

# **SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND**

Administered By: Benefit Programs Administration  
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**ATTENTION! IMPORTANT! PLEASE READ!**

***Your health coverage will end soon, unless you take action!***

Date January 31, 2018

To: Participants in the EHS EPO Medical Plan Who Have Not Previously Enrolled with the Santa Monica Unite HERE Health Benefit Trust Fund (“Fund”)

From: Board of Trustees, Santa Monica UNITE HERE Health Benefit Trust Fund

RE: Termination of EHS EPO Medical Plan and Requirement to Enroll in Replacement Coverage

***The EHS EPO Medical Plan is being replaced by the Kaiser HMO Plan. If you want health coverage from the Fund after March 31, 2018, you must take action to enroll in the Fund’s Kaiser HMO. Please READ this notice carefully for important information about this change to your health plan.***

## **1. TERMINATION OF COVERAGE UNDER EHS EPO MEDICAL PLAN**

Actions by the State of California affecting Employee Health Systems (EHS) and Synermed, a company that performs administrative services for the EHS EPO Medical Plan have raised concerns about EHS’s ability to continue providing benefits under the EHS EPO Medical Plan. In order to ensure continued access to quality health care, the Board of Trustees has made the decision to terminate the EHS EPO Medical Plan, effective March 31, 2018.

**Your coverage under the EHS EPO Medical Plan will end, and you will not have any health coverage after March 31, 2018, unless you take action to enroll for coverage under the Fund’s Kaiser HMO Plan. (NOTE: If you enroll in the Kaiser HMO Plan before February 23, 2018, your coverage under the EHS EPO Medical Plan may end before March 31, 2018. Please read the rest of this notice for more information.)**

As you have not previously enrolled with the Fund, you must take action to enroll in the Kaiser HMO Plan or you will not have health coverage from the Fund after March 31, 2018.

## **2. YOU MUST ENROLL IN THE KAISER HMO IF YOU WANT HEALTH COVERAGE**

### ***How to Enroll in Kaiser Coverage***

If you want continued access to health care from a Fund provided health plan, you must enroll in the Fund's Kaiser HMO Plan.

To enroll in the Kaiser HMO Plan, please complete the enclosed Kaiser enrollment form called the **"California Subscriber Enrollment/Change Form"** and return it to the Administrative Office. The Administrative Office will then process your enrollment and Kaiser will send you ID cards for you and your enrolled dependents. If you do not receive your ID card within 15 days after submitting your enrollment form, please call Kaiser at 1-800-464-4000. As long as you are eligible for coverage, you may use Kaiser for services before you receive your Kaiser ID card. Once the Administrative Office has processed your enrollment form, you may call Kaiser to set up an appointment.

If you have questions about enrolling in the Kaiser HMO Plan or need assistance, please call the Administrative Office at 1-562-463-5075. The enclosed "Getting Started" flyer provides helpful information on choosing a Kaiser physician and other important information.

### ***Effective Date of Kaiser Coverage***

The effective date of your enrollment into the Kaiser HMO Plan depends on when the Administrative Office receives your Kaiser enrollment form, called the "California Subscriber Enrollment/Change Form."

- If we receive your Kaiser enrollment form before February 23, 2018, your enrollment into Kaiser will be effective February 1, 2018. (In this case, your coverage under the EHS EPO Medical Plan will end on February 28, 2018).
- If we receive your Kaiser enrollment form between February 23, 2018, and March 31, 2018, your enrollment into Kaiser will be effective on March 1, 2018.
- If we receive your Kaiser enrollment form after March 31, 2018, you will be enrolled into Kaiser effective on the first day of the month in which we receive your enrollment form. For example, if we receive your enrollment form on May 14, 2018, your enrollment into Kaiser will be effective May 1, 2018.

### ***Date Coverage Under EHS EPO Medical Plan Will End***

If your Kaiser enrollment form is received by the Administrative Office before February 23, 2018, your coverage under the EHS EPO Medical Plan will end on February 28, 2018.

If your Kaiser enrollment form has not been received at the Administrative Office by February 22, 2018, your coverage under the EHS EPO Medical Plan will end on March 31, 2018, and you will not be able to use EHS Providers after that date.

If you fail to enroll in the Kaiser HMO Plan, your coverage under the EHS EPO Medical Plan will end on March 31, 2018, and you will not have any health coverage from the Fund until you enroll in the Kaiser HMO Plan.

### ***Health Care Under Kaiser HMO Plan***

Under the Kaiser HMO Plan, you are required to use Kaiser providers for your care. In general, no benefits are payable for services provided outside the Kaiser HMO network, except in cases of Emergency (as defined in the SPD). For information about your benefits under the Kaiser HMO Plan and cost sharing, please review the enclosed Summary of Benefits and Coverage (SBC). You may also contact Kaiser Permanente at 1-800-464-4000 to request an Evidence of Coverage (“EOC”).

Under the Kaiser HMO Plan, most services that were previously provided by EHS providers will be provided by Kaiser Permanente. The following services that were not previously provided by EHS will be provided as follows:

- **Prescription Drugs.** Your prescription drug program will continue to be provided by Express Scripts through its network of pharmacies. There are no changes to your current prescription drug benefits. Express Scripts will accept prescriptions written by a licensed physician, including any EHS or Kaiser physician.
- **Mental Health & Substance Abuse Benefits.** Kaiser will provide coverage for mental health and substance use disorder services. If you are currently receiving treatment for mental health and/or substance use disorder services from EHS or Beacon Health Options (“Beacon”), you should call Kaiser at 1-800-464-4000 to set up an appointment. You may use Beacon for services through February 28, 2018.
- **Member Assistance Program (MAP).** As outlined in a notice sent to you in November 2017, your MAP benefits will be provided by Beacon Health Options. To contact Beacon, call 1-888-479-6606.
- **Dental Benefits.** Dental benefits will continue to be provided under the United Concordia Dental HMO Plan or the Delta Dental Plan.
- **Life Insurance and Accidental Death and Dismemberment Benefits.** These benefits will continue to be provided directly by the Fund, as described in your Summary Plan Description.

If you have medical issues or prescription drugs which require that your care not be interrupted, it is recommended that you call Kaiser to set up an appointment. You may call Kaiser at 1-800-464-4000.

If you experience any problems scheduling an appointment with Kaiser, or if you have unique circumstances that may require special consideration, you should contact the Administrative Office at 1-562-463-5075 as soon as possible.

### **3. NO NEW ENROLLMENTS IN EHS EPO MEDICAL PLAN.**

Effective February 1, 2018, the Fund will not offer the EHS EPO Medical Plan to newly eligible Participants. Instead, the only plan option available to newly eligible Participants will be the Kaiser HMO Plan.

Also effective February 1, 2018, the EHS EPO Medical Plan will not be available to Participants with a special enrollment right (a right to change plans or enroll mid-year as a result of certain life events, such as the birth of a child or the loss of other health coverage) or during open enrollment.

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*Please keep this important notice with your Summary Plan Description (SPD) and other plan materials for easy reference to all plan provisions. Should you have any questions, please contact the Administrative Office.*

***Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the changes described in this notice, please contact the Administrative Office.***

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Santa Monica UNITE HERE Health Benefit Plan Summary Plan Description (as in effect on September 1, 2014) and the Santa Monica UNITE HERE Health Benefit Fund Select Choice Health Benefit Plan Summary Plan Description (as in effect on January 1, 2015).*