

2357 59th Street
St. Louis, MO 63110
(314) 644-2777
(800) 489-0228
Fax: (314) 646-4440
www.stllaborers.com
benefits@stllaborers.com

BENEFIT buzz

New Year, New Deductible

Like in years past, your deductible resets each January. The good news? **There's no need to adjust your budget in the new year.** Our deductible amounts have remained the same since 2009, and the recent change to Aetna did **not** impact your deductible.

In-Network Deductible

\$400 Individual
\$800 Family

Out-of-Network Deductible

\$500 Individual
\$1,000 Family

Fourth-Quarter Deductible Carryover

As a courtesy, the Plan offers a fourth-quarter carryover. If you meet any portion of your **in-network deductible** in October, November, or December 2025, that amount will also carry over to the next year to help satisfy the 2026 deductible.

Example

If you had a doctor's visit on December 15, 2025, and you still have \$75 to meet your 2025 deductible, that \$75 will be applied to your 2025 individual deductible and your 2026 individual deductible.

In-Network Provider	Charged Amount	Allowed Amount	Plan Pays	Amount Owed
Urgent Care	\$250	\$200	\$0	\$15 co-pay & \$185 deductible (\$200 has already been satisfied)
X-Ray	\$395	\$239	\$224	\$15 deductible
DME	\$225	\$175	\$157.50	\$17.50 co-insurance
Total	\$870	\$614	\$381.50	\$232.50

Office Hours

Monday-Friday
7:00 a.m.-4:30 p.m.

Phone Hours

Monday-Friday
7:30 a.m.-4:30 p.m.

January 2026 Issue

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• ADDICTION
• MENTAL HEALTH
• SUPPORT

844-691-5326

Laborers' Supporting Laborers'
Available 24/7
100% Confidential



PENSION**buzz**



Pension Wall of Fame



Kevin Holloway Sr.

He's a proud Local 42 member with 20 years of hard work behind him.

In retirement, he's looking forward to enjoying life and getting out hunting.



Laura Snow

She's a proud Local 110 member with 29 years of hard work behind her.

In retirement, she's looking forward to spending time with her family and friends and do some traveling.

2026 Pension Check Dates

January 28th

February 25th

March 25th

April 22nd

May 27th

June 24th

July 22nd

August 26th

September 23rd

October 28th

November 18th

December 16th

IMPORTANT REMINDER

The **Alive and Well Affidavit**, required to continue receiving your pension benefit, was recently mailed.

This affidavit is for **all retirees and beneficiaries** who are currently receiving a pension. The form **must be signed in front of a notary** and returned to our office.

You can mail the form to 2357 59th Street St. Louis, MO 63110, email to pension@stllaborers.com or fax to (314) 645-6226.

FAQ Dependent Custody Form

Have you received a Dependent Custody Form in the mail for your child, and don't understand why? Let us explain.

Who receives a Dependent Custody Form?

Members who have children on the Plan and are not married to the natural parent, or are separated or divorced. This form is also sent for stepchildren who are covered under the Plan.

Why is this form required?

When there is no court order or divorce decree that states which parent is responsible for providing insurance, the Benefit Office uses this form to coordinate benefits so that your claims are processed correctly.

The Dependent Custody Form is mailed the same month as the Coordination of Benefits (COB) Form, which is the member's birthday month.

Who must complete the form?

The form requires both natural parents and any step parents to complete and sign.

How do I return the form?

We encourage you to email the form to benefits@stllaborers.com due to the ongoing issues with receiving mail. You may also mail the form to the **Benefit Office**, or fax it to (314) 646-4440.

If you have any questions, please contact the **Benefit Office** at (314) 644-2777 ext 2.

LABORERS'		
Dependent Custody Form		
2157 54th Street • St. Louis, MO 63110		
Phone: (314) 644-2777 • Fax: (314) 646-4440		
benefits@stllaborers.com • www.stllaborers.com		
The enclosed coverage with the Greater St. Louis Construction Laborers' Welfare Fund Office (Benefits Office) is a Coordination of Benefits (COB) plan. Processing of claims/services for your child(ren) cannot be completed until the COB form is completed and filed by the member, insurance company, natural father, and returned to the Benefits Office. Your delay or failure to return the COB form could result in the denial of claims/services under the Plan for your dependent(s).		
Member:		
Child's Name:	Medical Member ID# or SS#:	
Child's Date of Birth:	With whom does the child reside? _____ Relationship with who the child resides? _____	
Child's Home Address:	City & State: _____ Zip Code: _____	
Natural Father's Name: _____		
Natural Mother's Name: _____		
Step-Parent's Name: _____		
Step-Parent's Name: _____		
Does the child listed above have any OTHER insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, please complete the insurance information below		
Insurance Policy Information		
Policy holder's Name: _____		
Name of Plan:	Member ID or policy number: _____	Policy holder's date of birth: _____
Effective Date:	_____	Consumer Service Phone Number of Plan: _____
Type of coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family		Please check all that apply: <input type="checkbox"/> Medical <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Dental
Additional Insurance Policy Information if applicable		
Policy holder's Name: _____		Name of Plan: _____
Effective Date:	_____	Member ID or policy number: _____
Type of coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family		Consumer Service Phone Number of Plan: _____
Please check all that apply: <input type="checkbox"/> Medical <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Dental		
I understand that it is my responsibility to immediately notify the Benefits Office of any changes in the above information. I certify the above information is true and correct to the best of my knowledge. If anything is omitted, it could result in denial or termination of my benefits. If any changes occur in my employment, insurance company, or other information, I should notify the Benefits Office immediately. I certify the above information is true and correct to the best of my knowledge. If anything is omitted, it could result in denial or termination of my benefits. If any changes occur in my employment, insurance company, or other information, I should be held responsible for any claims processed under this insurance coverage and who is responsible for the insurance coverage and who has legal custody of my child(ren). If you have any questions, please contact the Benefits Office (314) 644-2777 ext 2.		
If you do not have contact with one of the natural parents, please contact the Benefits Office (314) 644-2777 ext 2.		
Signature of Natural Father: _____ Date: _____		
Signature of Natural Mother: _____ Date: _____		
Signature of Step-Parent: _____ Date: _____		
Signature of Step-Parent: _____ Date: _____		

SAVE THE DATE! 2026 Health Fair

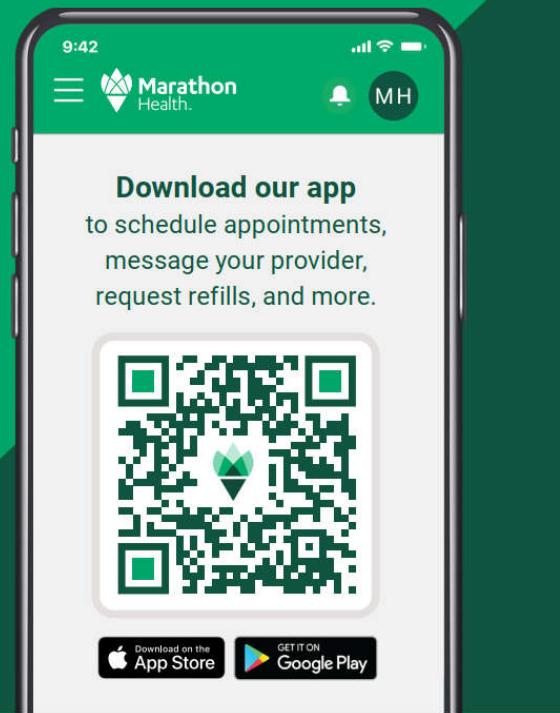
March 28th from 7:30am to 11:30am
at Laborers' Local 110 Union Hall



Everside Health is now Marathon Health

*Same great care.
New and improved patient portal and app.*

Don't forget to download the Marathon app!



Marathon Health is Now Offering **FREE Asbestos Physicals**

**Call Marathon Health today at
(636) 224-8445 to schedule your
FREE Asbestos Physical.**

The Asbestos Physical exam will be at 5700 Mexico Road,
Suite 16, St. Peters, MO 63376.

**You must be a member of Laborers' Local 42 or 110
to be eligible.**



DECEMBER RECAP: Aetna Medical Network

As you may be aware, the **Active and Non-Medicare Retiree** group that was previously covered under **UnitedHealthcare** transitioned to **Aetna Choice POS II** effective **January 1, 2026**.

Please note: If you are covered under an Anthem Medicare plan offered through the Fund, this change does not impact your coverage.

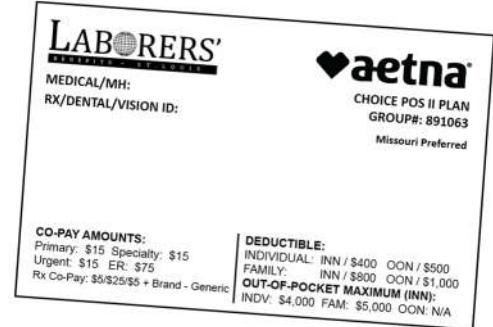
Frequently Asked Questions

Will my medical and mental health benefits be the same?

Yes. Your benefits will not be impacted by the move to Aetna. You will have the same copays, deductible and co-insurance.

Will my prescription coverage be changing?

No. Your prescription, dental, or, vision benefits will not be changing.



What is the name of the Member Assistance Program (MAP)?

The Member Assistance Program (MAP) is called **Resources for Living**. You will continue to receive six free visits per issue, per year.

You can access the MAP Program online at resourcesforliving.com or by phone at (888) 238-6232. Username: **LABORERS** Access Code: **MAP**

Can I still use Teladoc for telemedicine services?

No. Beginning January 1st, your telemedicine services will be through **CVS Health Virtual Care**. Like Teladoc, **CVS Health Virtual Care** services will not be subject to copays, deductibles, or co-insurance.

To schedule a virtual care visit, go to www.CVS.com/virtual-care, download the app or call (866) 211-5678.

Stay Connected on Facebook



Don't miss important updates about your benefits, plan changes, and upcoming reminders.

Follow us on **Facebook** to stay informed and connected throughout the year.

LABORERS'

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January

SUN	MON	TUES	WED	THURS	FRI	SAT
				1  Office Closed	2	3
4	5	6	7	8	9	10
11	12	13	14	15 December Hours Due	16	17
18	19  Office Closed	20	21	22	23	24
25	26	27	28 Local 42 Union Mtg. Pensioner Payday	29	30	31 January Self Pay Due

February

SUN	MON	TUES	WED	THURS	FRI	SAT
1	2 	3	4	5	6	7
8	9	10	11 Local 110 Union Meeting	12	13	14 
15 January Hours Due	16	17	18	19	20	21
22	23	24	25 Local 42 Union Meeting Pensioner Payday	26	27	28 February Self Pay Due

This newsletter is a brief summary of your benefits. The Plan Document has final authority in the case of any conflicts or confusion as to Plan benefits.