

SEIU Local 105 Health & Welfare Fund

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Administered by
Welfare & Pension Administration Service, Inc.

November 12, 2024

**TO: All Participants who Previously Opted Out of Health Coverage
SEIU Local 105 Health & Welfare Fund**

**RE: 2025 Health Coverage - Annual Open Enrollment
Summary of Benefits and Coverage**

DEADLINE TO ENROLL FOR HEALTH COVERAGE IS DECEMBER 13, 2024

Annual Open Enrollment

The SEIU Local 105 Health & Welfare Fund (the “Plan”) annual open enrollment information is enclosed. During the open enrollment period, participants who previously opted out of the Plan’s health coverage have the opportunity to enroll themselves and their eligible dependents for coverage in 2025. **Any changes made now will become effective January 1, 2025.**

All employees who wish to participate in the Plan will have a monthly payroll deduction in accordance with their elected plan.

Rates for Zones 1-4 and Zones 5-8

Coverage	Basic Plan (Kaiser Plan--DHMO 2000 30%) Monthly Premium	Premium Plan (Kaiser Plan—DHMO 250 10%) Monthly Premium
Employee Only	\$5.00	\$93.80
Employee and Children	\$25.00	\$193.72

Rates for Grandfathered Participants

Coverage	Basic Plan (Kaiser Plan—DHMO 2000 30%)	Premium Plan (Kaiser Plan—DHMO 250 10%)
Employee Only	\$5.00	\$93.80
Employee and Spouse	\$25.00	\$211.49
Employee and Children	\$25.00	\$193.72
Employee, Spouse and Children	\$40.00	\$324.17

The Summaries of Benefits and Coverage (SBC) enclosed in this packet have information regarding the health benefits provided by the Plans. Please review the SBCs carefully as they reflect changes to your health plan effective January 1, 2025.

Enclosed with this packet are the following materials:

- **Enrollment Form** – to be enrolled for health coverage in the Plan you must complete and return an enrollment form to the Administration Office.
- **Health Insurance Opt-Out Form** – if you do not want to be enrolled in the Plan you must complete and return a Health Insurance Opt-Out Form to the Administration Office.
- **Summary of Benefits and Coverage (SBC)** - The SBC provides a short summary of the health benefits provided by the Plan.

If you would like to opt-out of the Plan's health coverage again this year, please complete the Health Insurance Opt-Out form enclosed with this open enrollment packet.

Employees must complete and return either an Enrollment Form or a Health Insurance Opt-Out Form by December 13, 2024

Employees who are not currently enrolled 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 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.**

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, 2025 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.

Summary of Benefits and Coverage

In accordance with the Affordable Care Act, the Plan 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—DHMO 2000 30%)
- Premium Plan (Kaiser Plan DHMO 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.

SBCs are intended to help you better understand the coverages available to you 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). **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.

Administration Office
SEIU Local 105 Health & Welfare Fund

Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.

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Enclosure