

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

August 2018

**NOTICE OF OPEN ENROLLMENT  
SUMMARY OF MATERIAL MODIFICATION #1**

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, 2018, the Fund will offer the following options through Kaiser:

HMO Signature Plan  
DHMO Signature Plan  
DHMO Select Plan  
Minimum Value DHMO Signature

Attached is a comparison of all offerings. Please note that for Outpatient Occupational and Speech Therapies, the benefit is now paid up to 30 visits per episode (rather than limited to 90 days per episode).

**Kaiser Open Enrollment Period September 1 – September 30, 2018**

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 2018. **You will not be permitted to change options for the upcoming contract year after September 30, 2018.**

**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 October 1, 2018**

The monthly premium rates, effective October 1, 2018, 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 October 1, 2018:**

	<b><u>Employer @ \$734</u></b>	<b><u>Employer @ \$804</u></b>	<b><u>Employer @ \$866</u></b>	<b><u>Employer @ \$874</u></b>
HMO Signature	\$ 547.00	\$ 477.00	\$ 415.00	\$ 407.00
DHMO Signature	\$ 161.00	\$ 91.00	\$ 29.00	\$ 21.00
DHMO Select	\$ 966.00	\$ 896.00	\$ 834.00	\$ 826.00
Min Val DHMO Signature	\$ -0-	\$ -0-	\$ -0-	\$ -0-

  

	<b><u>Employer @ \$899</u></b>	<b><u>Employer @ \$929</u></b>	<b><u>Employer @ \$944</u></b>	<b><u>Employer @ \$1,200</u></b>
HMO Signature	\$ 382.00	\$ 352.00	\$ 337.00	\$ 81.00
DHMO Signature	\$ -0-	\$ -0-	\$ -0-	\$ -0-
DHMO Select	\$ 801.00	\$ 771.00	\$ 756.00	\$ 500.00
Min Val DHMO Signature	\$ -0-	\$ -0-	\$ -0-	\$ -0-

**Revised Retiree Premiums Effective October 1, 2018**

Effective October 1, 2018, the Retiree rates will increase to:

HMO Signature Plan	\$ 1,246.00
DHMO Signature	\$ 844.00
DHMO Select	\$ 1,682.00
Min Value DHMO	\$ 633.00

**Revised COBRA Premiums**

Effective October 1, 2018, the COBRA premium rates will change to:

	<b><u>Monthly Rate</u></b>	<b><u>Monthly Rate Disability Extension</u></b>
HMO Signature Plan	\$ 1,351.42	\$ 1,987.38
DHMO Signature	\$ 944.66	\$ 1,389.21
DHMO Select Plan	\$ 1,791.81	\$ 2,635.02
Minimum Value DHMO	\$ 732.12	\$ 1,076.65
Dental May Be Added for Additional (Actives only)	\$ 37.10	\$ 54.55

## Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2018. 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, 2019. After this date, you will not be permitted to change options for the 2019 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

## Board of Trustees

The current Board of Trustees members are as follows:

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

SMM#1-SPD October 1, 2017

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

August 2019

**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 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, 2019, the Fund will offer the following options through Kaiser:

HMO Signature Plan  
DHMO Signature Plan  
DHMO Select Plan  
Minimum Value DHMO Signature

Attached is a comparison of all offerings. Please note the change in the chiropractic and acupuncture benefits under the Minimum Value DHMO to \$50 co-pay and 20 visits per plan year.

**Kaiser Open Enrollment Period September 1 – September 30, 2019**

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 2019. **You will not be permitted to change options for the upcoming contract year after September 30, 2019.**

**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 October 1, 2019**

The monthly premium rates, effective October 1, 2019, 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 October 1, 2019:**

	<b><u>Employer @ \$804</u></b>	<b><u>Employer @ \$866</u></b>	<b><u>Employer @ \$874</u></b>	<b><u>Employer @ \$899</u></b>
HMO Signature	\$ 520.00	\$ 458.00	\$ 450.00	\$ 425.00
DHMO Signature	\$ 115.00	\$ 53.00	\$ 45.00	\$ 20.00
DHMO Select	\$ 959.00	\$ 897.00	\$ 889.00	\$ 864.00
Min Val DHMO Signature	\$ -0-	\$ -0-	\$ -0-	\$ -0-

  

	<b><u>Employer @ \$929</u></b>	<b><u>Employer @ \$944</u></b>	<b><u>Employer @ \$1,200</u></b>
HMO Signature	\$ 395.00	\$ 380.00	\$ 124.00
DHMO Signature	\$ -0-	\$ -0-	\$ -0-
DHMO Select	\$ 834.00	\$ 819.00	\$ 563.00
Min Val DHMO Signature	\$ -0-	\$ -0-	\$ -0-

**Revised Retiree Premiums Effective October 1, 2019**

Effective October 1, 2019, the Retiree rates will increase to:

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

**Revised COBRA Premiums**

Effective October 1, 2019, the COBRA premium rates will change to:

	<b><u>Monthly Rate</u></b>	<b><u>Monthly Rate Disability Extension</u></b>
HMO Signature Plan	\$ 1,408.29	\$ 2,071.01
DHMO Signature	\$ 984.48	\$ 1,447.77
DHMO Select Plan	\$ 1,867.16	\$ 2,745.82
Minimum Value DHMO	\$ 763.06	\$ 1,122.14
 Dental May Be Added for Additional (Actives only)	 \$ 36.84	 \$ 54.18

## Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2019. 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, 2020. After this date, you will not be permitted to change options for the 2020 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

### Board of Trustees

The current Board of Trustees members are as follows:

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

SMM#2-SPD October 1, 2017

# Pressmen Welfare Fund

## Plan Comparison Summary

Plan Design	Kaiser HMO (Signature)	Kaiser DHMO (Signature)	Kaiser DHMO (Select)	Kaiser DHMO Minimum Value (Signature)
In Network Deductible	None	\$750/\$1,500	\$750/\$1,500	\$4,500/\$9,000
Out of Network Deductible	N/A	N/A	N/A	N/A
In Network Coinsurance	100%	10%	20%	40%
Out of Network Coinsurance	N/A	N/A	N/A	N/A
In Network Out of Pocket Maximum	\$3,500/\$9,400 (plan year)	\$3,000/\$6,000 (plan year)	\$3,000/\$6,000 (plan year)	\$6,000/\$12,000 (plan year)
Out of Network Out of Pocket Maximum	N/A	N/A	N/A	N/A
PCP Office Co-Pay	\$15 copay	\$15 copay	\$20 copay	\$50 copay
Specialist Office Co-Pay	\$20 copay	\$25 copay	\$30 copay	\$50 copay
Chiropractic Services	\$15 copay (20 visits per plan year)	\$15 copay (20 visits per plan year)	\$15 copay (20 visits per plan year)	\$50 copay (20 visits per plan year)
Acupuncture Services	\$15 copay (20 visits per plan year)	\$15 copay (20 visits per plan year)	\$15 copay (20 visits per plan year)	\$50 copay (20 visits per plan year)
Out Patient Diagnostic (lab and x-ray)	covered in full	\$15 copay	\$20 copay	40% coinsurance after deductible
Out Patient Diagnostic (CT,PET, MRI, MRA and nuclear medicine)	\$100 copay	10% coinsurance after deductible	20% coinsurance after deductible	\$150 copay
Out Patient Surgical	\$50 copay	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
In Patient Hospital	\$100 copay	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Co-Pay	\$100 copay	\$100 copay	\$100 copay	\$250 copay
Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Rx Deductible	None	None	None	\$250
Rx Generic	\$5 Kaiser pharmacies Community pharmacies	\$5 Kaiser pharmacies Community pharmacies	\$5 Kaiser pharmacies Community pharmacies	\$25 Kaiser pharmacies \$35 Community pharmacies
Rx Brand	\$15 Kaiser pharmacies Community pharmacies	\$15 Kaiser pharmacies Community pharmacies	\$15 Kaiser pharmacies Community pharmacies	\$60 Kaiser pharmacies Community pharmacies
Rx Non-Pref. Brand	\$30 Kaiser pharmacies Community pharmacies	\$30 Kaiser pharmacies Community pharmacies	\$30 Kaiser pharmacies Community pharmacies	50% Kaiser pharmacies Community pharmacies
Rx Mail order - 90 days	2 times copay	2 times copay	2 times copay	2 times copay

# Pressmen Welfare Fund

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Sparks, Maryland 21152-9451  
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8400 Corporate Drive, Suite 430  
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[www.associated-admin.com](http://www.associated-admin.com)

March 2020

## SUMMARY OF MATERIAL MODIFICATION #3

Dear Participant,

The Board of Trustees continues to strive to provide you and your family with high quality, cost-effective dental coverage, and at the same time monitor the financial condition of the Fund to ensure these benefits will continue for you and your dependents. Therefore, the Board of Trustees announces the following changes to coverage under the Pressman Welfare Fund:

### **A. COVID-19 Testing – Including Drive-Through Testing**

Effective immediately, **Kaiser Permanente (“Kaiser”) of the Mid-Atlantic States will waive cost sharing for testing, diagnosis, and treatment of COVID-19.** That means Kaiser will not bill members a copay, coinsurance, or deductible for services to test, diagnose, and treat COVID-19. This policy applies to the cost of the visit, associated lab tests, and radiology services at a Kaiser-approved facility, emergency department, urgent care, and provider locations (as applicable, depending on the Kaiser plan in which you are enrolled) where the purpose of the visit is to be screened and/or tested for COVID-19.

Kaiser is also offering **drive-up testing** for Kaiser Permanente members who have a doctor’s order for the tests, in accordance with the latest Centers for Disease Control and Prevention guidelines. Drive through testing is available at the Kaiser South Baltimore Medical Center, Gaithersburg and Largo centers in Maryland, and Woodbridge and Tyson’s Corner in Virginia. Kaiser will soon be opening an additional testing site at its Capital Hill Medical Center.

Please see the enclosed notice from Kaiser for more information. For real-time updates about Kaiser Permanente care delivery and services, please visit [kp.org](http://kp.org).

### **B. Changes to Dental Benefits**

The Trustees have amended the Summary Plan Description (“SPD”), effective March 6, 2020, to eliminate the minimum age for dental benefits provided by the Fund’s indemnity plan and by the HMO option provided by Group Dental Services, Inc. The new SPD language is set forth below:

#### ***ELECTION OF DENTAL BENEFIT OPTION***

Employees and their Eligible Dependents covered under the Pressmen Welfare Plan are eligible for dental benefits. Dental benefits are not available to Retirees or Retirees’ Eligible Dependents.



The Fund provides both HMO and indemnity coverage for dental benefits. You must elect either HMO or indemnity coverage when you begin participation in the Plan. You may also decline dental coverage in either the HMO or the indemnity option by informing the Fund Administrator of your desire to opt-out of this coverage in writing at any time. (There will be no reduction in monthly premium payments if you opt-out.) The Schedule of Benefits and terms of coverage are different for the HMO and the indemnity option. The description of HMO dental benefits is attached to this SPD as Schedule B; the description of indemnity benefits is attached as Schedule C. Please review these Schedules and the following description of each type of coverage carefully before making your decision about which dental benefits to choose. If you do not affirmatively elect an option or opt-out of dental coverage, your default option for coverage will be the indemnity plan.

The Plan offers an annual open season period during the month of December in which you may change your dental coverage. If you wish to change your dental coverage from the HMO option to the indemnity option, or vice-versa, you must send the Fund Office a written request, which must be received by the Fund Office no later than December 31 of each year. Your new coverage will then begin effective January 1 of the following year. As stated above, you may opt-out of dental coverage at any time upon written notification to the Fund Administrator. (There will be no reduction in monthly premium payments if you opt-out.) You may opt back in to dental coverage under either the HMO or the indemnity option during the annual open season period in the month of December. If you choose to opt back in to dental coverage, your new coverage will begin effective January 1 of the following year.

The Trustees have also amended the SPD to eliminate the subsection on page 21 requiring administrative approval, under the indemnity option, of a dental treatment plan where your expenses are expected to exceed \$200.

### **C. Other Changes**

Please note that all references to "Carday Associates, Inc." in the SPD are deleted and replaced with "Associated Administrators, LLC." The address for Associated Administrators, LLC is: 911 Ridgebrook Road, Sparks, MD 21152. The toll-free telephone number is (888) 834-6966.

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

Sincerely,

The Board of Trustees

Enclosure

## Pressmen Welfare Fund

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April 2020

### SUMMARY OF MATERIAL MODIFICATION #4

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees announces the following temporary changes to coverage under the Pressman Welfare Fund:

During the months of April, May and June 2020, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. We recognize that deductions may have already been made for employee premiums for the month of April. You should receive a credit from your employer for such deductions. There is no reduction in the amount of monthly employer contributions.

Starting for coverage for July 2020, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #2 resume in effect.

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

Sincerely,

The Board of Trustees

# Pressmen Welfare Fund

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May 2020

## SUMMARY OF MATERIAL MODIFICATION #5

Dear Participant:

In response to the COVID-19 pandemic and recognizing the challenges the pandemic is causing Fund participants in exercising their rights under the plan, the Board of Trustees announces the following temporary changes to several deadlines under the Pressman Welfare Fund. These changes apply beginning March 1, 2020 and ending on the sixtieth (60th) day following the end of the COVID-19 National Emergency declared by the President on March 13, 2020 (this period of time is referred to as the "Outbreak Period"):

### **A. Extension of Deadline for Electing COBRA Continuation Coverage**

Effective March 1, 2020, the sixty (60) day deadline for electing COBRA continuation coverage after losing eligibility for benefits under the Pressman Welfare Fund is extended. The Pressman Welfare Fund will not start counting the 60-day deadline until the end of the Outbreak Period. This means that a participant who loses eligibility under the Pressman Welfare Fund between March 1, 2020 and the end of the Outbreak Period has additional time to decide whether to elect COBRA continuation coverage.

### **B. Extension of Time to Pay COBRA Continuation Coverage Premiums**

Effective March 1, 2020, participants on COBRA continuation coverage have additional time to pay their monthly premium. The Pressman Welfare Fund will not consider a participant on COBRA continuation coverage as being late making any premium payment due between March 1, 2020 and the end of the Outbreak Period if the premium payment is received by the Fund Office within thirty (30) days after the end of the Outbreak Period. This means that a participant on COBRA continuation coverage has extra time to make premium payments that he or she would otherwise need to pay during the Outbreak Period.

**C. Extension of Claim Filing Deadline**

Effective March 1, 2020, the one (1) year deadline for submitting claims does not start until the end of the Outbreak Period. This means that participants receiving covered services during this period will have additional time to file claims with Kaiser.

**D. Extension of Appeal Filing Deadline**

Effective March 1, 2020, the deadline for appealing an Adverse Decision is extended. The Pressman Welfare Fund will not start counting the one hundred eighty (180) day period for submitting an appeal until the end of the Outbreak Period. This means that if you receive an Adverse Decision during the Outbreak Period, you have additional time to file your appeal.

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

Sincerely,

The Board of Trustees

# Pressmen Welfare Fund

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June 2020

## SUMMARY OF MATERIAL MODIFICATION #6

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees has extended the employee monthly premium subsidy that was previously approved in April 2020 through August 2020. This means that for the months of July and August 2020, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. There is no reduction in the amount of monthly employer contributions.

Starting for coverage for September 2020, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #2 resume in effect.

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

Sincerely,

The Board of Trustees

# Pressmen Welfare Fund

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August 2020

## NOTICE OF OPEN ENROLLMENT SUMMARY OF MATERIAL MODIFICATION #7

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, 2020, the Fund will offer the following options through Kaiser:

- HMO Signature Plan
- DHMO Signature Plan
- DHMO Select Plan
- Minimum Value DHMO Signature

The active employee monthly premium rates are shown on page 2 of this Summary of Material Modifications ("SMM").

Enclosed with this SMM are the required Summary of Benefits & Coverage ("SBC") documents. These documents will help you evaluate the four available options. We are also enclosing a short-hand summary for your easy reference as well as a more comprehensive updated Appendix A to the Summary Plan Description.

### Kaiser Open Enrollment Period September 1 – September 30, 2020

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 2020. **You will not be permitted to change options for the upcoming contract year after September 30, 2020.**

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

### Revised COBRA Premiums

Effective October 1, 2020, 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
Minimum Value DHMO	\$ 827.99	\$ 1,217.63
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, 2020. 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, 2020. After this date, you will not be permitted to change options for the 2021 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:

<u>Union Trustees</u>	<u>Employer Trustees</u>
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

## Pressmen Welfare Fund

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### SUMMARY OF MATERIAL MODIFICATION #8

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees has extended the employee monthly premium subsidy that was previously approved in April 2020 through August 2020. This means that for the months of October, November and December, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. There is no reduction in the amount of monthly employer contributions.

Starting for coverage on January 1, 2021, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #7 will be in effect.

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

Sincerely,

The Board of Trustees



## Pressmen Welfare Fund

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December 2020

### SUMMARY OF MATERIAL MODIFICATION #9

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees has extended the employee monthly premium subsidy that was previously approved in April 2020 through December 2020. This means that for the months of January, February and March 2021, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. There is no reduction in the amount of monthly employer contributions.

Starting for coverage for April 1, 2021, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #7 will be in effect.

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

Sincerely,

The Board of Trustees

## Pressmen Welfare Fund

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March 2021

### SUMMARY OF MATERIAL MODIFICATION #10

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees has extended the employee monthly premium subsidy that was previously approved in April 2020 through March 2021. This means that for the months of April, May and June 2021, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. There is no reduction in the amount of monthly employer contributions.

Starting for coverage for July 1, 2021, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #7 will be in effect.

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

Sincerely,

The Board of Trustees

## Pressmen Welfare Fund

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June 2021

### SUMMARY OF MATERIAL MODIFICATION #11

Dear Participant,

In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees has extended the employee monthly premium subsidy that was previously approved in April 2020 through June 2021. This means that for the months of July, August and September 2021, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. There is no reduction in the amount of monthly employer contributions.

The Open Enrollment period for members to elect the Kaiser option in which they will participate for the upcoming contract year will take place during the month of September. The employee monthly premiums that will be effective October 1, 2021 will be sent with the Open Enrollment information prior to September 1, 2021.

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

Sincerely,

The Board of Trustees