

SEIU Local 105 Health & Welfare Fund

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Administered by
Welfare & Pension Administration Service, Inc. (WPAS)

November 12, 2024

**To: All Participating Employers
SEIU Local 105 Health & Welfare Fund**
Re: Annual Open Enrollment Zones 5 – 8

This notice contains information regarding the annual open enrollment for Plan participants who wish to enroll themselves, add or remove eligible dependents, update their information, or opt-out of the Plan completely. **In addition, participants can choose between “Basic Plan” and “Premium Plan” benefit offerings for 2025, which impacts their co-premiums (see below).** Employees who are currently enrolled and do not wish to change their benefits or dependents do not need to complete an enrollment form for 2025—these employees and their dependents will automatically be re-enrolled in their current benefit coverage for 2025. The open enrollment period is now through **December 13, 2024. Any changes made now will become effective January 1, 2025.**

For your information, here is a summary of the coverage options, the employee and employer contribution amounts for 2025:

Enrollment Tier Zones 5 – 8	Basic Plan Employee Monthly Contributions	Premium Plan Employee Monthly Contributions	Employer Contribution for Each Employee	Additional Employer Contribution for Dependents	Additional General Fund Contribution
Employee Only	\$5.00	\$93.80	\$657.10	N/A	\$0.00
Employee Plus Children	\$25.00	\$193.72	\$657.10	\$70.00	\$505.89

Note: The Basic Plan is Kaiser’s DHMO 2000 30% Plan, and the Premium Plan is Kaiser’s DHMO 250 10% Plan.

Enclosed with this packet are both English and Spanish supplies of the following materials:

- **Enrollment Forms** – each employee who wishes to enroll in the Health Plan, change benefits or add or remove dependents must complete and return a form to the Administration Office.
- **Health Insurance Opt-Out Form** – any employee who does not want to be enrolled in the Health Plan must complete and return this form to the Administration Office.
- **Summaries of Benefits and Coverage (SBC)** - Enclosed is a supply of the Summary of Benefits and Coverage (SBC) forms for the Basic Plan (Kaiser Plan—DHMO 2000 30%) and Premium Plan (Kaiser Plan—DHMO 250 10%), which reflect the new benefit options effective January 1, 2025.

We have mailed these materials directly to each employee’s home address. Please make a copy of these forms available to any employee who may not have received one, and to any future new hires. We also ask that you post the enclosed flyer in a conspicuous location at all job sites.

Please note: the Fund changed its benefit offerings in 2024—Employees can now choose coverage under the Basic Plan (Kaiser Plan—DHMO 2000 30%) or Premium Plan (Kaiser Plan—DHMO 250 10%) for 2025, with different co-premiums for each (see chart above). Please note:

- Employees that are not currently enrolled are required to complete a new Enrollment Form or a new Health Insurance Opt-Out Form.
- Employees that are currently enrolled and do not wish to add or remove dependents, or update their information, should review the Basic and Premium Plan information for 2025. If they desire to change benefit coverage in 2025, a new Enrollment Form must be completed.
- If Employees that are currently enrolled do not complete a new enrollment form, they will be enrolled in the same Plan coverage as elected for 2024 along with their current beneficiaries.
- **The Fund is asking that all Enrollment and Opt-Out forms be returned to the Administration Office no later than December 13, 2024.**

If they are not currently enrolled, employees who do not complete a new Enrollment Form will **not** have an opportunity to enroll themselves and/or cover their eligible dependent(s) until the next annual open enrollment, which will be held in November 2025 for January 2026 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 and supporting documentation (e.g. birth certificate) must be submitted to the Administration Office within 60 days for the Plan to cover the new dependent. Otherwise, they will have to wait until the next open enrollment period.**

Employers must retain a copy of completed Health Insurance Opt-Out Forms for their records.

To send a completed form:

- Scan, and send by secure encrypted email, to enrollment@wpas-inc.com, or
- Mail copies of completed forms to:
SEIU Local 105 Health & Welfare
PO Box 34203
Seattle, WA 98124-1203
- Submit through the Trust website at www.seiu105healthfund.com. To use this option, you will need to scan or take a picture of your completed Enrollment Form or Opt-Out Form. Your documents will then be sent securely to the Administration Office:
 - In the main Menu go to Contact Info and select Contact Us
 - For the Inquiry Type section select “Eligibility/Enrollment”
 - Provide your name, last name, phone number, email address and a short message.
 - Select “Choose File” to attach your Enrollment Form or Opt-Out Form then click “Submit”

If you have questions concerning the open enrollment process, please contact the Administration Office at (844) 700-7348.

**Administration Office
SEIU Local 105 Health & Welfare Fund**

Enclosures