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, costeffective 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. <u>The rates will go</u> into effect on October 1, 2018:

	Employer	Employer	Employer	Employer
	@ \$734	@ \$804	<u>@ \$866</u>	<u>@ \$874</u>
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-
	Employer	Employer	Employer	Employer
	@ \$899	@ \$929	<u>@ \$944</u>	@ \$1,200

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:

	Monthly Rate	Monthly Rate Disability Extension
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