

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 12, 2024

**TO: All Grandfathered Participants
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
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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 an enrollment form and a copy of the Summary of Benefits and Coverage (SBC) for each Plan option.

During the open enrollment period, participants have the opportunity to enroll themselves, add or remove eligible dependents from their health plan, update their information, select between the Basic Plan and Premium Plan, or opt-out of the Plan completely. **Any changes made now will become effective January 1, 2025.**

If you do not wish to change your benefits or dependents for 2025, you do not need to complete an Enrollment Form—you and your dependents will automatically be re-enrolled in your current benefit coverage for 2025.

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 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.**

For coverage in 2025, 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— DHMO 250 10%).

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

Your employer has been provided with a supply of 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, 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 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 — DHMO250 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 coverage currently 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). **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.

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