IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

1470 Worldwide Place Vandalia, Ohio 45377
Phone (937) 454-1744 Fax (937) 454-5457
Address Mail:
P.O. Box 398 Dayton, Ohio 45401-0398
Toll Free: (800) 331-4277

October, 2016

Dear Aetna Medicare Participant:

The Board of Trustees made the decision to continue the contract with Aetna for your Medicare coverage for 2017.

The Benefit Trust continues to subsidize the monthly cost of the Aetna Medicare premium. The Trustees have determined that your monthly premium will be increased by $10.00 effective January 1, 2017. Your new monthly premium will be $295.00. You may continue to have this premium withheld from your monthly pension. If you are paying by check, you will receive updated payment coupons to remit monthly premium payments to the Benefit Trust Office.

NO ACTION IS REQUIRED IF YOU CHOOSE TO REMAIN WITH YOUR CURRENT COVERAGE THROUGH AETNA.

If you decide not to continue in this plan offering, you may be eligible to enroll in another Medicare Advantage plan in your service area outside of the Ironworkers District Council, or you may choose to go back to original Medicare.

You can obtain information about Medicare and Medicare health plans by visiting www.medicare.gov or by calling 1-800-MEDICARE.

If you wish to CANCEL your Aetna Medicare plan for any reason, complete the reverse side of this form and return to the Benefit Trust Office **no later than December 1, 2016**. This is required to stop the Aetna Medicare insurance deductions from your January 2017 pension (if they are withheld). Please remember, once you terminate retiree insurance coverage from the Benefit Trust, you may not purchase coverage from the Benefit Trust in the future.

Please call the Benefit Trust Office if you have any questions.

Sincerely,

Board of Trustees

RETIREE MEDICAL PLAN OPT OUT FORM

Only complete this form if you wish to DISCONTINUE your Ironworkers of Southern Ohio & Vicinity Benefit Trust Medical Plan.

By my signature below, I acknowledge that I **DO NOT** wish to participate in the Aetna Medicare Advantage Plan offering and hereby elect to cease participation in the Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust plan effective **January 1, 2017** (last day of coverage).

I also acknowledge that:

- Once I **drop my coverage** I cannot re-enroll in Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust Retiree Medical Plan at a later date.
- As of January 1, 2017 I can see any doctor through the Original Medicare Part A & B Plan, unless I have enrolled in another Medicare Advantage Plan.

Retiree Name: _____ Medicare Number: _____

Covered Spouse: _____ Medicare Number: _____

_____ _____

Retiree Signature Date

_____ _____

Covered Spouse Signature Date

Please provide a daytime telephone number: _____

RETURN THIS FORM NO LATER THAN DECEMBER 1, 2016 TO:

Ironworkers District Council of Southern Ohio & Vicinity Benefit Trust
P.O. Box 398
Dayton, OH 45401-0398

Fax: 937-454-5457