

Iron Workers Midwest Region Health and Welfare Plan
625 Enterprise Drive
Oak Brook, IL 60523
(630) 230-3895

June 2023

Dear Participant,

The Trustees of the combined Iron Workers Midwest Region Health & Welfare Fund welcome you as a participant in the Iron Workers Local 527 Welfare Fund. We look forward to your participation and are pleased to provide the enclosed information to help ensure your satisfactory participation in this Fund.

Effective July 1, 2023 your coverage in this Fund will start. Enclosed with this letter you will find a Simple Summary of Benefits provided to help explain the coverages provided by the Fund. The new coverage will be with the Blue Cross PPO. This is a national network of the Blue Cross affiliated plans.

Benefits Management Group, Inc. (BMGI) provides the administration for this Fund. You will be able to contact BMGI for any customer service inquiries you may have. BMGI will also provide a secure log-in to the eligibility and claims system so you can view hours reported from your employer. You may log into the Ironworkers Regional Plan website to see your personal information and claim history at: [www.https://bmgweb.com/IWMID](https://bmgweb.com/IWMID)

If you are enrolled in the dental coverage with Delta Dental that will stay in place for the remainder of 2023. You will receive information on the Dental Coverage for 2024 later this year. The vision benefit will be administered through BMGI for the rest of 2023. You should use the medical benefits for your eye exams and pay the office visit co-pay when visiting your eye-care professional. Enclosed you will find a Vision Claim form. Please use this form to request any eligible vision reimbursements.

Blue Cross Blue Shield of Illinois will issue medical identification cards in June. The Group Number for this Plan is 298172. You will also receive a prescription Drug Card from SAV-RX. Please use this card and not the Blue Cross Blue Shield card when having prescriptions filled. If you have questions regarding benefits or eligibility, please contact the Fund Office at the number shown above.

We have listed the dependents (if any) you currently have enrolled under your coverage. Please let the Fund Office know if we need to add additional dependents.

Participant

Date of Birth

Dependents

Date of Birth

Sincerely,
The Board of Trustees