

PRESSMEN WELFARE FUND
7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046
410-872-9500

August 2014

NOTICE OF OPEN ENROLLMENT
SUMMARY OF MATERIAL MODIFICATION #2

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 assure these benefits will continue for you and your dependents.

Kaiser Coverage for the Upcoming Contract Year

Please be advised that, for the upcoming contract year with Kaiser Permanente starting on October 1, 2014, the Fund will continue to offer the following options through Kaiser: the HMO Signature Plan; the Select Plan and the Flexible Choice Plan. The changes to the Plans of benefits are as follows:

- **ACA Preventive Services Over-the-Counter (OTC) Items**

In accordance with the Affordable Care Act (ACA) Guidelines on Preventive Services, coverage for specified Over-the-Counter items is considered preventive and at no charge when prescribed by a provider.

- **Breast Cancer (BRCA) Counseling and Testing**

In accordance with the Affordable Care Act (ACA) Guidelines on Preventive Services, BRCA Counseling and Testing is covered as preventive at no charge.

- **Pediatric Vision Hardware (Frames/Contacts and Vision Option)**

In accordance with the Affordable Care Act (ACA), Pediatric Vision Hardware is a covered benefit and with no dollar limits for children under the age of 18. The following limits apply:

Low Vision Aids: No charge; unlimited amount from available supply.

Frames/Lenses: One pair of frames/lenses per year from a selected group of frames purchased at a Kaiser Optical Shop and limited to single vision or bifocal lenses (ST28) in polycarbonate or plastic.

Contact Lenses: Limited to a three-month supply from a selected list of contacts purchased at a Kaiser Optical Shop. Medically necessary contacts are limited to two pairs per eye per year from a selected list of contacts.

Kaiser Open Enrollment Period September 1 – September 30, 2014

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 2014. **You will not be permitted to change options for the upcoming contract year after September 30, 2014.**

The Board of Trustees has decided not to change the monthly premiums for active employees until April 1, 2015. The new monthly premiums are indicated below.

Please note that you may not change your option on April 1, 2015. You must make the decision now whether or not you want to change options and make that change no later than September 30, 2014.

If you wish to change your Kaiser option, new election forms may be obtained from the Local 72 Union Office.

Revised Active Employee Monthly Premiums Effective April 1, 2015

The monthly premium rates, effective April 1, 2015, are below. You must determine your rate by referring to the column that indicates the rate your employer is paying. **The rates will go into effect on April 1, 2015:**

	Employer <u>Paying</u> \$734	Employer Paying \$769	Employer Paying \$804	Employer Paying \$839	Employer Paying \$874
HMO Signature Plan	\$ 286	\$ 251	\$ 216	\$ 181	\$ 146
HMO Select Plan	\$ 515	\$ 480	\$ 445	\$ 410	\$ 375
Flexible Choice Plan	\$ 1,062	\$ 1,027	\$ 992	\$ 957	\$ 922

Revised Retiree Premiums Effective October 1, 2014

Effective October 1, 2014, the Retiree rates will increase to:

HMO Signature Plan	\$ 954
HMO Select Plan	\$ 1,193
Flexible Choice Plan	\$ 1,762

Revised COBRA Premiums

Effective October 1, 2014, the COBRA premium rates will change to :

	<u>Monthly Rate</u>	<u>Monthly Rate Disability Extension</u>
HMO Signature Plan	\$ 1,016.89	\$ 1,495.42
HMO Select Plan	\$ 1,255.66	\$ 1,846.56
Flexible Choice Plan	\$ 1,824.10	\$ 2,682.64
Dental May Be Added for Additional (Actives only)	\$ 34.93	\$ 51.36

Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2014. 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, 2015. After this date, you will not be permitted to change options for the 2015 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

Life Insurance & Short Term Disability Income Insurance Carrier

The Life Insurance and Short Term Disability Income Insurance Carrier has been changed to Amalgamated Life Insurance Company. All benefits have remained the same. The policy numbers are as follows:

Life Insurance and Accidental Death & Dismemberment	26MD04
Short Term Disability Income	30HS04

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