

SEIU Local 105 Health & Welfare Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (844) 700-SEIU (7348) • Fax (206) 505-9727 • Website: www.SEIU105HealthFund.com

Administered by
Welfare & Pension Administration Service, Inc.

November 3, 2023

**TO: All Grandfathered Participants
SEIU Local 105 Health & Welfare Fund**

**RE: 2024 Health Coverage - Annual Open Enrollment
Summaries of Benefits and Coverage—Basic and Premium Plan Coverage for 2024**

DEADLINE TO ENROLL FOR HEALTH COVERAGE IS NOVEMBER 30, 2023
--

The annual open enrollment information has been mailed to your employer. This notice is to advise you of the open enrollment period and provide you with a copy of the Summary of Benefits and Coverage (SBC) and enrollment form.

During the open enrollment period, participants have the opportunity to enroll themselves, add or remove eligible dependents from their health plan, update their information, or opt-out of the Plan completely. **Any changes made now will become effective January 1, 2024.**

If you are not currently enrolled and you do not complete a new Enrollment Form, you will not have an opportunity to enroll yourself and/or cover your eligible dependent(s) until the next annual open enrollment, which will be held in November 2023 for January 2024 coverage. However, an employee may enroll themselves or their children at any time based upon the loss of other health coverage, a recent marriage, or the birth or adoption of a new dependent, subject to certain limitations. **A new enrollment form must be submitted to the Administration Office within 60 days for the Plan to cover the new dependent. Otherwise, you will have to wait until the next open enrollment period.**

Currently, all employees that participate in the Plan must have a payroll deduction of \$5 for *employee only* medical coverage. If the employee wishes to cover their eligible spouse **or** dependent children for medical benefits, the payroll deduction is \$25 per month, and for full family coverage the payroll deduction is \$40 per month.

For coverage in 2024, the following monthly payroll deductions will apply depending upon whether you choose employee only, employee and spouse/children **or** employee and spouse and children, **and** whether you choose to enroll in Basic Plan coverage (Kaiser Plan—DHMO 2000 30%) **or** Premium Plan coverage (Kaiser Plan—DMHO 250 10%).

Coverage	Basic Plan (Kaiser Plan—DHMO 2000 30%)	Premium Plan (Kaiser Plan—DMHO 250 10%)
Employee Only	\$5.00	\$89.25
Employee and Spouse	\$25.00	\$201.93
Employee and Children	\$25.00	\$185.07
Employee, Spouse and Children	\$40.00	\$309.60

Your employer has been provided with a supply Enrollment Forms and Health Insurance Opt-out Forms. Please contact your employer if you are interested in enrolling yourself, adding or removing dependents from your coverage, or if you wish to opt-out of health coverage.

If you enroll in health coverage, Kaiser will mail you medical ID cards. If you have not received your medical ID card by January 1, 2024 and need to see a medical provider or fill a prescription drug, you may invoke the “Believe Me” policy. This policy will allow you to receive medical and prescription services from a Kaiser provider as a covered participant.

Summaries of Benefits and Coverage

In accordance with the Patient Protection and Affordable Care Act as amended, the Trust is required to provide a **Summary of Benefits and Coverage (SBC)** to all participants and beneficiaries. You will find this document enclosed for each of the following optional coverages:

- **Basic Plan (Kaiser Plan—DMHO 2000 30%)**
- **Premium Plan (Kaiser Plan DMHO 250 10%)**

Please note: The SBCs furnished to the participant will be considered provided to dependents unless the Plan has been advised of a different address for dependents.

The SBCs are intended to help you better understand the coverages available to you in 2024 and what the Plan covers and what it costs. Included in the SBCs are “coverage examples,” which estimate what the Plan might cover in common medical situations. It is important to note that the SBCs are only a **summary** and do not replace the Summary Plan Description (Plan booklet). **The SBCs are not intended to be a cost estimator and should not be used to estimate your actual costs.**

A **Uniform Glossary of Terms** has also been published by the government. This document is intended to describe terms commonly used in health insurance coverage, such as “deductible” and “copayment.” To obtain a copy of the Uniform Glossary of Terms, or additional copies of the enrollment materials, visit www.seiu105healthfund.com or call the Administration Office at (844) 700-7348, option 4.

Administration Office SEIU Local 105 Health & Welfare Fund

APG:imm opeiu#8
S:\Mailings\Open Enrollment\F53-02\F53-02 - Open Enrollment - 2023 - Notice to Participants - Zones 1-4 - Grandfathered (002).docx

Enclosures