# Lithographers & Photoengravers Local 285 Welfare Fund

## *Open Enrollment 2014-15 - Highlights of Benefits & Costs*

## ***ACTIVE EMPLOYEES***

The plan year for your benefit programs runs from March 1 – February 28 each year.

### ***BENEFITS***

The Fund utilizes Kaiser Permanente for your Medical coverage.

- If you live within the Kaiser service area, you may choose from 3 different plans – Select DHMO, Signature HMO, and Select HMO.
    - *These are the same Kaiser plans that are currently being offered. There are several minor benefit changes.*
    - *New summaries of coverage will be available at the open enrollment meeting and will be mailed to all employees in March.*

- If you do not live within the Kaiser service area, you may enroll in the Out-of-Area PPO Plan.

All participants receiving coverage are automatically enrolled in:

- Life/AD&D and Short Term Disability through Mutual of Omaha
- Vision through National Vision Administrators (NVA)
- Dental through Group Dental Service (GDS).
    - *Note that effective March 1, 2014, the copay amounts for dental services are changing. New benefit summaries will be available at the open enrollment meeting and mailed to all employees in March.*

### ***PAYROLL DEDUCTIONS***

Please see your new payroll deduction form showing your new contribution rates effective March 1, 2014.

- If you do not want to make changes to your plan election, check off the box stating "maintain" and your plan elections will remain in effect.
- If you want to change plans, check the "change" box and let us know the new plan that you want to choose.
- ***If we do not receive a form from you, your benefit elections will remain in effect with the new contribution rates.***
- Please turn these forms into the Local 285 office or your employer. You must turn in your paperwork by Monday, February 24, 2014 – all changes will be effective March 1, 2014.

Highlights of the benefits are illustrated below. Questions? Contact information for each carrier is listed on the back page, or call the Union Office at 202-882-3000 or the Fund Office at 866-559-6512.

| Carrier | Plan | Highlights – See Carrier Handouts for Full Details |
|---|---|---|
| **Mutual of Omaha**<br>Policy GLUG-ADJN<br>(800) 775-8805 | Life/AD&D | $20,000 benefit |
| **Mutual of Omaha**<br>Policy GUG-ADJN<br>(800) 877-5176 | Short Term Disability | Up to $200 weekly benefit.<br>Paid on 1st day after an injury, 6th day after an illness.<br><br>Does not apply to work-related disabilities. |
| **National Vision Administrators (NVA)**<br>(800) 672-7723<br>www.e-nva.com | Vision | 1 Vision exam every 12 months ($5 copay)<br><br>1 pair of lenses and a frame ($15 copay) **or**<br>Contact Lens Evaluation & Fitting ($0 copay)<br>every 12 months |
| **Group Dental Service of Maryland (GDS)**<br>(800) 242-0450<br>www.gdsmd.com | Dental | Copay-driven program, must use in-network providers.<br><br>Periodic exams, x-rays, basic fillings all covered in full. |
| **Kaiser Permanente**<br>Group #5238<br><br>Member Services:<br>(800) 777-7902<br><br>Appointments:<br>(800) 777-7904<br><br>www.kp.org | Medical<br><br>***Select DHMO*** | ***If you live in the Kaiser service area, you have 3 options:***<br><br>*You must utilize Kaiser facilities and providers*<br>$750 deductible, then plan pays 80%<br>Primary Care: $25 copay, Specialist: $35 copay<br>Emergency Room: $100 copay<br>*(Deductible does not apply to PCP, Specialist, or ER)*<br>Rx: Kaiser Pharmacy $20/30/45, Others $30/50/65<br>Mail-Order Rx: $18/28/43 |
| | ***Signature HMO*** | *You must utilize <u>Kaiser facilities</u> only*<br>Primary Care: $30 copay, Specialist: $40 copay<br>Emergency Room: $100 copay<br>Outpatient Surgery: $50 copay, Inpatient $250 copay<br>Rx: Kaiser Pharmacy $10/20/35, Others $30/50/75<br>Mail-Order Rx: $8/18/33 |
| | ***Select High HMO*** | *You must utilize Kaiser facilities and providers*<br>Primary Care: $15 copay, Specialist: $25 copay<br>Emergency Room: $100 copay<br>Outpatient Surgery: $0 copay, Inpatient $0 copay<br>Rx: Kaiser Pharmacy $10/20/35, Others $30/50/75<br><u>Mail-Order Rx: $8/18/33</u> |
| | ***Out-of-Area PPO*** | ***If you live outside the Kaiser service area, may enroll in the Out-of-Area PPO:***<br><br>*PPO providers:*<br>$300 deductible, then plan pays 90%<br>Primary Care: $15 copay, Specialist: $25 copay<br>Emergency Room: $100 copay<br>Rx: Kaiser Pharmacy $10/20/35, Others $20/35/50<br>*Out of Network: $600 deductible, then plan pays 70%* |

This is simply a summary – see the carrier handouts for full descriptions of the plans.