

Pressmen Welfare Fund

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August 2021

NOTICE OF OPEN ENROLLMENT SUMMARY OF MATERIAL MODIFICATION #12

Dear Participant:

The Board of Trustees continues to strive to provide you and your family with high quality, cost-effective benefit coverage, and at the same time monitor the financial condition of the Fund to ensure these benefits will continue for you and your dependents.

Kaiser Permanente Coverage for the Upcoming Contract Year

Please be advised that, for the upcoming contract year with Kaiser Permanente starting on October 1, 2021, the Fund will offer the following options through Kaiser:

HMO Signature Plan

DHMO Signature Plan

DHMO Select Plan

Minimum Value Virtual Forward DHMO Plan – New Plan replacing Minimum Value DHMO Plan. Summary of Benefits and Coverage enclosed.

The active employee monthly premium rates are shown on page 2 of this SMM.

Kaiser Open Enrollment Period September 1 – September 30, 2021

The Board of Trustees wishes to advise you that the open enrollment period for members to elect the Kaiser option in which they will participate for the upcoming contract year takes place during the month of September 2021. **You will not be permitted to change options for the upcoming contract year after September 30, 2021.**

If you wish to change your Kaiser option, contact the Fund Office at (888) 834-6966 to obtain a new election form.

Active Employee Monthly Premiums Effective October 1, 2021

The monthly premium rates, effective October 1, 2021, are below. The rates will go into effect on October 1, 2021 and will be in place through at least March 31, 2022. The Trustees reserve the right to increase rates as of April 1, 2022. **You must determine your rate by referring to the column that indicates the rate your employer is paying.**

You will not be permitted to change options for the upcoming contract year after September 30, 2021.

	<u>Employer @ \$944</u>	<u>Employer @ \$929</u>	<u>Employer @\$734</u>	<u>Employer @\$652</u>
HMO Signature	\$ 244.00	\$ 252.00	\$ 349.00	\$ 390.00
DHMO Signature	\$ 26.00	\$ 34.00	\$ 131.00	\$ 172.00
DHMO Select	\$ 481.00	\$ 488.00	\$ 586.00	\$ 627.00
Min Val Virtual Forward	\$ -0-	\$ -0-	\$ 17.00	\$ 58.00

Retiree Premiums Effective October 1, 2021

The Retiree monthly premium rates, effective October 1, 2021, are below. Please note that these monthly premium rates have not increased from the rates approved by the Trustees as of October 1, 2019.

HMO Signature Plan	\$ 1,307.00
DHMO Signature	\$ 884.00
DHMO Select	\$ 1,764.00
Min Value Virtual Forward	\$ 664.00

Revised COBRA Premiums

Effective October 1, 2021, the monthly COBRA premium rates will be as follows :

	<u>Monthly Rate</u>	<u>Monthly Rate Disability Extension</u>
HMO Signature Plan	\$ 1,482.66	\$ 2,180.38
DHMO Signature	\$ 1,052.65	\$ 1,548.01
DHMO Select Plan	\$ 1,948.25	\$ 2,865.08
Min Value Virtual Forward	\$ 827.99	\$ 1,218.63
 Dental May Be Added for Actives only	 \$ 35.94	 \$ 52.86

Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2021. You will have the opportunity to enroll in or change enrollment options between the Indemnity Dental Plan and the dental HMO plan, Group Dental Service. Dental Enrollment and/or Dental plan changes will take effect January 1, 2022. After this date, you will not be permitted to change options for the 2022 Plan Year. Enrollment materials for changes to your dental plan can be obtained by contacting the Fund Office at (888) 834-6966

Board of Trustees

The current Board of Trustees is:

Union Trustees	Employer Trustees
Paul Atwill	H. Beth Swanson
Janice Bort	Steve Bearden
Dennis Larkin	Jay Goldscher

We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you should have any questions about the coverage provided under the Pressmen Welfare Fund, the Summary Plan Description or these changes, please contact the Administrative Manager.

Sincerely,

The Board of Trustees