local 264, 1101 E 87th St #103, Kansas City, MO 64131.

October 21, 2025 at 11 am Laborers Local 1290, 2600 Merriam Lane, Kansas City, KS 66106.

Please keep this notice with your Summary Plan Description booklet. If you have any questions regarding this change, please contact the Fund's administrative office.

If you have any questions about these changes, please feel free to contact the Fund Office toll free at (833) 479-9429 or at (816) 777-2669.

Sincerely,

BOARD OF TRUSTEES

Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.